

# 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)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  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 10 01 2007 through 10 31 2007

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 Robert Van Dyk

Signature of Treasurer Electronically Filed by Robert Van Dyk Date 01 14 2008

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

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	0

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		140530.01
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	162517.80									
(c) Total Receipts (from Line 19) .....	84902.96	544949.18								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	247420.76	685479.19								
7. Total Disbursements (from Line 31) .....	81121.38	519179.81								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	166299.38	166299.38								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

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

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	0

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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	67005.24	495682.31
(i) Itemized (use Schedule A) .....	16397.72	44766.87
(ii) Unitemized .....	83402.96	540449.18
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	1500.00	1500.00
(c) Other Political Committees (such as PACs) .....	84902.96	541949.18
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....		
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	-1000.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	4000.00
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)) .....	84902.96	544949.18
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	84902.96	544949.18

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	6458.43
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	6458.43
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	81000.00	512600.00
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.....	121.38	121.38
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))..	81121.38	519179.81
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	81121.38	519179.81

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3 .....	84902.96	541949.18
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	84902.96	541949.18
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	6458.43
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	-1000.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	7458.43

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 61  
(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)  
Gary D Anderson

Mailing Address 6618 McMakin Court

City Colleyville State TX Zip Code 76034-5752

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

Name of Employer Preferred Care Management Occupation President/Management Company

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

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

**Transaction ID:** C347915

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Gary Attman

Mailing Address 8028 Ritchie Highway Suite 118

City Pasadena State MD Zip Code 21122-1069

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

Name of Employer FutureCare Health & Mgmt. Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 7

**Transaction ID:** C352685

Amount of Each Receipt this Period  
1250.00

**C.**

Full Name (Last, First, Middle Initial)  
Gerald Baker

Mailing Address 11394 North Linden Road Suite F

City Clio State MI Zip Code 48420-8587

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

Name of Employer Beecher Manor Inc. Occupation Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 7

**Transaction ID:** C352537

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1450.00

**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 / 61  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 11394 North Linden Road  
Suite F

City State Zip Code  
Clio MI 48420-8587

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

Name of Employer Occupation  
Beecher Manor Inc. Owner

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 7

**Transaction ID:** C352668

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
Mary Baker

Mailing Address 108 Starr Ave.  
PO Box 1129

City State Zip Code  
Turlock CA 95380

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

Name of Employer Occupation  
Mark One Corp. Administrator

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

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

**Transaction ID:** C347884

Amount of Each Receipt this Period  
2500.00

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

Mailing Address 100 East San Marcos  
Suite 200

City State Zip Code  
San Marcos CA 92069-2987

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

Name of Employer Occupation  
Plum Healthcare Group LLC Manager

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

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

**Transaction ID:** C350865

Amount of Each Receipt this Period  
1250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3950.00

**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 / 61  
(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)  
John Barber

Mailing Address PO Box 3347

City State Zip Code  
Spartanburg SC 29304-3347

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
White Oak Manor Executive VP/CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt M M / D D / Y Y Y Y  
10 / 02 / 2007

**Transaction ID:** C347880

Amount of Each Receipt this Period 1250.00

**B.** Full Name (Last, First, Middle Initial)  
Nancy Beecham

Mailing Address 1827 Diesel Drive

City State Zip Code  
El Cajon CA 92019-1153

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Retro Medical Billing Inc. President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt M M / D D / Y Y Y Y  
10 / 04 / 2007

**Transaction ID:** C348193

Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Lyn Bentley

Mailing Address 1201 L Street NW

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
AHCA Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt M M / D D / Y Y Y Y  
10 / 22 / 2007

**Transaction ID:** C351781

Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional) ..... 1770.00

**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 / 61  
(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)  
Lyn Bentley

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 AHCA Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt M M / D D / Y Y Y Y  
10 / 30 / 2007

**Transaction ID:** C352689

Amount of Each Receipt this Period 20.00

**B.** Full Name (Last, First, Middle Initial)  
Julie Blan, PhD

Mailing Address PO Box 730

City Hiram State GA Zip Code 30141-0730

FEC ID number of contributing federal political committee. C

Name of Employer Blue Ridge Nursing Homes, Inc Occupation Corp Director of Quality Assurance/Cli

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 575.00

Date of Receipt M M / D D / Y Y Y Y  
10 / 26 / 2007

**Transaction ID:** C351257

Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Bretton J Bolt

Mailing Address 1430 Progress Way Ste 108

City Eldersburg State MD Zip Code 21784-6484

FEC ID number of contributing federal political committee. C

Name of Employer Nexion Health Care Occupation CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3750.00

Date of Receipt M M / D D / Y Y Y Y  
10 / 01 / 2007

**Transaction ID:** C348209

Amount of Each Receipt this Period 1250.00

**SUBTOTAL** of Receipts This Page (optional) ..... 1520.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 61
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Al Braswell	Date of Receipt MM / DD / YYYY 10 / 16 / 2007
	Mailing Address 3674 Pacific Avenue	<b>Transaction ID:</b> C349888
	City State Zip Code Riverside CA 92509-1948	Amount of Each Receipt this Period 1250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Vista Pacifica Enterprises Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3750.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Douglas Burr	Date of Receipt MM / DD / YYYY 10 / 02 / 2007
	Mailing Address 1185 Wilde Run Court	<b>Transaction ID:</b> C347867
	City State Zip Code Roswell GA 30075-7160	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Cypress Healthcare Management VP Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Roch Carter	Date of Receipt MM / DD / YYYY 10 / 11 / 2007
	Mailing Address 111 W Michigan St	<b>Transaction ID:</b> C350322
	City State Zip Code Milwaukee WI 53203-2903	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Unicare Health Facilities General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

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

FOR LINE NUMBER: PAGE 11 / 61  
(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)  
Gregory Chambery  
Mailing Address 100 Daniel Dr  
City Webster State NY Zip Code 14580-2912  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Maplewood Nursing Home Occupation Administrator  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 10 / 30 / 2007  
Transaction ID: C352684  
Amount of Each Receipt this Period 75.00

**B.** Full Name (Last, First, Middle Initial)  
Julie Cheeka  
Mailing Address 3614 Connecticut Ave NW Apt 22  
City Washington State DC Zip Code 20008-2436  
FEC ID number of contributing federal political committee. **C**  
Name of Employer AHCA Occupation Senior Director of Constituency Affair  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 253.84  
Date of Receipt 10 / 22 / 2007  
Transaction ID: C351782  
Amount of Each Receipt this Period 11.54

**C.** Full Name (Last, First, Middle Initial)  
Julie Cheeka  
Mailing Address 3614 Connecticut Ave NW Apt 22  
City Washington State DC Zip Code 20008-2436  
FEC ID number of contributing federal political committee. **C**  
Name of Employer AHCA Occupation Senior Director of Constituency Affair  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 253.84  
Date of Receipt 10 / 30 / 2007  
Transaction ID: C352699  
Amount of Each Receipt this Period 11.54

**SUBTOTAL** of Receipts This Page (optional) ..... ► 98.08  
**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 12 / 61

(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)

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 ▼ 2900.00

Date of Receipt

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

Transaction ID: C347943

Amount of Each Receipt this Period

900.00

**B.**

Full Name (Last, First, Middle Initial)

Kathleen Collins Collins Pagels

Mailing Address 1440 East Missouri Street  
Suite C-102

City State Zip Code  
Phoenix AZ 85014

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

Name of Employer Occupation  
Arizona Health Care Association Executive Director

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 850.00

Date of Receipt

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

Transaction ID: C347903

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Kathleen Collins Collins Pagels

Mailing Address 1440 East Missouri Street  
Suite C-102

City State Zip Code  
Phoenix AZ 85014

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

Name of Employer Occupation  
Arizona Health Care Association Executive Director

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 850.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 4 / 2 0 0 7

Transaction ID: C348191

Amount of Each Receipt this Period

275.00

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

1275.00

**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 / 61

(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 Cook

Mailing Address 2724 King Street

City State Zip Code  
Alexandria VA 22302-4009

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

Name of Employer Occupation  
Epstein Becker and Green P.C. Partner

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 450.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 0 7

Transaction ID: C351246

Amount of Each Receipt this Period

450.00

**B.**

Full Name (Last, First, Middle Initial)

Heather Anne Cutler

Mailing Address 309 W Myrtle St

City State Zip Code  
Alexandria VA 22301-2428

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

Name of Employer Occupation  
American Health Care Association PAC Director

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 228.64

Date of Receipt

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

Transaction ID: C351794

Amount of Each Receipt this Period

14.29

**C.**

Full Name (Last, First, Middle Initial)

Heather Anne Cutler

Mailing Address 309 W Myrtle St

City State Zip Code  
Alexandria VA 22301-2428

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

Name of Employer Occupation  
American Health Care Association PAC Director

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 228.64

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 7

Transaction ID: C352714

Amount of Each Receipt this Period

14.29

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

478.58

**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 / 61

(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 Derr

Mailing Address 2001 Piper Circle

City State Zip Code  
Anacortes WA 98221-3125

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

Name of Employer Occupation  
JD 7 Associates Enterprises Partner

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

Date of Receipt

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

Transaction ID: C351776

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Judith Dicker

Mailing Address 18215 Hillside Ave

City State Zip Code  
Jamaica NY 11432-4853

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

Name of Employer Occupation  
Hillside Manor Executive Director

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

Date of Receipt

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

Transaction ID: C347865

Amount of Each Receipt this Period

1250.00

**C.**

Full Name (Last, First, Middle Initial)

Stanley Dicker

Mailing Address 18215 Hillside Ave

City State Zip Code  
Jamaica NY 11432-4853

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

Name of Employer Occupation  
Hillside Manor Rehab Ctr Executive Director

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

Date of Receipt

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

Transaction ID: C347864

Amount of Each Receipt this Period

1250.00

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

2750.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 61

(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)

Ron Dodgen

Mailing Address PO Box 626

City

Pismo Beach

State

CA

Zip Code

93448-0626

FEC ID number of contributing federal political committee.

C

Name of Employer  
Genesis Developmental Ser-  
vices

Occupation  
CEO/President

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 7

Transaction ID: C349887

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

W L Dunn

Mailing Address 870 Bexley Ave

City

Marion

State

OH

Zip Code

43302-5463

FEC ID number of contributing federal political committee.

C

Name of Employer  
Marion Manor Nursing Hm  
Inc

Occupation  
Administrator

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 3 / 2 0 0 7

Transaction ID: C348212

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Toni Fatone

Mailing Address 99 E River Dr  
Fl 8

City

East Hartford

State

CT

Zip Code

06108-7301

FEC ID number of contributing federal political committee.

C

Name of Employer  
Connecticut Association  
of HC Faciliti

Occupation  
Executive Vice President

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 7

Transaction ID: C352554

Amount of Each Receipt this Period

100.00

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

600.00

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

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

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

FOR LINE NUMBER: PAGE 16 / 61  
(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)  
Donald Franco

Mailing Address 5 O'Kill Drive

City State Zip Code  
East Haven CT 06513

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

Name of Employer Occupation  
Paragon Group Inc. SNF Administrator/Owner/President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

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

**Transaction ID:** C347878

Amount of Each Receipt this Period  
850.00

**B.** Full Name (Last, First, Middle Initial)  
Kathleen Graves

Mailing Address PO Box 7

City State Zip Code  
Gainesboro TN 38562-0007

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

Name of Employer Occupation  
Mabry Health Care & Rehab Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 7

**Transaction ID:** C352641

Amount of Each Receipt this Period  
2000.00

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

Mailing Address 16 Norcross Street #100

City State Zip Code  
Roswell GA 30075

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

Name of Employer Occupation  
Sterling Healthcare President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 4 / 2 0 0 7

**Transaction ID:** C348187

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3350.00**

**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 / 61  
(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)  
E.M. Gil M. Harrington

Mailing Address PO Box 699

City State Zip Code  
Eastman GA 31023-0699

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

Name of Employer Occupation  
Pine Care Services President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 7

**Transaction ID:** C348224

Amount of Each Receipt this Period  
200.00

**B.**

Full Name (Last, First, Middle Initial)  
E.M. Gil M. Harrington

Mailing Address PO Box 699

City State Zip Code  
Eastman GA 31023-0699

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

Name of Employer Occupation  
Pine Care Services President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 7

**Transaction ID:** C351198

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Hugh Heaton

Mailing Address 12285 Highway 168 East

City State Zip Code  
Boaz AL 35957

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

Name of Employer Occupation  
Heaton Publications, Inc. Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

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

**Transaction ID:** C351795

Amount of Each Receipt this Period  
360.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1560.00

**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 / 61

(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) ▼ 896.78

Date of Receipt

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

Transaction ID: C351785

Amount of Each Receipt this Period  
43.65

**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 Occupation  
AHCA Senior Vice President of Advocacy

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 896.78

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 7

Transaction ID: C352703

Amount of Each Receipt this Period  
43.65

**C.**

Full Name (Last, First, Middle Initial)

Dave Helmsin

Mailing Address 1717 I St

City State Zip Code  
Sacramento CA 95811-3001

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

Name of Employer Occupation  
Capitol Advocacy Partner

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

Date of Receipt

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

Transaction ID: C350871

Amount of Each Receipt this Period  
250.00

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

337.30

**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 19 / 61  
(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)  
Blaine Hendrickson  
 Mailing Address PO Box 7  
 City Rancho Mirage State CA Zip Code 92270-0007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Legacy Healthcare Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3750.00  
 Date of Receipt 10 / 04 / 2007  
**Transaction ID: C348196**  
 Amount of Each Receipt this Period 1250.00

**B.** Full Name (Last, First, Middle Initial)  
Richard Herrick  
 Mailing Address 33 Elk Street 300  
 City Albany State NY Zip Code 12207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NYS Health Facilities Association Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00  
 Date of Receipt 10 / 02 / 2007  
**Transaction ID: C347860**  
 Amount of Each Receipt this Period 125.00

**C.** Full Name (Last, First, Middle Initial)  
Richard Herrick  
 Mailing Address 33 Elk Street 300  
 City Albany State NY Zip Code 12207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NYS Health Facilities Association Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00  
 Date of Receipt 10 / 30 / 2007  
**Transaction ID: C352755**  
 Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1475.00  
**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 / 61

(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)  
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 Occupation  
Hibbard Nsg Hm Administrator

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

Date of Receipt

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

Transaction ID: C347871

Amount of Each Receipt this Period  
75.00

**B.**

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

Mailing Address 4433 Pebble Creek Ln

City State Zip Code  
Long Grove IL 60047-5283

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

Name of Employer Occupation  
RLH Consulting President

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

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 4 / 2 0 0 7

Transaction ID: C348168

Amount of Each Receipt this Period  
100.00

**C.**

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

Mailing Address 1161 Green Knoll

City State Zip Code  
Westerville OH 43081-7043

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

Name of Employer Occupation  
self employed CPA, STNA, LNHA

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 0 7

Transaction ID: C351259

Amount of Each Receipt this Period  
2000.00

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

2175.00

**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 / 61  
(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)  
Jon Hoffman

Mailing Address 4892 Blazer Pkwy

City Dublin State OH Zip Code 43017-3302

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

Name of Employer MNS Occupation COO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 30 / 2007

**Transaction ID: C352645**

Amount of Each Receipt this Period 100.00

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

Mailing Address 1001 Center Street

City Little Egg Harbor State NJ Zip Code 08087-1364

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

Name of Employer Seacrest Village Occupation Owner/President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 02 / 2007

**Transaction ID: C347949**

Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
William D. Jacobson

Mailing Address 6000 Running Brook Dr

City Joshua State TX Zip Code 76058-5775

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

Name of Employer Information Requested Occupation Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 03 / 2007

**Transaction ID: C348425**

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **850.00**

**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 / 61  
(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 Jernigan  
Mailing Address 2425 25th St SE

City Washington State DC Zip Code 20020-3408

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

Name of Employer Washington Nursing Facility Occupation Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 30 / 2007  
Transaction ID: C352587  
Amount of Each Receipt this Period 200.00

**B.** Full Name (Last, First, Middle Initial)  
Gail Jernigan  
Mailing Address 2425 25th St SE

City Washington State DC Zip Code 20020-3408

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

Name of Employer Washington Nursing Facility Occupation Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 30 / 2007  
Transaction ID: C352594  
Amount of Each Receipt this Period 200.00

**C.** Full Name (Last, First, Middle Initial)  
Jesse Johnson, Jr.  
Mailing Address 1500 E. First St

City Newberg State OR Zip Code 97132

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

Name of Employer Newberg Care Home Occupation Administrator/Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 02 / 2007  
Transaction ID: C347869  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 650.00

**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 / 61  
(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)  
Cheryl Killian  
Mailing Address 3801 Woodside Dr  
City Arlington State TX Zip Code 76016-3030  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Legacy Care Centers Inc. Occupation President  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 10 / 26 / 2007  
Transaction ID: C351818  
Amount of Each Receipt this Period 25.00

**B.** Full Name (Last, First, Middle Initial)  
Davis W. King, Jr.  
Mailing Address PO Box 1110  
City Albany State GA Zip Code 31702-1110  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Palmyra Nursing Home Occupation Administrator  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1100.00  
Date of Receipt 10 / 30 / 2007  
Transaction ID: C352578  
Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Davis W. King, Jr.  
Mailing Address PO Box 1110  
City Albany State GA Zip Code 31702-1110  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Palmyra Nursing Home Occupation Administrator  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1100.00  
Date of Receipt 10 / 30 / 2007  
Transaction ID: C352780  
Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1125.00  
**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 / 61  
(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)  
David Kylo

Mailing Address 4621 28th Road South  
PAYROLL DEDUCTION

City Arlington State VA Zip Code 22206

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

Name of Employer AHCA Occupation Director, Assisted Living

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 870.32

Date of Receipt 10 / 22 / 2007  
Transaction ID: C351788  
Amount of Each Receipt this Period 39.56

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

Mailing Address 4621 28th Road South  
PAYROLL DEDUCTION

City Arlington State VA Zip Code 22206

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

Name of Employer AHCA Occupation Director, Assisted Living

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 870.32

Date of Receipt 10 / 30 / 2007  
Transaction ID: C352707  
Amount of Each Receipt this Period 39.56

**C.** Full Name (Last, First, Middle Initial)  
Edward LaMonde

Mailing Address 38 Echo Ridge Drive

City Vernon State CT Zip Code 06066-5909

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

Name of Employer Health Haven Occupation Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 26 / 2007  
Transaction ID: C351253  
Amount of Each Receipt this Period 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 379.12

**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 25 / 61  
(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 LaMonde

Mailing Address 38 Echo Ridge Drive

City State Zip Code  
Vernon CT 06066-5909

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

Name of Employer Health Haven Occupation Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
10 / 26 / 2007

**Transaction ID:** C351254

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
Edward LaMonde

Mailing Address 38 Echo Ridge Drive

City State Zip Code  
Vernon CT 06066-5909

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

Name of Employer Health Haven Occupation Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
10 / 30 / 2007

**Transaction ID:** C351715

Amount of Each Receipt this Period  
-300.00

**C.**

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 CopperSands Inc. Occupation VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
10 / 30 / 2007

**Transaction ID:** C352544

Amount of Each Receipt this Period  
150.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 150.00

**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 / 61  
(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)  
Mary Leach

Mailing Address 3514 E Shea Blvd  
Ste 133

City State Zip Code  
Phoenix AZ 85028

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

Name of Employer Occupation  
Owner Coppersands

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 318.00

Date of Receipt

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

Transaction ID: C347887

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)  
Barbara K. Lombardi

Mailing Address PO Box 341

City State Zip Code  
Alma MI 48801-0341

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

Name of Employer Occupation  
Laurel Health Care Company Regional Manager

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 325.00

Date of Receipt

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

Transaction ID: C347876

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)  
Patrick Martone

Mailing Address 26 North Broadway

City State Zip Code  
Schenectady NY 12305-1932

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

Name of Employer Occupation  
Hallmark Nursing Centre Inc. Administrator and CEO

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 4100.00

Date of Receipt

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

Transaction ID: C351796

Amount of Each Receipt this Period

4000.00

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

4300.00

**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 / 61  
(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) Patrick Martone		Date of Receipt MM / DD / YYYY 10 / 30 / 2007
Mailing Address 26 North Broadway		<b>Transaction ID:</b> C352753
City Schenectady	State NY	Zip Code 12305-1932
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Hallmark Nursing Centre Inc.	Occupation Administrator and CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4100.00	

**B.**

Full Name (Last, First, Middle Initial) Mark S. McKenzie		Date of Receipt MM / DD / YYYY 10 / 02 / 2007
Mailing Address 7955 Harry Hines Blvd ST 200		<b>Transaction ID:</b> C347916
City Dallas	State TX	Zip Code 75235-3305
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer THI Care	Occupation Sup-OPS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**C.**

Full Name (Last, First, Middle Initial) Barbara Miller		Date of Receipt MM / DD / YYYY 10 / 11 / 2007
Mailing Address 3594 E US Highway 30		<b>Transaction ID:</b> C350323
City Warsaw	State IN	Zip Code 46580-6720
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer MMM Invest Inc	Occupation Assistant Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1600.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 61  
(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)  
Lisa Mitchell

Mailing Address 214 S Munson Road

City State Zip Code  
Swanton OH 43558-1210

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

Name of Employer Occupation  
Swanton Health Care Owner

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

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 3 / 2 0 0 7

Transaction ID: C348405

Amount of Each Receipt this Period  
100.00

**B.**

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

Mailing Address 2749 East Covenanter Drive

City State Zip Code  
Bloomington IN 47401-5454

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

Name of Employer Occupation  
CarDon & Associates Director of Operations

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

Date of Receipt

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

Transaction ID: C351769

Amount of Each Receipt this Period  
125.00

**C.**

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

Mailing Address 2310 Washington Street  
Suite 300

City State Zip Code  
Newton Lower Falls MA 02462-1449

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

Name of Employer Occupation  
MA Extended Care Federati-on Executive Director

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

Date of Receipt

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

Transaction ID: C351774

Amount of Each Receipt this Period  
125.00

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

350.00

**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 / 61  
(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)  
Bobbie Nichols

Mailing Address 118 E Live Oak St  
Ste 102

City State Zip Code  
Dublin TX 76446-1998

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

Name of Employer Occupation  
K.B.N. Enterprises Owner

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 4 / 2 0 0 7

**Transaction ID:** C348175

Amount of Each Receipt this Period  
200.00

**B.** 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) ▼ 540.00

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

**Transaction ID:** C351786

Amount of Each Receipt this Period  
20.00

**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 Occupation  
Sr. Director of Congressional Affairs American Health Care Association

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 540.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 7

**Transaction ID:** C352595

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 320.00

**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 / 61

(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) ▼ 540.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 7

Transaction ID: C352705

Amount of Each Receipt this Period  
20.00

**B.**

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

Mailing Address 300 Provider Court

City State Zip Code  
Richmond KY 40475-8488

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

Name of Employer Occupation  
PMD Corporation President

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

Date of Receipt

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

Transaction ID: C347950

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Jeffrey Parrish

Mailing Address 11156 Sardis-Scotts Hill Road

City State Zip Code  
Scotts Hill TN 38374

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

Name of Employer Occupation  
Tennessee Health Management General Counsel

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 9 / 2 0 0 7

Transaction ID: C349891

Amount of Each Receipt this Period  
150.00

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

1170.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 61  
(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)  
Charles Perry

Mailing Address 4550 West Oakey Boulevard  
Suite 99B

City Las Vegas State NV Zip Code 89102-1599

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

Name of Employer Nevada Health Care Assn. Occupation Executive Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3750.00

Date of Receipt 10 / 02 / 2007

Transaction ID: C347881

Amount of Each Receipt this Period 1250.00

**B.**

Full Name (Last, First, Middle Initial)  
Shelly Peterson

Mailing Address 1900 N 11th St

City Bismarck State ND Zip Code 58501-1914

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

Name of Employer North Dakota LTC Association Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 30 / 2007

Transaction ID: C352602

Amount of Each Receipt this Period 100.00

**C.**

Full Name (Last, First, Middle Initial)  
Scott Pilgrim

Mailing Address 129 West 1st Street  
Apartment B

City Edmond State OK Zip Code 73003-5509

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

Name of Employer Diakonos Group Occupation Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 26 / 2007

Transaction ID: C351249

Amount of Each Receipt this Period 150.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00

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

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

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

FOR LINE NUMBER: PAGE 32 / 61  
(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)  
Genesis Health Care Political Action Com

Mailing Address 101 East State Street

City State Zip Code  
Kennett Square PA 19348-3109

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 ▼ 1500.00

Date of Receipt  
MM / DD / YYYY  
10 / 22 / 2007

**Transaction ID:** C351797

Amount of Each Receipt this Period  
1500.00

**B.** 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 Information Requested Occupation Information Requested  
Park River Estates Care Center Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
10 / 26 / 2007

**Transaction ID:** C351258

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Denise T. Pozderac

Mailing Address 791 Pearl Rd

City State Zip Code  
Brunswick OH 44212-2528

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

Name of Employer Information Requested Occupation Information Requested  
Transitional Living Centers Inc. Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
MM / DD / YYYY  
10 / 04 / 2007

**Transaction ID:** C348180

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2600.00

**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 33 / 61

(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)

Denise T. Pozderac

Mailing Address 791 Pearl Rd

City State Zip Code  
Brunswick OH 44212-2528

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

Name of Employer Occupation  
Transitional Living Centers Inc. Administrator

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 325.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 4 / 2 0 0 7

Transaction ID: C348181

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)

Sally Rapp

Mailing Address 3308 Ocean Blvd  
Suite 280

City State Zip Code  
Corona Del Mar CA 92625-3256

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

Name of Employer Occupation  
SR Management Svcs. Inc. CEO

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

Date of Receipt

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

Transaction ID: C347947

Amount of Each Receipt this Period  
1250.00

**C.**

Full Name (Last, First, Middle Initial)

Richard Rau

Mailing Address 3939 S 92nd St

City State Zip Code  
Greenfield WI 53228-2140

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

Name of Employer Occupation  
Clement Manor 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  
1 0 / 0 2 / 2 0 0 7

Transaction ID: C347910

Amount of Each Receipt this Period  
125.00

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

1475.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 61

(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

Mailing Address 1202 Weiss St

City State Zip Code  
Saginaw MI 48602-5471

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

Name of Employer Occupation  
Hoyt Nursing & Rehab Center Owner

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

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 7

Transaction ID: C352655

Amount of Each Receipt this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)

Christine L. Redding

Mailing Address 824 East G St

City State Zip Code  
Iron Mountain MI 49801-4134

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

Name of Employer Occupation  
Hyland Nursing Home Administrator

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

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 7

Transaction ID: C352528

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Christine L. Redding

Mailing Address 824 East G St

City State Zip Code  
Iron Mountain MI 49801-4134

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

Name of Employer Occupation  
Hyland Nursing Home Administrator

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

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 7

Transaction ID: C352754

Amount of Each Receipt this Period

100.00

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

425.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 61

(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)

Gerald Romano

Mailing Address 7 Creek Ln

City Bristol State RI Zip Code 02809-2401

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

Name of Employer Silver Creek Manor Occupation Administrator

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 7

Transaction ID: C352643

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Shelley Sabo

Mailing Address 6360 Tisbury Dr  
PAYROLL DEDUCTION

City Burke State VA Zip Code 22015-4061

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

Name of Employer NCAL Occupation Director Assisted Living

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00

Date of Receipt

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

Transaction ID: C351789

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Shelley Sabo

Mailing Address 6360 Tisbury Dr  
PAYROLL DEDUCTION

City Burke State VA Zip Code 22015-4061

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

Name of Employer NCAL Occupation Director Assisted Living

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 7

Transaction ID: C352708

Amount of Each Receipt this Period

10.00

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

320.00

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

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

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

FOR LINE NUMBER: PAGE 36 / 61  
(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)  
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 ▼ 221.06

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

**Transaction ID:** C351791

Amount of Each Receipt this Period  
15.79

**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 ▼ 221.06

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 7

**Transaction ID:** C352709

Amount of Each Receipt this Period  
15.79

**C.** Full Name (Last, First, Middle Initial)  
Robert Sbriglio, MD,MPH,NHA

Mailing Address 88 Ryders Ln Ste 208

City State Zip Code  
Stratford CT 06614-1666

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

Name of Employer Ryders Health Management Occupation Doctor

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 7

**Transaction ID:** C349102

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1031.58**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 61  
(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 Scharfenberger		Date of Receipt MM / DD / YYYY 10 / 04 / 2007
Mailing Address 7265 Kenwood Rd Ste 300		<b>Transaction ID:</b> C348170
City Cincinnati	State OH	Zip Code 45236-4414
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Nursing Care Management	Occupation Exec Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

**B.**

Full Name (Last, First, Middle Initial) Floyd Schlossberg		Date of Receipt MM / DD / YYYY 10 / 12 / 2007
Mailing Address 4200 W Peterson Ave Ste 140		<b>Transaction ID:</b> C350463
City Chicago	State IL	Zip Code 60646-6819
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1250.00
Name of Employer Alden Management Inc	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) Ina Schlossberg		Date of Receipt MM / DD / YYYY 10 / 12 / 2007
Mailing Address 4200 W Peterson Ave Ste 140		<b>Transaction ID:</b> C350464
City Chicago	State IL	Zip Code 60646-6819
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1250.00
Name of Employer Alden Enterprises	Occupation Special Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2600.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 61  
(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 Shepard

Mailing Address 6810 South Hazel Street

City Pine Bluff State AR Zip Code 71603-7828

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

Name of Employer: Garden Point - Davis Life Care  
Occupation: President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 30 / 2007  
Transaction ID: C352786  
Amount of Each Receipt this Period: 1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Jennifer Shimer

Mailing Address 9507 Shelly Krasnow Ln

City Fairfax State VA Zip Code 22031-4720

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

Name of Employer: AHCA  
Occupation: Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 253.84

Date of Receipt: 10 / 22 / 2007  
Transaction ID: C351787  
Amount of Each Receipt this Period: 11.54

**C.**

Full Name (Last, First, Middle Initial)  
Jennifer Shimer

Mailing Address 9507 Shelly Krasnow Ln

City Fairfax State VA Zip Code 22031-4720

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

Name of Employer: AHCA  
Occupation: Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 253.84

Date of Receipt: 10 / 30 / 2007  
Transaction ID: C352706  
Amount of Each Receipt this Period: 11.54

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1023.08

**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 39 / 61  
(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)  
Robert Siebel

Mailing Address 13185 W Great Mountain Drive

City State Zip Code  
Lakewood CO 80228-3512

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

Name of Employer Carriage Healthcare Companies, Inc. Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 10 / 02 / 2007  
Transaction ID: C347879  
Amount of Each Receipt this Period: 500.00

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

Mailing Address 1201 L Street NW

City State Zip Code  
Washington DC 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 ▼ 403.75

Date of Receipt: 10 / 22 / 2007  
Transaction ID: C351792  
Amount of Each Receipt this Period: 31.25

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

Mailing Address 1201 L Street NW

City State Zip Code  
Washington DC 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 ▼ 403.75

Date of Receipt: 10 / 22 / 2007  
Transaction ID: C351803  
Amount of Each Receipt this Period: 60.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 591.25

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 61  
(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 ▼ 403.75

Date of Receipt 10 / 30 / 2007

Transaction ID: C352710

Amount of Each Receipt this Period 31.25

**B.**

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

Mailing Address 2 ROB Roy Road

City Austin State TX Zip Code 78746-3120

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

Name of Employer Littleton Company Occupation Risk Management

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 02 / 2007

Transaction ID: C347866

Amount of Each Receipt this Period 250.00

**C.**

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

Mailing Address 80 Access Rd

City Norwood State MA Zip Code 02062

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

Name of Employer Rehab Associates Occupation Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 02 / 2007

Transaction ID: C347926

Amount of Each Receipt this Period 750.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1031.25

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 61

(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)

Travis Tomlinson

Mailing Address 513 East Whitaker Mill Road

City State Zip Code  
Raleigh NC 27608-2633

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

Name of Employer Occupation  
Mayview Conv Home Inc Administrator

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 7

Transaction ID: C352581

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Michael Torgan

Mailing Address 5120 West Goldleaf Circle  
Suite 400

City State Zip Code  
Los Angeles CA 90056-1297

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

Name of Employer Occupation  
Country Villa Health Svcs. Vice President

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1150.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 0 7

Transaction ID: C351244

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

James Unverferth

Mailing Address 1100 Shawnee Road

City State Zip Code  
Lima OH 45805-3583

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

Name of Employer Occupation  
HCF, Inc. President

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

Date of Receipt

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

Transaction ID: C347868

Amount of Each Receipt this Period

1250.00

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

1500.00

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

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

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

FOR LINE NUMBER: PAGE 42 / 61  
(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)  
Christopher J. Urban  
Mailing Address PO Box 75  
City Solana Beach State CA Zip Code 92075-0075  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Ambrose Capital Occupation Finance  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00  
Date of Receipt 10 / 04 / 2007  
Transaction ID: C348190  
Amount of Each Receipt this Period 300.00

**B.** Full Name (Last, First, Middle Initial)  
Robert Van Dyk  
Mailing Address 304 S Van Dien Ave  
City Ridgewood State NJ Zip Code 07450-5200  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Van Dyk Health Care Occupation President/CEO  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00  
Date of Receipt 10 / 03 / 2007  
Transaction ID: C348424  
Amount of Each Receipt this Period 1250.00

**C.** Full Name (Last, First, Middle Initial)  
Jack Vetter  
Mailing Address 5020 S 118th St  
City Omaha State NE Zip Code 68137-2209  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Vetter Health Services Occupation President  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00  
Date of Receipt 10 / 17 / 2007  
Transaction ID: C350868  
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 43 / 61

(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Paul Walczak		Date of Receipt MM / DD / YYYY 10 / 02 / 2007		
	Mailing Address 2979 Pga Blvd		<b>Transaction ID:</b> C347917		
	City Palm Beach Gardens	State FL	Zip Code 33410-2911	Amount of Each Receipt this Period 2500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Home Quality Management	Occupation CEO	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼  
2500.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Barton D. Weisman		Date of Receipt MM / DD / YYYY 10 / 30 / 2007		
	Mailing Address 5310 NW 33rd Ave Ste 211		<b>Transaction ID:</b> C352652		
	City Ft Lauderdale	State FL	Zip Code 33309-6319	Amount of Each Receipt this Period 3750.00	
	FEC ID number of contributing federal political committee. C				
	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 ▼  
5000.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Adele Wilzack		Date of Receipt MM / DD / YYYY 10 / 30 / 2007		
	Mailing Address 7135 Minstreal Way Suite 104		<b>Transaction ID:</b> C352603		
	City Columbia	State MD	Zip Code 21045	Amount of Each Receipt this Period 750.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Health Facilities Assn of MD	Occupation Executive Director	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	7000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 44 / 61  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Ron Wood

Mailing Address 111 Holloway Square

City State Zip Code  
Smyrna TN 37167

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

Name of Employer Occupation  
PHHW PLC Partner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 0 7

**Transaction ID:** C351194

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Mark Woolpert

Mailing Address 200 S 13th St  
Ste 205

City State Zip Code  
Grover Beach CA 93433-2263

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

Name of Employer Occupation  
Compass Health Care President & CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 8750.00

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

**Transaction ID:** C350465

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
Frank Wronski

Mailing Address 64500 Van Dyke Rd

City State Zip Code  
Washington MI 48095-2583

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

Name of Employer Occupation  
Medilodge Group President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 7

**Transaction ID:** C352651

Amount of Each Receipt this Period  
1250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6550.00**

**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 45 / 61  
(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)  
Alan Zuccari

Mailing Address 7712 Carlton Place

City State Zip Code  
McLean VA 22102-2149

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

Name of Employer Occupation  
Hamilton Insurance Agency Insurance Representative

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

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

Transaction ID: C347948

Amount of Each Receipt this Period  
1250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	67005.24

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 61  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)  
NHI-PAC Nursing Home Industry PAC

Mailing Address PO Box 185

City State Zip Code  
East Haven CT 06512

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 0 / 3 0 / 2 0 0 7

Transaction ID: C352536

Amount of Each Receipt this Period  
1500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 47 / 61

<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

<b>A.</b> Full Name (Last, First, Middle Initial) <b>AMERIPAC: THE FUND FOR A GREATER AMERICA</b>	Transaction ID: D54301 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 7
	Mailing Address 499 S. CAPITOL ST. S.W. #414 -- City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement Contributions to Federal Committees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:
Amount of Each Disbursement this Period 5000.00	

<b>B.</b> Full Name (Last, First, Middle Initial) <b>IMPACT AMERICA</b>	Transaction ID: D54438 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7
	Mailing Address 228 W. Washington St. Ste. 115 City Alexandria State VA Zip Code 22314 Purpose of Disbursement Contributions to Federal PACs Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:
Amount of Each Disbursement this Period 4000.00	

<b>C.</b> Full Name (Last, First, Middle Initial) <b>LA PAC</b>	Transaction ID: D54513 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 7
	Mailing Address 6380 Wilshire Blvd Ste 1612 City Los Angeles State CA Zip Code 90048-5018 Purpose of Disbursement Contributions to Federal Committees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:
Amount of Each Disbursement this Period 2500.00	

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

11500.00

**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

<b>A.</b> Full Name (Last, First, Middle Initial) National Leadership PAC <hr/> Mailing Address 127 4th St. SE, Suite C <hr/> City Washington State DC Zip Code 20003 Purpose of Disbursement Contributions to Federal Committees Candidate Name <hr/> 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: D54532 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 7
	Amount of Each Disbursement this Period 5000.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Pioneer PAC <hr/> Mailing Address 1212 N Vernon St <hr/> City Arlington State VA Zip Code 22201-4832 Purpose of Disbursement Contributions to Federal Committees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D54555 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 7
	Amount of Each Disbursement this Period 1500.00
	Category/ Type
	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) RELY ON YOUR BELIEFS FUND <hr/> Mailing Address 209 Pennsylvania Avenue SE <hr/> City Washington State DC Zip Code 20003 Purpose of Disbursement Contributions to Federal Committees Candidate Name <hr/> 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: D54529 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 7
	Amount of Each Disbursement this Period 5000.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

11500.00

**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><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) <b>RANGEL FOR CONGRESS</b></p> <p>Mailing Address <b>PO Box 5577 Manhattanville Station</b></p> <p>City <b>New York</b> State <b>NY</b> Zip Code <b>10027</b></p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name <b>Rep. Charles B. Rangel</b></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: <b>NY</b> District: <b>15</b></p> <p>Disbursement For: <b>2008</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID: D54530</b> Date of Disbursement <b>10 / 31 / 2007</b></p> <p>Amount of Each Disbursement this Period <b>5000.00</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) <b>RANGEL FOR CONGRESS</b></p> <p>Mailing Address <b>PO Box 5577 Manhattanville Station</b></p> <p>City <b>New York</b> State <b>NY</b> Zip Code <b>10027</b></p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name <b>Rep. Charles B. Rangel</b></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: <b>NY</b> District: <b>15</b></p> <p>Disbursement For: <b>2008</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID: D54531</b> Date of Disbursement <b>10 / 31 / 2007</b></p> <p>Amount of Each Disbursement this Period <b>5000.00</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) <b>HOBSON FOR CONGRESS</b></p> <p>Mailing Address <b>82 WEST COLUMBIA STREET</b></p> <p>City <b>SPRINGFIELD</b> State <b>OH</b> Zip Code <b>45502</b></p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name <b>Rep. David Hobson</b></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: <b>OH</b> District: <b>07</b></p> <p>Disbursement For: <b>2008</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID: D54302</b> Date of Disbursement <b>10 / 05 / 2007</b></p> <p>Amount of Each Disbursement this Period <b>1000.00</b></p>

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

**11000.00**

**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) <b>FRIENDS OF DENNIS CARDOZA</b>	<b>Transaction ID: D54300</b>
	Mailing Address <b>PO Box 2749</b>	Date of Disbursement 10 / 05 / 2007
	City <b>Merced</b> State <b>CA</b> Zip Code <b>95340</b>	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name <b>Rep. Dennis Cardoza</b>	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: <b>CA</b> District: <b>18</b>	

B.	Full Name (Last, First, Middle Initial) <b>PALLONE FOR CONGRESS</b>	<b>Transaction ID: D54528</b>
	Mailing Address <b>PO BOX 3176</b>	Date of Disbursement 10 / 31 / 2007
	City <b>LONG BRANCH</b> State <b>NJ</b> Zip Code <b>07740</b>	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name <b>Rep. Frank Pallone, Jr.</b>	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: <b>NJ</b> District: <b>06</b>	

C.	Full Name (Last, First, Middle Initial) <b>RADANOVICH FOR CONGRESS</b>	<b>Transaction ID: D54525</b>
	Mailing Address <b>30151 TOMAS STREET</b>	Date of Disbursement 10 / 31 / 2007
	City <b>RANCHO STA MRGRITA</b> State <b>CA</b> Zip Code <b>92688</b>	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name <b>Rep. George P. Radanovich</b>	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: <b>CA</b> District: <b>19</b>	

**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

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>CONGRESSMAN WAXMAN CAMPAIGN COMMITTEE</b></p> <p>Mailing Address 6380 Wilshire Blvd. #1612</p> <p>City Los Angeles State CA Zip Code 90048</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Henry A. Waxman</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 30</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D54512</p> <p>Date of Disbursement 10 / 25 / 2007</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>FRIENDS OF JIM CLYBURN</b></p> <p>Mailing Address Post Office Box 12567</p> <p>City Columbia State SC Zip Code 29211</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. James Clyburn</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 06</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D54305</p> <p>Date of Disbursement 10 / 05 / 2007</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>WALSH FOR CONGRESS COMMITTEE</b></p> <p>Mailing Address PO Box 1974</p> <p>City Syracuse State NY Zip Code 13201-1974</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. James T. Walsh</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 25</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D54522</p> <p>Date of Disbursement 10 / 31 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</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) <b>JIM GERLACH FOR CONGRESS COMMITTEE</b>	<b>Transaction ID: D54524</b> Date of Disbursement 10 / 31 / 2007
	Mailing Address 911 Welsh Ayres Way	Amount of Each Disbursement this Period 1500.00
	City State Zip Code Downingtown PA 19335-1689	
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Jim Gerlach	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: PA District: 06	

B.	Full Name (Last, First, Middle Initial) <b>Matheson for Congress</b>	<b>Transaction ID: D54551</b> Date of Disbursement 10 / 31 / 2007
	Mailing Address 677 So. 200 West Suite A	Amount of Each Disbursement this Period 1000.00
	City State Zip Code Salt Lake City UT 84101	
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Jim Matheson	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: UT District: 02	

C.	Full Name (Last, First, Middle Initial) <b>FRIENDS OF JOHN BARROW</b>	<b>Transaction ID: D54550</b> Date of Disbursement 10 / 31 / 2007
	Mailing Address 2141 W Broad St	Amount of Each Disbursement this Period 2500.00
	City State Zip Code Athens GA 30606-3545	
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. John Barrow	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: GA District: 12	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>5000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>MARION BERRY FOR CONGRESS</b></p> <p>Mailing Address P.O. BOX 8084</p> <p>City JONESBORO State AR Zip Code 72403</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Marion Berry</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 01</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID: D54304</b> Date of Disbursement 10 / 05 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>MICHAEL BURGESS FOR CONGRESS</b></p> <p>Mailing Address PO Box 2334</p> <p>City Denton State TX Zip Code 76202-2334</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Michael C. Burgess</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 26</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID: D54306</b> Date of Disbursement 10 / 05 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>MICHAUD FOR CONGRESS</b></p> <p>Mailing Address 213 Lisbon Street</p> <p>City Lewiston State ME Zip Code 04240</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Michael H. Michaud</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 02</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID: D54553</b> Date of Disbursement 10 / 31 / 2007</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.	Full Name (Last, First, Middle Initial) PAUL BROUN COMMITTEE	Transaction ID: D54549 Date of Disbursement 10 / 31 / 2007
	Mailing Address PO BOX 7165	Amount of Each Disbursement this Period 1000.00
	City ATHENS State GA Zip Code 30604	
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Paul Broun	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 10	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) PETE KING FOR CONGRESS COMMITTEE	Transaction ID: D54523 Date of Disbursement 10 / 31 / 2007
	Mailing Address 1442 Roth Rd	Amount of Each Disbursement this Period 1000.00
	City SEAFORD State NY Zip Code 11783	
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Peter King	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 03	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) PEOPLE FOR ENGLISH	Transaction ID: D54527 Date of Disbursement 10 / 31 / 2007
	Mailing Address PO BOX 1940	Amount of Each Disbursement this Period 1000.00
	City ERIE State PA Zip Code 16507	
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Philip S. English	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 03	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL)

Mailing Address POST OFFICE BOX 711

City State Zip Code  
ROCKWALL TX 75087

Purpose of Disbursement  
Contributions to Federal Candidates

Candidate Name  
Rep. Ralph M. Hall

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: TX District: 04

Transaction ID: D54526

Date of Disbursement

10 / 31 / 2007

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL)

Mailing Address POST OFFICE BOX 711

City State Zip Code  
ROCKWALL TX 75087

Purpose of Disbursement  
Contributions to Federal Candidates

Candidate Name  
Rep. Ralph M. Hall

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: TX District: 04

Transaction ID: D54307

Date of Disbursement

10 / 05 / 2007

Amount of Each Disbursement this Period

1000.00

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

Mailing Address 7905 MALCOLM ROAD SUITE 102

City State Zip Code  
CLINTON MD 20735

Purpose of Disbursement  
Contributions to Federal Candidates

Candidate Name  
Rep. Steny H. Hoyer

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: MD District: 05

Transaction ID: D54518

Date of Disbursement

10 / 31 / 2007

Amount of Each Disbursement this Period

4000.00

**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) <b>BECERRA FOR CONGRESS</b>	<b>Transaction ID: D54303</b>
	Mailing Address P.O. Box 261060	Date of Disbursement 10 / 05 / 2007
	City Los Angeles State CA Zip Code 90026	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Xavier Becerra	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 31	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) <b>ROCKY MOUNTAIN PAC</b>	<b>Transaction ID: D54557</b>
	Mailing Address 607 14th Street NW Suite 800	Date of Disbursement 10 / 31 / 2007
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contributions to Federal Committees	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) <b>Schock for Congress</b>	<b>Transaction ID: D54692</b>
	Mailing Address 1155 21st Street NW Ste 330	Date of Disbursement 10 / 31 / 2007
	City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period -1000.00
	Purpose of Disbursement Voided check	Category/ Type
	Candidate Name Aaron Schock	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 18	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>5000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Schock for Congress	Transaction ID: D54533 Date of Disbursement 10 / 26 / 2007
	Mailing Address 1155 21st Street NW Ste 330	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20036	
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Aaron Schock	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: IL District: 18	

B.	Full Name (Last, First, Middle Initial) FRIENDS OF GORDON SMITH	Transaction ID: D54437 Date of Disbursement 10 / 23 / 2007
	Mailing Address 228 S WASHINGTON STE 115	Amount of Each Disbursement this Period 5000.00
	City ALEXANDRIA State VA Zip Code 22314	
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Sen. Gordon Smith	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: OR District: 00	

C.	Full Name (Last, First, Middle Initial) SALAZAR FOR SENATE	Transaction ID: D54556 Date of Disbursement 10 / 31 / 2007
	Mailing Address PO BOX 600	Amount of Each Disbursement this Period 3000.00
	City DENVER State CO Zip Code 80201	
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Sen. Ken Salazar	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: CO District: 00	

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

9000.00

**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)

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

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

TOGETHER FOR OUR MAJORITY POLITICAL ACTION COMMITTEE (T-OMPAC)

Mailing Address PO Box 16488

City  
Arlington

State  
VA

Zip Code  
22215

Purpose of Disbursement  
Contributions to Federal Committees

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: D54521

Date of Disbursement

10 / 31 / 2007

Amount of Each Disbursement this Period

2500.00

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

2500.00

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

81000.00

**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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	Transaction ID: D55721 Date of Disbursement 10 / 31 / 2007
	Mailing Address 2200 Wilson Blvd Ste 200	Amount of Each Disbursement this Period 32.77
	City Arlington State VA Zip Code 22201-3324	
	Purpose of Disbursement CC Fees	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) BB & T	Transaction ID: D55720 Date of Disbursement 10 / 31 / 2007
	Mailing Address PO Box 819 Operations Center	Amount of Each Disbursement this Period 88.61
	City Wilson State NC Zip Code 27894-0819	
	Purpose of Disbursement Bank Fees	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

121.38

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

121.38

Form/Schedule: **F3XA**

Transaction ID:

Jodi Winship Reports Analysis Division Federal Election Commission 999 E Street, NW Washington, DC 204-63 Identification Number: C00006080 Reference: November Monthly Report (10/1/07 ? 10/31/07) Ms. Winship, Thank you for your December 12, 2007, letter requesting additional information pertaining to AHCA-PAC's November Monthly report. AHCA-PAC recently engaged a new vendor to administer our PAC database. As we continue to familiarize ourselves with the new software, we regret that some administrative errors were made. We are working hard to ensure that these errors are not repeated in the future. In response to your letter requesting additional information for three items, please find below a description of the remedial efforts we have taken:

1. This amended November Monthly Report will be filed with the Federal Election Commission today to report the office sought and state for each contribution made to a federal candidate on Schedule B.
2. Due to duplicate records in our new PAC database, an excessive contribution of \$3,750 was received from Mark Woolpert, causing him to go over the \$5,000 annual contribution limit to federal PACs. A \$3,750 refund was made to Mr. Woolpert on January 14, 2008. A copy of the refund check will be sent to you today and will be disclosed on the appropriate AHCA-PAC report.
3. Similar duplicate records in our new PAC database resulted in an excessive contribution of \$2,500 reported on our November Monthly report to Together for Our Majority Political Action Committee (TOMPAC). AHCA-PAC quickly realized the error and was able to retrieve and void the excessive \$2,500 contribution. A copy of the voided check will be sent to you today and will be disclosed on the appropriate AHCA-PAC report.

You also noted in your letter that AHCA-PAC should disclose contributions from political committees on Line 11(c) of Schedule A. We will be sure to do so in subsequent reports. Please contact us with any questions. Thank you for the opportunity to address these issues. Heather Cutler Director, AHCA-PAC American Health Care Association 1201 L Street, NW Washington, DC 20005 Tel: 202/898-2856 Fax: 202-/842-3860 E-mail: hcutler@ahca.org