



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" 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>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		121831.57
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	169655.38									
(c) Total Receipts (from Line 19) .....	123102.85	377280.75								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	292758.23	499112.32								
7. Total Disbursements (from Line 31) .....	39840.70	246194.79								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	252917.53	252917.53								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

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

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	9

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	113241.06	345955.15
(i) Itemized (use Schedule A) .....	8861.79	27325.60
(ii) Unitemized .....	122102.85	373280.75
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	1000.00	4000.00
(c) Other Political Committees (such as PACs) .....	123102.85	377280.75
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....		
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	123102.85	377280.75
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	123102.85	377280.75

**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.....	1070.70	4804.79
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	1070.70	4804.79
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	38770.00	241390.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	39840.70	246194.79
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	39840.70	246194.79

**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 .....	123102.85	377280.75
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	123102.85	377280.75
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1070.70	4804.79
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1070.70	4804.79

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 53

(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)

Bryan C. Atchley

Mailing Address Sevier County HCC  
PO Box 5349

City State Zip Code  
Sevierville TN 37864-5349

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

Name of Employer Occupation  
Sevier County Health Care Assistant Administrator  
Center

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

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 0 9

Transaction ID: C711474

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Gary Attman

Mailing Address 8028 Ritchie Highway  
Suite 118

City State Zip Code  
Pasadena MD 21122-1069

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

Name of Employer Occupation  
FutureCare Health & Mgmt. President

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 0 9

Transaction ID: C711488

Amount of Each Receipt this Period

1250.00

**C.**

Full Name (Last, First, Middle Initial)

Terry Bane

Mailing Address 1469 Humboldt Rd  
# 175

City State Zip Code  
Chico CA 95928-9116

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

Name of Employer Occupation  
President Riverside Health Care Corp.

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

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 0 9

Transaction ID: C712683

Amount of Each Receipt this Period

250.00

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

2500.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 53  
(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)  
Cecil Barcelo

Mailing Address 411 Alabama Ave

City State Zip Code  
League City TX 77573-2615

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Baywind Village Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 0 9

**Transaction ID:** C714519

Amount of Each Receipt this Period 250.00

**B.**

Full Name (Last, First, Middle Initial)  
Harve Bauguess

Mailing Address 3715 Northside Pkwy. #3000  
Ste. 715

City State Zip Code  
Atlanta GA 30327

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Bauguess Management Co President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y  
0 4 / 1 3 / 2 0 0 9

**Transaction ID:** C708919

Amount of Each Receipt this Period 150.00

**C.**

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

Mailing Address PO Box 1210  
731 North Main

City State Zip Code  
Sikeston MO 63801-1210

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Health Facilities Management President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

**Transaction ID:** C714646

Amount of Each Receipt this Period 1250.00

**SUBTOTAL** of Receipts This Page (optional) ..... 1650.00

**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 / 53  
(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)  
Don C. Bedell

Mailing Address 731 North Main Street  
PO Box 1210

City State Zip Code  
Sikeston MO 63801

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

Name of Employer Occupation  
Castle Partners President

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

**Transaction ID:** C714647

Amount of Each Receipt this Period  
1250.00

**B.** Full Name (Last, First, Middle Initial)  
Elton Beebe, Jr.

Mailing Address 1308 Bruton Springs Road

City State Zip Code  
Austin TX 78733

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

Name of Employer Occupation  
Louisiana Extended Care Centers Owner

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 1 / 2 0 0 9

**Transaction ID:** C712269

Amount of Each Receipt this Period  
1250.00

**C.** Full Name (Last, First, Middle Initial)  
Ken Beebe, Jr.

Mailing Address 571 Highway 51  
Ste H

City State Zip Code  
Ridgeland MS 39157-2597

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

Name of Employer Occupation  
Legacy Care Owner

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 1 / 2 0 0 9

**Transaction ID:** C712261

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3000.00**

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

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

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

FOR LINE NUMBER: PAGE 9 / 53  
(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)  
Ken Beebe, Jr.  
 Mailing Address 571 Highway 51  
Ste H  
 City Ridgeland State MS Zip Code 39157-2597  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Legacy Care Occupation Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00  
 Date of Receipt MM / DD / YYYY  
04 / 27 / 2009  
**Transaction ID:** C713960  
 Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
William Biggs  
 Mailing Address 101 Grace Street  
 City Easley State SC Zip Code 29640  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Management Resources Occupation Executive Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00  
 Date of Receipt MM / DD / YYYY  
04 / 09 / 2009  
**Transaction ID:** C707194  
 Amount of Each Receipt this Period 2500.00

**C.** Full Name (Last, First, Middle Initial)  
Jim Birchem  
 Mailing Address 920 4th Street, SE  
 City Little Falls State MN Zip Code 56345  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Eldercare of Minnesota Occupation President/CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00  
 Date of Receipt MM / DD / YYYY  
04 / 22 / 2009  
**Transaction ID:** C712355  
 Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... 2850.00  
**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 53  
(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)  
Bretton J Bolt

Mailing Address 6937 Warfield Avenue

City State Zip Code  
Sykesville MD 21784

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

Name of Employer Occupation  
Nexion Health Care CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
04 / 29 / 2009

**Transaction ID:** C714520

Amount of Each Receipt this Period  
1250.00

**B.**

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

Mailing Address 680 South Fourth Street

City State Zip Code  
Louisville KY 40202

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
04 / 09 / 2009

**Transaction ID:** C707195

Amount of Each Receipt this Period  
2500.00

**C.**

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

Mailing Address 4412 Applewood Avenue

City State Zip Code  
Sioux City IA 51106-3602

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

Name of Employer Occupation  
Care Center Mgmt Co Chief Operating Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C714651

Amount of Each Receipt this Period  
1250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5000.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 53  
(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)  
Greg H. Brown

Mailing Address 155 West Point Court

City State Zip Code  
Tonka Bay MN 55331

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

Name of Employer Occupation  
Covenire Care, LLC President & CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
04 / 29 / 2009

**Transaction ID:** C714570

Amount of Each Receipt this Period  
250.00

**B.**

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

Mailing Address 1626 Jeurgens Court

City State Zip Code  
Norcross GA 30096

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C714652

Amount of Each Receipt this Period  
125.00

**C.**

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

Mailing Address 1185 Wilde Run Court

City State Zip Code  
Roswell GA 30075

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

Name of Employer Occupation  
Cypress Administrative Services, LLC VP Finance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C714653

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **625.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 53

(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)

Jill Capela

Mailing Address 1101 S. Capital of TX Hwy  
Bldg. G

City State Zip Code  
Austin TX 78746

FEC ID number of contributing federal political committee.

C

Name of Employer  
ONR Inc.

Occupation  
CEO

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: C714654

Amount of Each Receipt this Period

1250.00

**B.**

Full Name (Last, First, Middle Initial)

James A Carlson

Mailing Address 6026 SW Madison Court

City State Zip Code  
Portland OR 97221

FEC ID number of contributing federal political committee.

C

Name of Employer  
OHCA

Occupation  
President/CEO

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 3 / 2 0 0 9

Transaction ID: C705941

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Elizabeth Casey

Mailing Address 3075 E Thousand Oaks Blvd

City State Zip Code  
Westlake Village CA 91362-3402

FEC ID number of contributing federal political committee.

C

Name of Employer  
The Chase Group

Occupation  
Partner

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: C714696

Amount of Each Receipt this Period

1250.00

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

3500.00

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

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

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

FOR LINE NUMBER: PAGE 13 / 53  
(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)  
Gary Catlett

Mailing Address 4 Wisteria Ct

City State Zip Code  
Spartanburg SC 29307-3513

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

Name of Employer Occupation  
White Oak Manor Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
04 / 23 / 2009

**Transaction ID:** C712669

Amount of Each Receipt this Period  
150.00

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

Mailing Address 3075 E Thousand Oaks Blvd

City State Zip Code  
Thousand Oaks CA 91362-3402

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

Name of Employer Occupation  
The Chase Group Nursing Home Consult

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C714693

Amount of Each Receipt this Period  
2500.00

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

Mailing Address 5374 Long Shadow Ct

City State Zip Code  
Westlake Village CA 91362-5223

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

Name of Employer Occupation  
The Chase Group Partner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C714697

Amount of Each Receipt this Period  
1250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3900.00**

**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 14 / 53  
(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) Don Chensvold		Date of Receipt MM / DD / YYYY 04 / 09 / 2009
Mailing Address 4080 1st Avenue NE PO Box 5428		<b>Transaction ID:</b> C707201
City Cedar Rapids	State IA	Zip Code 52402-3160
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Healthcare of Iowa	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

**B.**

Full Name (Last, First, Middle Initial) Steven E. Chies		Date of Receipt MM / DD / YYYY 04 / 30 / 2009
Mailing Address 8624 Mississippi Blvd NW		<b>Transaction ID:</b> C714655
City Coon Rapids	State MN	Zip Code 55433-5968
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1250.00
Name of Employer Benedictine Health System- Cambridge	Occupation VP, Long Term Care Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

**C.**

Full Name (Last, First, Middle Initial) Robert M. Chur		Date of Receipt MM / DD / YYYY 04 / 22 / 2009
Mailing Address Elderwood Senior Care 7 Limestone Drive		<b>Transaction ID:</b> C712359
City Williamsville	State NY	Zip Code 14221-7051
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1250.00
Name of Employer Elderwood Affiliates Inc	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2800.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Gail Clarkson	Date of Receipt MM / DD / YYYY 04 / 14 / 2009
	Mailing Address 1387 Club Drive	<b>Transaction ID:</b> C709161
	City Bloomfield Hills State MI Zip Code 48302-0823	Amount of Each Receipt this Period 3750.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer The Medilodge Group Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Cliff Coldren	Date of Receipt MM / DD / YYYY 04 / 30 / 2009
	Mailing Address 1950 Cliffside Drive	<b>Transaction ID:</b> C714660
	City State College State PA Zip Code 16801-7662	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Brookline Occupation Developer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Kathleen Collins Pagels	Date of Receipt MM / DD / YYYY 04 / 03 / 2009
	Mailing Address 1440 East Missouri Street Suite C-102	<b>Transaction ID:</b> C705959
	City Phoenix State AZ Zip Code 85014	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Arizona Health Care Association Occupation Executive Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>4350.00</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 16 / 53  
(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)  
Kathleen 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 ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C714664

Amount of Each Receipt this Period  
125.00

**B.** Full Name (Last, First, Middle Initial)  
Louis E. Cottrell, Jr.

Mailing Address 4156 Carmichael Road

City State Zip Code  
Montgomery AL 36106-2866

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

Name of Employer Occupation  
Alabama Nursing Home Association Executive Director

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C714641

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Hap Cursey

Mailing Address 531 Stevenson Ln

City State Zip Code  
Towson MD 21286-7607

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

Name of Employer Occupation  
Holly Hill Manor Administrator

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
MM / DD / YYYY  
04 / 03 / 2009

**Transaction ID:** C705916

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1225.00

**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 / 53  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Michael D'Arcangelo

Mailing Address 200 Dryden Road  
Suite 2000

City Dresher State PA Zip Code 19025

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

Name of Employer Complete Healthcare Resources Occupation Senior Executive Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 2 / 2 0 0 9

**Transaction ID:** C712354

Amount of Each Receipt this Period  
1250.00

**B.**

Full Name (Last, First, Middle Initial)  
Steven Delaney

Mailing Address 13 Northtown Dr  
Ste 220

City Jackson State MS Zip Code 39211-3047

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

Name of Employer Delco Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 9

**Transaction ID:** C714930

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Judith Dicker

Mailing Address 18215 Hillside Avenue

City Jamaica State NY Zip Code 11432

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

Name of Employer Hillside Manor Occupation Executive Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 3 / 2 0 0 9

**Transaction ID:** C712685

Amount of Each Receipt this Period  
1250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3000.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 53

(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)  
Stanley Dicker

Mailing Address 18215 Hillside Ave

City State Zip Code  
Jamaica NY 11432

FEC ID number of contributing federal political committee. C

Name of Employer Hillside Manor Rehab Ctr Occupation Executive Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 0 9

**Transaction ID:** C712686

Amount of Each Receipt this Period 1250.00

**B.**

Full Name (Last, First, Middle Initial)  
Dean Dickmann

Mailing Address Avante Group Inc  
4000 Hollywood Blvd

City State Zip Code  
Hollywood FL 33021

FEC ID number of contributing federal political committee. C

Name of Employer Avante Group Inc Occupation President/ CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

**Transaction ID:** C714644

Amount of Each Receipt this Period 5000.00

**C.**

Full Name (Last, First, Middle Initial)  
Jonathan P Dolan

Mailing Address 236 Metro Drive

City State Zip Code  
Jefferson City MO 65109-1103

FEC ID number of contributing federal political committee. C

Name of Employer Missouri Health Care Association Occupation Executive Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt M M / D D / Y Y Y Y  
0 4 / 0 3 / 2 0 0 9

**Transaction ID:** C705928

Amount of Each Receipt this Period 5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... 11250.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 53

(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)

Michelle Donahue

Mailing Address Shadow Mountain Healthcare Center  
11150 North 92nd Street

City State Zip Code  
Scottsdale AZ 85260

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

Name of Employer  
Shadow Mountain Healthcare Center

Occupation  
Administrator

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 3 / 2 0 0 9

Transaction ID: C705965

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Michelle Donahue

Mailing Address Shadow Mountain Healthcare Center  
11150 North 92nd Street

City State Zip Code  
Scottsdale AZ 85260

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

Name of Employer  
Shadow Mountain Healthcare Center

Occupation  
Administrator

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 6 / 2 0 0 9

Transaction ID: C709918

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Anthony Durante

Mailing Address 26 North Broadway

City State Zip Code  
Schenectady NY 12305

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

Name of Employer  
DMN Management Services

Occupation  
Executive

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 9 / 2 0 0 9

Transaction ID: C707188

Amount of Each Receipt this Period

625.00

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

925.00

**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 / 53  
(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)  
Jack Dwyer

Mailing Address 1422A Clarkview Road

City State Zip Code  
Baltimore MD 21209

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

Name of Employer  
Capital Lending & Mortgage Group, LLC

Occupation  
President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
04 / 27 / 2009

**Transaction ID:** C714853

Amount of Each Receipt this Period  
3750.00

**B.**

Full Name (Last, First, Middle Initial)  
Irene Fleshner

Mailing Address 3240 Gulf of Mexico Dr

City State Zip Code  
Longboat Key FL 34228

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

Name of Employer  
Genesis HealthCare Corporation

Occupation  
Nurse Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
04 / 22 / 2009

**Transaction ID:** C712399

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Melzana Fuller

Mailing Address Mississippi Health Care Associatio  
114 Marketridge Drive

City State Zip Code  
Ridgeland MS 39157

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

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
04 / 27 / 2009

**Transaction ID:** C713954

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4750.00**

**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 / 53  
(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) Jim Gilliam		Date of Receipt MM / DD / YYYY 04 / 27 / 2009
Mailing Address Golden Living Centers 30 Perimeter Park Drive		Transaction ID: C714730
City Atlanta	State Zip Code GA 30341	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Beverly Enterprises	Occupation Information Requested	Aggregate Year-to-Date 1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**B.**

Full Name (Last, First, Middle Initial) James Gomez		Date of Receipt MM / DD / YYYY 04 / 30 / 2009
Mailing Address 2201 K Street		Transaction ID: C714657
City Sacramento	State Zip Code CA 95816-4922	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer CA Association of Health Facilities	Occupation President	Aggregate Year-to-Date 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**C.**

Full Name (Last, First, Middle Initial) Tim Graves		Date of Receipt MM / DD / YYYY 04 / 23 / 2009
Mailing Address 4214 Medical Parkway Suite 300		Transaction ID: C712674
City Austin	State Zip Code TX 78756	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Texas Health Care Association	Occupation President	Aggregate Year-to-Date 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1750.00
<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 22 / 53  
(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)  
Mark Gunnell

Mailing Address 3535 Wayward Wind Dr

City State Zip Code  
Lake Havasu City AZ 86406-6359

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

Name of Employer Occupation  
Lake Hills Inn Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
MM / DD / YYYY  
04 / 03 / 2009

**Transaction ID:** C705909

Amount of Each Receipt this Period  
100.00

**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:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 346.22

Date of Receipt  
MM / DD / YYYY  
04 / 09 / 2009

**Transaction ID:** C707213

Amount of Each Receipt this Period  
38.47

**C.** Full Name (Last, First, Middle Initial)  
David Hebert

Mailing Address 7605 Ridgecrest Drive

City State Zip Code  
Alexandria VA 22308-1049

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

Name of Employer Occupation  
AHCA Senior Vice President of Advocacy

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 346.22

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C714705

Amount of Each Receipt this Period  
38.47

**SUBTOTAL** of Receipts This Page (optional) ..... ► 176.94

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

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

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

FOR LINE NUMBER: PAGE 23 / 53  
(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)  
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 ▼  
250.00

Date of Receipt: 04 / 20 / 2009  
**Transaction ID: C711493**  
 Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Jon Howell

Mailing Address 334 Fountainhead Drive

City Jefferson State GA Zip Code 30549

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

Name of Employer: Georgia Health Care Association  
Occupation: State Executive

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt: 04 / 23 / 2009  
**Transaction ID: C712687**  
 Amount of Each Receipt this Period: 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Samuel Kaplan

Mailing Address 5500 Wells Fargo Center  
90 South Seventh St

City Minneapolis State MN Zip Code 55402

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

Name of Employer: Tealwood Care Centers  
Occupation: Attorney

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt: 04 / 27 / 2009  
**Transaction ID: C714738**  
 Amount of Each Receipt this Period: 1500.00

**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 24 / 53  
(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)  
Edward L. Kuntz

Mailing Address 680 S 4th St

City State Zip Code  
Louisville KY 40202-2407

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

Name of Employer Kindred Healthcare Occupation Chairman, CEO & President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
04 / 20 / 2009

**Transaction ID: C711487**

Amount of Each Receipt this Period  
250.00

**B.**

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

Mailing Address 4621 28th Road South  
PAYROLL DEDUCTION

City State Zip Code  
Arlington VA 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 ▼ 356.04

Date of Receipt  
MM / DD / YYYY  
04 / 09 / 2009

**Transaction ID: C707214**

Amount of Each Receipt this Period  
39.56

**C.**

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

Mailing Address 4621 28th Road South  
PAYROLL DEDUCTION

City State Zip Code  
Arlington VA 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 ▼ 356.04

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID: C714707**

Amount of Each Receipt this Period  
39.56

**SUBTOTAL** of Receipts This Page (optional) ..... ► **329.12**

**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 / 53  
(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)  
Larry Lane

Mailing Address 101 E State St

City State Zip Code  
Kennett Square PA 19348-3109

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

Name of Employer Genesis Occupation Sr VP, Regulatory Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 04 / 27 / 2009  
Transaction ID: C713958  
Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
Ted LeNeave

Mailing Address 5372 Fallowater Lane Suite 200

City State Zip Code  
Roanoke VA 24018-0909

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

Name of Employer American HealthCare, LLC Occupation Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 / 30 / 2009  
Transaction ID: C714689  
Amount of Each Receipt this Period: 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Peter J. Licari

Mailing Address 200 Dryden Road Suite 2000

City State Zip Code  
Dresher PA 19025

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

Name of Employer Complete Healthcare Resources Occupation President/ Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 04 / 21 / 2009  
Transaction ID: C712262  
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 26 / 53  
(check only one)

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

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

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

**A.**

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

Mailing Address 1304 Laurel Oak Rd

City State Zip Code  
Voorhees NJ 08043-4310

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

Name of Employer Occupation  
Burnt Tavern Rehabilitation Vice President  
HealthCare

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

**Transaction ID:** C714695

Amount of Each Receipt this Period  
125.00

**B.**

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

Mailing Address Laurel Health Care Company  
1008 Pineview Court

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 Vice President of Operations

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 7 / 2 0 0 9

**Transaction ID:** C711324

Amount of Each Receipt this Period  
250.00

**C.**

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

Mailing Address 108 8th St NW

City State Zip Code  
Waseca MN 56093-1912

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

Name of Employer Occupation  
Lake Shore Inn Nursing Home CEO

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 1 / 2 0 0 9

**Transaction ID:** C712270

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **625.00**

**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 / 53

(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)

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 Administrator and CEO  
Inc.

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

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 9 / 2 0 0 9

Transaction ID: C707189

Amount of Each Receipt this Period

625.00

**B.**

Full Name (Last, First, Middle Initial)

John Maxey

Mailing Address 2201 Eastover Dr

City State Zip Code  
Jackson MS 39211-6722

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

Name of Employer Occupation  
Maxey Wann Attorney

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

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 9 / 2 0 0 9

Transaction ID: C707207

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Michael McBride

Mailing Address 101 Grace Dr

City State Zip Code  
Easley SC 29640-9088

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

Name of Employer Occupation  
Health Management Resources President

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: C714659

Amount of Each Receipt this Period

1250.00

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

2875.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 53  
(check only one)

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

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

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

**A.**

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

Mailing Address 3611 Glenfield Ct

City State Zip Code  
Louisville KY 40241-2513

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

Name of Employer American Health Care Association  
Occupation Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C714661

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
V. Richard Miller

Mailing Address 3594 East US Highway 30

City State Zip Code  
Warsaw IN 46580-6720

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

Name of Employer MMM Invest Inc  
Occupation CEO/CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C714662

Amount of Each Receipt this Period  
1250.00

**C.**

Full Name (Last, First, Middle Initial)  
Paula Mitchell

Mailing Address 1100 Monroe

City State Zip Code  
Globe AZ 85501

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

Name of Employer Copper Mountain Inn  
Occupation Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  
MM / DD / YYYY  
04 / 03 / 2009

**Transaction ID:** C705903

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1600.00**

**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 / 53  
(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)  
Michael Morton

Mailing Address 415 Rogers Avenue

City State Zip Code  
Fort Smith AR 72901-1903

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

Name of Employer Occupation  
Central Arkansas Nursing Centers Owner

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 7 / 2 0 0 9

**Transaction ID:** C714852

Amount of Each Receipt this Period  
1250.00

**B.** Full Name (Last, First, Middle Initial)  
Jay Moskowitz

Mailing Address 2932 Fenton Street

City State Zip Code  
Wheat Ridge CO 80214-8116

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

Name of Employer Occupation  
Quality Life Management Administrator

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

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

**Transaction ID:** C714698

Amount of Each Receipt this Period  
5000.00

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

Mailing Address 3075 E Thousand Oaks Blvd

City State Zip Code  
Westlake Village CA 91362-3402

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

Name of Employer Occupation  
The Chase Group Partner

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

**Transaction ID:** C714699

Amount of Each Receipt this Period  
1250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 7500.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 53  
(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)  
Timothy F Nicholson

Mailing Address 304 Gilbert Road

City Dillsburg State PA Zip Code 17019-9511

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

Name of Employer Lyric Health Care Occupation President & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 04 / 30 / 2009  
**Transaction ID: C714643**  
 Amount of Each Receipt this Period: 1250.00

**B.** Full Name (Last, First, Middle Initial)  
Tony E Oglesby

Mailing Address PO Box 350

City Benton State TN Zip Code 37307-0350

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

Name of Employer SavaSenior Care Occupation President & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 04 / 30 / 2009  
**Transaction ID: C714663**  
 Amount of Each Receipt this Period: 1250.00

**C.** Full Name (Last, First, Middle Initial)  
Rich Pell

Mailing Address 21 Greystone Drive

City Shepherdstown State WV Zip Code 25443-4075

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

Name of Employer Genesis Occupation SR VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 / 20 / 2009  
**Transaction ID: C711473**  
 Amount of Each Receipt this Period: 750.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3250.00**

**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 / 53  
(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)  
Simon 'Shimi' Pelman

Mailing Address 140 Saint Edwards Street

City State Zip Code  
Brooklyn NY 11201-3904

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

Name of Employer Occupation  
Union Plaza Nursing Home, Inc. Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
04 / 29 / 2009

**Transaction ID:** C714524

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Charles Perry

Mailing Address Nevada Health Care Association  
4550 West Oakey Boulevard

City State Zip Code  
Las Vegas NV 89102-1599

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

Name of Employer Occupation  
Nevada Health Care Assn. Executive Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C714665

Amount of Each Receipt this Period  
1250.00

**C.** Full Name (Last, First, Middle Initial)  
Vanessa Phipps Henderson

Mailing Address 114 Marketridge Drive

City State Zip Code  
Ridgeland MS 39157-6009

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

Name of Employer Occupation  
Mississippi Health Care Association Executive Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 29 / 2009

**Transaction ID:** C714526

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2550.00

**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 / 53  
(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)  
Neil L. Pruitt, Jr.  
 Mailing Address UHS-Pruitt Corporation, Inc.  
1626 Jeurgens Court  
 City Norcross State GA Zip Code 30093  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UHS-Pruitt Corporation, Inc. Occupation President & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00  
 Date of Receipt 04 / 30 / 2009  
**Transaction ID:** C714666  
 Amount of Each Receipt this Period 1250.00

**B.** Full Name (Last, First, Middle Initial)  
Sally Rapp  
 Mailing Address 3308 Ocean Bld  
Suite 280  
 City Corona Del Mar State CA Zip Code 92625  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SR Management Svcs. Inc. Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00  
 Date of Receipt 04 / 30 / 2009  
**Transaction ID:** C714639  
 Amount of Each Receipt this Period 1250.00

**C.** Full Name (Last, First, Middle Initial)  
Richard Rau  
 Mailing Address 3939 S 92nd Street  
 City Greenfield State WI Zip Code 53228-2140  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Clement Manor Inc. Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00  
 Date of Receipt 04 / 30 / 2009  
**Transaction ID:** C714637  
 Amount of Each Receipt this Period 125.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2625.00  
**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 / 53  
(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) Thomas G. Rau		Date of Receipt MM / DD / YYYY 04 / 17 / 2009
Mailing Address Nexcare Health Systems, Inc. PO Box 2215		Transaction ID: C711025
City Brighton	State MI	Zip Code 48116
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1250.00
Name of Employer Nexcare Health Systems, Inc.	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

**B.**

Full Name (Last, First, Middle Initial) Jon Reardon		Date of Receipt MM / DD / YYYY 04 / 23 / 2009
Mailing Address Hoyt Nursing & Rehab Centre 1202 Weiss Street		Transaction ID: C712680
City Saginaw	State MI	Zip Code 48602-5471
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 375.00
Name of Employer Hoyt Nursing & Rehab Centre	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**C.**

Full Name (Last, First, Middle Initial) Frank Romano		Date of Receipt MM / DD / YYYY 04 / 30 / 2009
Mailing Address 57 Summer Street		Transaction ID: C714667
City Rowley	State MA	Zip Code 01969-1835
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1250.00
Name of Employer Essex Group	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2875.00
<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 34 / 53  
(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)  
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 ▼ 1000.00

Date of Receipt 04 / 16 / 2009

**Transaction ID:** C709904

Amount of Each Receipt this Period 1000.00

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

Mailing Address 303 Perimeter Ctr. N #500

City Atlanta State GA Zip Code 30346

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

Name of Employer Genoa Healthcare Consulting Occupation Chief Operating Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 30 / 2009

**Transaction ID:** C714645

Amount of Each Receipt this Period 1000.00

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

Mailing Address 40 Keogh Lane

City New Rochelle State NY Zip Code 10805-1308

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

Name of Employer Bayberry Nursing Home Occupation Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 04 / 30 / 2009

**Transaction ID:** C714668

Amount of Each Receipt this Period 750.00

**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: (check only one)	PAGE 35 / 53
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Daniel Salmon		Date of Receipt
	Mailing Address 85 Beaumont Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Northbridge	MA	01534-1093
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> C714531
Name of Employer Beaumont Nursing Home		Occupation Administrator	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 375.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Jesse Samples		Date of Receipt
	Mailing Address 110 Association Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Charleston	WV	25311-1217
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> C714670
Name of Employer West Virginia Health Care Association		Occupation CEO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 250.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Lee Samson		Date of Receipt
	Mailing Address 9200 Sunset Boulevard Suite 1100		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	West Hollywood	CA	90069
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> C714669
Name of Employer SNF Management/ Windsor		Occupation President/ CEO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2500.00	<input type="text"/> 1250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1875.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 36 / 53  
(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)  
Philip Scalò

Mailing Address 979 Lily Pond Lane

City State Zip Code  
Franklin Lakes NJ 07417

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

Name of Employer Bartley Healthcare Occupation President and CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 3 / 2 0 0 9

**Transaction ID:** C712684

Amount of Each Receipt this Period  
750.00

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

Mailing Address 7265 Kenwood Road Suite 300

City State Zip Code  
Cincinnati OH 45236-4414

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

Name of Employer Nursing Care Management Occupation Exec Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 9 / 2 0 0 9

**Transaction ID:** C716832

Amount of Each Receipt this Period  
125.00

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

Mailing Address 4200 W Peterson Ave Ste 140

City State Zip Code  
Chicago IL 60646-6819

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

Name of Employer Alden Management Inc Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 1 / 2 0 0 9

**Transaction ID:** C712268

Amount of Each Receipt this Period  
2500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3375.00

**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 37 / 53
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Ina Schlossberg	Date of Receipt MM / DD / YYYY 04 / 21 / 2009
	Mailing Address 4200 W Peterson Ave Ste 140	<b>Transaction ID:</b> C712267
	City State Zip Code Chicago IL 60646-6819	Amount of Each Receipt this Period 2500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	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 ▼ 2500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Louis Serra	Date of Receipt MM / DD / YYYY 04 / 16 / 2009
	Mailing Address 2525 Pennsylvania Ave	<b>Transaction ID:</b> C709911
	City State Zip Code Weirton WV 26062-3634	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Weirton Geriatric Center      Occupation Owner/Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼      Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Rickie Shearer	Date of Receipt MM / DD / YYYY 04 / 16 / 2009
	Mailing Address PO Box 1259	<b>Transaction ID:</b> C709901
	City State Zip Code Laurens SC 29360-1259	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer National Healthcare of Laurens      Occupation Administrator 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) .....	▶	4000.00
<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 38 / 53  
(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) Robert Siebel		Date of Receipt MM / DD / YYYY 04 / 30 / 2009
Mailing Address 13185 W Great Mountain Drive		<b>Transaction ID:</b> C714671
City Lakewood	State CO	Zip Code 80228-3512
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Carriage Healthcare Companies, Inc.	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

**B.**

Full Name (Last, First, Middle Initial) David Stallard		Date of Receipt MM / DD / YYYY 04 / 30 / 2009
Mailing Address 1305 West Causeway Approach #212		<b>Transaction ID:</b> C714672
City Mandeville	State LA	Zip Code 70471
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1250.00
Name of Employer Covington Suites	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

**C.**

Full Name (Last, First, Middle Initial) A. Ray Talebi		Date of Receipt MM / DD / YYYY 04 / 23 / 2009
Mailing Address 1438 S Euclid St		<b>Transaction ID:</b> C712682
City Anaheim	State CA	Zip Code 92802-2103
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer TSW Management Group, Inc.	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2000.00
<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 39 / 53

(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)

Ron Taylor

Mailing Address PO Box 100129

City State Zip Code  
Nashville TN 37224-0129

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

Name of Employer Occupation  
Tennessee Health Care Association Executive Director

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

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 2 / 2 0 0 9

Transaction ID: C712358

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dixie Taylor-Huff

Mailing Address 932 East Baddour Parkway

City State Zip Code  
Lebanon TN 37087-3707

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

Name of Employer Occupation  
Quality Care Health Center Administrator/Owner

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: C714673

Amount of Each Receipt this Period

1250.00

**C.**

Full Name (Last, First, Middle Initial)

Jan Thayer

Mailing Address 404 Woodland Drive

City State Zip Code  
Grand Island NE 68801

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

Name of Employer Occupation  
Excel Development Group Chair/CEO

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 7 / 2 0 0 9

Transaction ID: C714733

Amount of Each Receipt this Period

1250.00

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

3500.00

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

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

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

FOR LINE NUMBER: PAGE 40 / 53  
(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)  
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 ▼ 2460.00  
Date of Receipt 04 / 09 / 2009  
Transaction ID: C707190  
Amount of Each Receipt this Period 1860.00

**B.** 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 ▼ 2460.00  
Date of Receipt 04 / 13 / 2009  
Transaction ID: C708921  
Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Travis Tomlinson  
Mailing Address 513 East Whitaker Mill Road  
City Raleigh State NC Zip Code 27608-2633  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Mayview Conv Home Inc Occupation Administrator  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1600.00  
Date of Receipt 04 / 23 / 2009  
Transaction ID: C712671  
Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3360.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 41 / 53  
(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)  
Roger F. Topping

Mailing Address Princeton Health Care Center  
315 Courthouse Road

City State Zip Code  
Princeton WV 24740

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

Name of Employer Occupation  
Princeton Health Care Center Administrator

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C714691

Amount of Each Receipt this Period  
250.00

**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 Services Vice President, Customer Services

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C714674

Amount of Each Receipt this Period  
250.00

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

Mailing Address 104 S Freya, Suite 119

City State Zip Code  
Spokane WA 99202

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

Name of Employer Occupation  
CBSI Consultant

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
04 / 15 / 2009

**Transaction ID:** C709782

Amount of Each Receipt this Period  
300.00

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

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

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

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

FOR LINE NUMBER: PAGE 42 / 53  
(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)  
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: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 2500.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9  
Transaction ID: C714675  
Amount of Each Receipt this Period  
1250.00

**B.** Full Name (Last, First, Middle Initial)  
Robert Wehner  
Mailing Address 5155 North High Street  
City State Zip Code  
Columbus OH 43214  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Wesley Glen Chief Financial Officer  
Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 0 / 2 0 0 9  
Transaction ID: C711476  
Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Kathy Weiner  
Mailing Address 1217 Nonchalant Dr  
City State Zip Code  
Simi Valley CA 93065-5717  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Total Rehab Care Owner  
Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 2500.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9  
Transaction ID: C714692  
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 43 / 53  
(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)  
Andrew S Weisman

Mailing Address 5310 NW 33rd Ave  
Ste 211

City State Zip Code  
Fort Lauderdale FL 33309-6319

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

Name of Employer Occupation  
NuVision Management Vice President

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 7 / 2 0 0 9

**Transaction ID:** C713955

Amount of Each Receipt this Period  
1250.00

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

Mailing Address 922 McDonough Road

City State Zip Code  
Jackson GA 30233-1522

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

Name of Employer Occupation  
Westbury Medical Care Home 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 Y  
0 4 / 1 7 / 2 0 0 9

**Transaction ID:** C711323

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dennis W. Wheeler

Mailing Address PO Box 1545

City State Zip Code  
Mount Pleasant SC 29465-1545

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

Name of Employer Occupation  
Laurel Baye Healthcare President/CEO

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

**Transaction ID:** C714678

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 44 / 53

(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Cathy Williams		Date of Receipt MM / DD / YYYY 04 / 03 / 2009		
	Mailing Address 826 W Desmond St		<b>Transaction ID:</b> C705968		
	City Winslow	State AZ	Zip Code 86047-2321	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 1100.00		
	Name of Employer Winslow Campus of Care	Occupation COO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) Chris Wright		Date of Receipt MM / DD / YYYY 04 / 09 / 2009		
	Mailing Address iCare Management 341 Bidwell Street		<b>Transaction ID:</b> C707191		
	City Manchester	State CT	Zip Code 06040-6470	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 250.00		
	Name of Employer iCare Management, LLC	Occupation CEO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) Randy Wyatt		Date of Receipt MM / DD / YYYY 04 / 23 / 2009		
	Mailing Address 1401 West Capitol Avenue Suite 180		<b>Transaction ID:</b> C712672		
	City Little Rock	State AR	Zip Code 72201-2939	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 250.00		
	Name of Employer Arkansas Health Care Assn	Occupation Executive Vice President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

**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 45 / 53

(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)  
Bruce Yarwood

Mailing Address 200 P Street  
Apt F31

City State Zip Code  
Sacramento CA 95814-6259

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

Name of Employer Occupation  
AHCA CEO & President

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	3		2	0	0	9

Transaction ID: C705900

Amount of Each Receipt this Period

1250.00
---------

**B.**

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

Mailing Address 7712 Carlton Place

City State Zip Code  
McLean VA 22102

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

Name of Employer Occupation  
Hamilton Insurance Agency Insurance Representative

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	0	9

Transaction ID: C714640

Amount of Each Receipt this Period

1250.00
---------

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

2500.00
---------

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

113241.06
-----------

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 53  
(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

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)  
National Health Corporation PAC

Mailing Address P.O. Box 1398

City	State	Zip Code
Murfreesboro	TN	37130

FEC ID number of contributing federal political committee. **C** C00153445

Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	4	/	2	0	0	9

Transaction ID: C712423

Amount of Each Receipt this Period

1000.00
---------

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	1000.00

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

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

FOR LINE NUMBER: (check only one)

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

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

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

A.	Full Name (Last, First, Middle Initial) BB & T CREDIT CARD	Transaction ID: D84644 Date of Disbursement
	Mailing Address 2200 Wilson Blvd Ste 200	<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City Arlington State VA Zip Code 22201-3324	Amount of Each Disbursement this Period
	Purpose of Disbursement CC Fees	<input type="text" value="737.56"/>
	Candidate Name	Category/Type
	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: D84642 Date of Disbursement
	Mailing Address PO Box 819 Operations Center	<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City Wilson State NC Zip Code 27894-0819	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Fees	<input type="text" value="333.14"/>
	Candidate Name	Category/Type
	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) .....

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>BATTLE BORN POLITICAL ACTION COMMITTEE</b></p> <p>Mailing Address PO Box 40366 Suite 300</p> <p>City Washington State DC Zip Code 20016</p> <p>Purpose of Disbursement Contributions to Federal PACs/ Committees</p> <p>Candidate Name <b>BATTLE BORN POLITICAL ACTION COMMITTEE</b></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> D83852 <b>Date of Disbursement</b> 04 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>DIRIGO PAC</b></p> <p>Mailing Address PO Box 1355</p> <p>City Alexandria State VA Zip Code 22313</p> <p>Purpose of Disbursement Contributions to Federal PACs/ Committees</p> <p>Candidate Name <b>DIRIGO PAC</b></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> D84398 <b>Date of Disbursement</b> 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>FIRST STATE PAC</b></p> <p>Mailing Address P.O. Box 3006</p> <p>City Wilmington State DE Zip Code 19804</p> <p>Purpose of Disbursement Contributions to Federal PACs/ Committees</p> <p>Candidate Name <b>FIRST STATE PAC</b></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> D84142 <b>Date of Disbursement</b> 04 / 14 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p>

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

8000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>HOLDING ONTO OREGON'S PRIORITIES</b></p> <p>Mailing Address PO Box 3314</p> <p>City Portland State OR Zip Code 97208</p> <p>Purpose of Disbursement Contributions to Federal PACs/ Committees</p> <p>Candidate Name <b>HOLDING ONTO OREGON'S PRIORITIES</b></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> D83853 <b>Date of Disbursement</b> 04 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>MOUNTAINEER PAC</b></p> <p>Mailing Address 607 14TH STREET NW SUITE 800</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Contributions to Federal PACs/ Committees</p> <p>Candidate Name <b>MOUNTAINEER PAC</b></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> D84396 <b>Date of Disbursement</b> 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>MODERATE VICTORY FUND</b></p> <p>Mailing Address PO Box 83142</p> <p>City Gaithersburg State MD Zip Code 20883</p> <p>Purpose of Disbursement Contributions to Federal PACs/ Committees</p> <p>Candidate Name <b>MODERATE VICTORY FUND</b></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> D84404 <b>Date of Disbursement</b> 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	15000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

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

A.	Full Name (Last, First, Middle Initial) <b>GILLIBRAND FOR SENATE</b>	<b>Transaction ID: D84405</b>
	Mailing Address 313 C STREET NE	Date of Disbursement MM / DD / YYYY 04 / 30 / 2009
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Mrs. Kirsten E. Gillibrand	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) <b>ALLYSON SCHWARTZ FOR CONGRESS</b>	<b>Transaction ID: D84400</b>
	Mailing Address P.O. Box 45706	Date of Disbursement MM / DD / YYYY 04 / 30 / 2009
	City Philadelphia State PA Zip Code 19149	Amount of Each Disbursement this Period 4000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Allyson Y. Schwartz	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 13	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) <b>PASCRELL FOR CONGRESS INC.</b>	<b>Transaction ID: D84399</b>
	Mailing Address POB 640	Date of Disbursement MM / DD / YYYY 04 / 30 / 2009
	City Totowa State NJ Zip Code 07511	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Bill Pascrell, Jr.	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 08	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>6000.00</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

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) <b>FRIENDS OF CAROLYN MCCARTHY</b>	<b>Transaction ID: D84406</b>
	Mailing Address 151 Linden Road	Date of Disbursement 04 / 30 / 2009
	City Mineola State NY Zip Code 11501	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Carolyn McCarthy	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) <b>BERMAN FOR CONGRESS</b>	<b>Transaction ID: D84140</b>
	Mailing Address 6380 Wilshire Blvd. #1612	Date of Disbursement 04 / 14 / 2009
	City Los Angeles State CA Zip Code 90048	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Howard L. Berman	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 28	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) <b>RE-ELECT MCGOVERN COMMITTEE</b>	<b>Transaction ID: D84402</b>
	Mailing Address PO Box 60405	Date of Disbursement 04 / 30 / 2009
	City Worcester State MA Zip Code 01606	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. James P. McGovern	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3000.00</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

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>COOPER FOR CONGRESS</b></p> <p>Mailing Address c/o Davidson, Golden &amp; Lundy</p> <p>City Brentwood State TN Zip Code 37024</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Jim Cooper</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 05</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D84141 <b>Date of Disbursement</b> 04 / 14 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL)</b></p> <p>Mailing Address POST OFFICE BOX 711</p> <p>City ROCKWALL State TX Zip Code 75087</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Ralph M. Hall</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D84403 <b>Date of Disbursement</b> 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>CLARKE FOR CONGRESS</b></p> <p>Mailing Address 111-36 200TH STREET</p> <p>City HOLLIS State NY Zip Code 11412</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Yvette D. Clarke</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 11</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D84397 <b>Date of Disbursement</b> 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

**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)

PAGE 53 / 53

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

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

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

A.

Full Name (Last, First, Middle Initial)  
PEOPLE FOR PATTY MURRAY U S SENATE CAMPAIGN

Transaction ID: D84395

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	0	9

Mailing Address PO BOX 3662

Amount of Each Disbursement this Period

2000.00
---------

City SEATTLE State WA Zip Code 98124

Purpose of Disbursement  
Contributions to Federal Candidates

Category/ Type
-------------------

Candidate Name  
Sen. Patty Murray

Office Sought:  House  Senate  President  
State: WA District: 00

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

B.

Full Name (Last, First, Middle Initial)  
Solidarity PAC

Transaction ID: D84401

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	0	9

Mailing Address 607 14th Street NW Suite 800  
Suite 800

Amount of Each Disbursement this Period

270.00
--------

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Contributions to Federal PACs/ Committees

Category/ Type
-------------------

Candidate Name  
Solidarity PAC

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

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

2270.00
---------

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

38770.00
----------