

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		355025.32
(b) Cash on Hand at Beginning of Reporting Period.....	355025.32	
(c) Total Receipts (from Line 19)	185927.71	185927.71
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	540953.03	540953.03
7. Total Disbursements (from Line 31).....	107704.08	107704.08
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	433248.95	433248.95
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	172867.66	172867.66
(ii) Unitemized	6160.05	6160.05
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	179027.71	179027.71
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	184027.71	184027.71
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.).....	1900.00	1900.00
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 Transfers (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))..... ▶	185927.71	185927.71
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	185927.71	185927.71

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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	2204.08	2204.08
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2204.08	2204.08
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	105500.00	105500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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) Allocated 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)) ..	107704.08	107704.08
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	107704.08	107704.08

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	184027.71	184027.71
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	184027.71	184027.71
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2204.08	2204.08
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2204.08	2204.08

**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 6 OF 66
<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. Robert Adams
Full Name (Last, First, Middle Initial)

Mailing Address 2217 Battleground Drive

City Murfreesboro	State TN	Zip Code 37129
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FEC ID number of contributing federal political committee. **C**

Name of Employer National Healthcare Corp	Occupation President
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	23	/	2012

Transaction ID : C1589426

Amount of Each Receipt this Period
5000.00

B. Ron Aidikonis
Full Name (Last, First, Middle Initial)

Mailing Address 2120 Somerset Ln

City Mundelein	State IL	Zip Code 60060-5342
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FEC ID number of contributing federal political committee. **C**

Name of Employer Medline Industries, Inc.	Occupation Sales Specialist
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	26	/	2012

Transaction ID : C1588860

Amount of Each Receipt this Period
250.00

C. Dirk Anjewierden
Full Name (Last, First, Middle Initial)

Mailing Address 2180 So. 1300 E

City Salt Lake City	State UT	Zip Code 84106
------------------------	-------------	-------------------

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

Name of Employer Utah Health Care Assn.	Occupation Executive Director
--	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	26	/	2012

Transaction ID : C1588898

Amount of Each Receipt this Period
550.00

SUBTOTAL of Receipts This Page (optional).....	5800.00
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 OF 66
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. David Arnn
Full Name (Last, First, Middle Initial)

Mailing Address 166 Lake Royale

City State Zip Code
Louisburg NC 27549-9595

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

Name of Employer Occupation
Smithfield Manor Inc. President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
01 / 25 / 2012
Transaction ID : C1590228

Amount of Each Receipt this Period
1000.00

B. Ron Arrison
Full Name (Last, First, Middle Initial)

Mailing Address 4088 N Lake Forest Dr

City State Zip Code
Memphis TN 38128-2412

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
01 / 27 / 2012
Transaction ID : C1589042

Amount of Each Receipt this Period
500.00

C. John Barber
Full Name (Last, First, Middle Initial)

Mailing Address 130 E Main St

City State Zip Code
Spartanburg SC 29306-5113

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

Name of Employer Occupation
White Oak Management, Inc. Executive VP/CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
01 / 30 / 2012
Transaction ID : C1590221

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: (check only one)	PAGE 8 OF 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Health Care Association Political Action Committee

A. Jeffreys B Barrett
 Full Name (Last, First, Middle Initial)
 Mailing Address 11282 E Poinsettia Dr
 City State Zip Code
 Scottsdale AZ 85259-3144
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Maravilla Care Center Administrator
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 26 / 2012
Transaction ID : C1588897
 Amount of Each Receipt this Period
 250.00

B. Harry Baum
 Full Name (Last, First, Middle Initial)
 Mailing Address 8300 NW Eastside Drive
 City State Zip Code
 Weatherby Lake MO 64152
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Sharon Lane Nursing Home Owner
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 625.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 25 / 2012
Transaction ID : C1588351
 Amount of Each Receipt this Period
 625.00

C. Mark Bedinger
 Full Name (Last, First, Middle Initial)
 Mailing Address 1127 East 16th Avenue
 City State Zip Code
 Denver CO 80218-1506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Colavria Hospitality President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 27 / 2012
Transaction ID : C1589031
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1375.00
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 9 OF 66
	<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	

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

A. Bobby Beebe
Full Name (Last, First, Middle Initial)

Mailing Address 763 Avery Boulevard North

City State Zip Code
Ridgeland MS 39157-5218

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

Name of Employer Occupation
Magnolia Management Corporation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 23 / 2012
Transaction ID : C1589396

Amount of Each Receipt this Period
5000.00

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

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 ▼
1250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 30 / 2012
Transaction ID : C1595011

Amount of Each Receipt this Period
1250.00

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

Mailing Address 571 Highway 51

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 ▼
275.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 23 / 2012
Transaction ID : C1589398

Amount of Each Receipt this Period
275.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 6525.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 66
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 316 South Avenue

City Fanwood State NJ Zip Code 07023

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

Name of Employer Chelsea Senior Living Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 10 / 2012

Transaction ID : C1578412

Amount of Each Receipt this Period
500.00

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

Mailing Address 119 Broadbent Way

City Anderson State SC Zip Code 29625

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

Name of Employer HMR Veterans Services Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 25 / 2012

Transaction ID : C1590226

Amount of Each Receipt this Period
5000.00

C. Orlando Bisbano Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 135 Tripps Ln

City Riverside State RI Zip Code 02915-3017

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

Name of Employer Orchard View Manor and Rehab Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 25 / 2012

Transaction ID : C1588352

Amount of Each Receipt this Period
375.00

SUBTOTAL of Receipts This Page (optional)..... **5875.00**

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 11 OF 66
	<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	

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

Full Name (Last, First, Middle Initial) A. Linda Black-Kurek		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 27 / 2012 Transaction ID : C1589034
Mailing Address 7445 Liberty Woods Lane		Amount of Each Receipt this Period 1250.00
City Dayton	State OH	Zip Code 45459-3911
FEC ID number of contributing federal political committee. C		
Name of Employer Liberty Health Care Corporation	Occupation Nursing Home Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

Full Name (Last, First, Middle Initial) B. Ashley Blankenship		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 10 / 2012 Transaction ID : C1578403
Mailing Address 1306 S. Donaghey		Amount of Each Receipt this Period 1000.00
City Conway	State AR	Zip Code 72034
FEC ID number of contributing federal political committee. C		
Name of Employer Blankenship Management, Co.	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Jennifer G. Brady		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 23 / 2012 Transaction ID : C1589399
Mailing Address 103 Paired Oaks Lane		Amount of Each Receipt this Period 500.00
City Wilmington	State DE	Zip Code 19807
FEC ID number of contributing federal political committee. C		
Name of Employer Potter Anderson & Corroon LLP	Occupation Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	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 12 OF 66
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Stuart Brown		Date of Receipt 01 / 25 / 2012 Transaction ID : C1588353
Mailing Address 909 S 336th St Ste 200		Amount of Each Receipt this Period 250.00
City Federal Way	State WA	Zip Code 98003
FEC ID number of contributing federal political committee. C	Name of Employer Village Concepts, Inc.	Occupation Chief Operating Officer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Christopher R. Bryson		Date of Receipt 01 / 31 / 2012 Transaction ID : C1591872
Mailing Address 1626 Jeurgens Court		Amount of Each Receipt this Period 250.00
City Norcross	State GA	Zip Code 30096
FEC ID number of contributing federal political committee. C	Name of Employer UHS-Pruitt Corporation, Inc.	Occupation Chief Operating Officer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Angie Burgess		Date of Receipt 01 / 19 / 2012 Transaction ID : C1587091
Mailing Address 1606 Memorial Avenue		Amount of Each Receipt this Period 500.00
City Mount Pleasant	State TX	Zip Code 75455
FEC ID number of contributing federal political committee. C	Name of Employer Mt. Pleasant Healthcare Center	Occupation Administrator
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....	1000.00
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 13 OF 66
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Douglas Burr		Date of Receipt MM / DD / YYYY 01 / 25 / 2012 Transaction ID : C1588358
Mailing Address 1185 Wilde Run Court		Amount of Each Receipt this Period 275.00
City Roswell	State GA	Zip Code 30075
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 275.00
Name of Employer Cypress Administrative Services, LLC	Occupation VP Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) B. Teresa Cagnolatti		Date of Receipt MM / DD / YYYY 01 / 25 / 2012 Transaction ID : C1588354
Mailing Address 2201 Wilson Blvd Apt 620		Amount of Each Receipt this Period 250.00
City Arlington	State VA	Zip Code 22201
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer American Health Care Association	Occupation Senior Director, Public Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) c. Jill Capela		Date of Receipt MM / DD / YYYY 01 / 27 / 2012 Transaction ID : C1589032
Mailing Address 1101 S Capital of Texas Hwy Bldg G		Amount of Each Receipt this Period 5000.00
City West Lake Hills	State TX	Zip Code 78746-6445
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer ONR Inc.	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional).....▶	5525.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 66
	<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	

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

A. Karen H. Chadderton
Full Name (Last, First, Middle Initial)

Mailing Address 4 Wagon Road

City Enfield State CT Zip Code 06082-5639

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

Name of Employer Riverside Health Rehabilitation Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 27 / 2012
Transaction ID : C1593562

Amount of Each Receipt this Period
 250.00

B. Deborah K. Choma
Full Name (Last, First, Middle Initial)

Mailing Address 46 Indian Point Rd

City Bomoseen State VT Zip Code 05732-9617

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

Name of Employer Shard Villa 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 Y Y
 01 / 11 / 2012
Transaction ID : C1578855

Amount of Each Receipt this Period
 300.00

C. Robert M. Chur
Full Name (Last, First, Middle Initial)

Mailing Address 7 Limestone Dr

City Williamsville State NY Zip Code 14221-7051

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

Name of Employer Elderwood Senior Care Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 23 / 2012
Transaction ID : C1589049

Amount of Each Receipt this Period
 1250.00

SUBTOTAL of Receipts This Page (optional).....▶	1800.00
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 15 OF 66
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Marcia Cotter

Mailing Address 904 Meadow Avenue

City Shoreview	State MN	Zip Code 55126
-------------------	-------------	-------------------

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

Name of Employer Parkinson's Specialty Care	Occupation Administrator
--	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	17	/	2012

Transaction ID : C1580376

Amount of Each Receipt this Period

250.00

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

Mailing Address PO Box 7728

City Rocky Mount	State NC	Zip Code 27804-0728
---------------------	-------------	------------------------

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

Name of Employer Autumn Corp	Occupation President
---------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2500.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	30	/	2012

Transaction ID : C1595008

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)
C. Patti Cullen

Mailing Address 2104 Palace Ave

City Saint Paul	State MN	Zip Code 55105-1329
--------------------	-------------	------------------------

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

Name of Employer Care Providers of Minnesota	Occupation President
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	27	/	2012

Transaction ID : C1593560

Amount of Each Receipt this Period

1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 66
	<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

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

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

Mailing Address 200 Dryden Road, Suite 3100

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 ▼ 5000.00

Date of Receipt 01 / 23 / 2012
Transaction ID : C1589414

Amount of Each Receipt this Period 5000.00

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

Mailing Address 9801 La Duke Drive

City Kensington State MD Zip Code 20895

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

Name of Employer American Health Care Association Occupation Chief Strategic Officer & Senior VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 875.00

Date of Receipt 01 / 17 / 2012
Transaction ID : C1580383

Amount of Each Receipt this Period 875.00

C. Nathan Dikes
Full Name (Last, First, Middle Initial)

Mailing Address 11124 East 30th Avenue

City Spokane Valley State WA Zip Code 99206-5890

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

Name of Employer Sunshine Health Facilities Occupation Asst. Administrator/Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 27 / 2012
Transaction ID : C1589028

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 6375.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 66
	<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"/>	<input type="checkbox"/> 17

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

A. Joseph Donchess
Full Name (Last, First, Middle Initial)

Mailing Address 7844 Office Park Blvd

City Baton Rouge State LA Zip Code 70809-7603

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

Name of Employer Louisiana Nursing Home Association Occupation Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 01 / 24 / 2012
Transaction ID : C1589422

Amount of Each Receipt this Period 550.00

B. Tim Dundon
Full Name (Last, First, Middle Initial)

Mailing Address One Medline Place

City Mundelein State IL Zip Code 60060

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

Name of Employer Medline HealthCare Occupation President, Health Care Sales

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 27 / 2012
Transaction ID : C1589043

Amount of Each Receipt this Period 1000.00

C. Anthony Durante
Full Name (Last, First, Middle Initial)

Mailing Address 26 North Broadway

City Schenectady State NY Zip Code 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 ▼ 625.00

Date of Receipt 01 / 25 / 2012
Transaction ID : C1588364

Amount of Each Receipt this Period 625.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2175.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 66
	<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	

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

A. Gregory J. Elliot
Full Name (Last, First, Middle Initial)

Mailing Address 110 Johnson Road

City Charleston State WV Zip Code 25301-2297

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

Name of Employer AMFM, Inc. Occupation IT Coordinator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **416.66**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 18 / 2012

Transaction ID : C1581052

Amount of Each Receipt this Period
416.66

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

Mailing Address 3403 South Overlook Pass

City New Palestine State IN Zip Code 46163-9484

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

Name of Employer Miller's Health Systems Inc. Occupation Sr. VP of Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 27 / 2012

Transaction ID : C1593559

Amount of Each Receipt this Period
250.00

C. Patricia Giorgio
Full Name (Last, First, Middle Initial)

Mailing Address 4702 Chestnut Ridge NE

City Cedar Rapids State IA Zip Code 52411

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

Name of Employer Evergreen Estates Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 10 / 2012

Transaction ID : C1578431

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional).....▶	5666.66
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 OF 66
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 2201 K St

City State Zip Code
 Sacramento CA 95816-4922

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

Name of Employer Occupation
 CA Association of Health Facilities CEO/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 Y
 01 / 25 / 2012
Transaction ID : C1588357

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. Don Gornly

Mailing Address 17011 Beach Blvd
 Ste 1130

City State Zip Code
 Huntington Beach CA 92647

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

Name of Employer Occupation
 Anberry Rehab Hospital Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 25 / 2012
Transaction ID : C1588359

Amount of Each Receipt this Period
 1250.00

Full Name (Last, First, Middle Initial)
C. Ronald Goux

Mailing Address 2045 Highway 59
 PO Box 1429

City State Zip Code
 Mandeville LA 70448-1909

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

Name of Employer Occupation
 Gulf South Medical Enterprises President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 27 / 2012
Transaction ID : C1589037

Amount of Each Receipt this Period
 2500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 4000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 66
	<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	

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

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

Mailing Address 4214 Medical Parkway
Suite 300

City Austin State TX Zip Code 78756

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

Name of Employer Texas Health Care Association Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
01 / 23 / 2012
Transaction ID : C1589410

Amount of Each Receipt this Period
550.00

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

Mailing Address 11337 Louisiana Circle

City Bloomington State MN Zip Code 55438

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

Name of Employer Tealwood Care Centers, Inc. Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
01 / 26 / 2012
Transaction ID : C1588863

Amount of Each Receipt this Period
1250.00

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

Mailing Address 16 Norcross Street
#100

City Roswell State GA Zip Code 30075

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

Name of Employer Sterling Healthcare Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
01 / 31 / 2012
Transaction ID : C1591104

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 6800.00

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 21 OF 66
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 680 E Hospital Dr

City Cortez State CO Zip Code 81321-6200

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

Name of Employer Vista Grande Inn Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 26 / 2012
Transaction ID : C1591106

Amount of Each Receipt this Period
 1000.00

B. Gerald Hamilton
Full Name (Last, First, Middle Initial)

Mailing Address 7612 Rio Penasco Court NW

City Albuquerque State NM Zip Code 87120

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

Name of Employer R&G Healthcare Management Occupation Owner/Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 25 / 2012
Transaction ID : C1588368

Amount of Each Receipt this Period
 250.00

C. Herbert Heflich
Full Name (Last, First, Middle Initial)

Mailing Address 5 Van Pelt Ct

City Martinsville State NJ Zip Code 08836-2360

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

Name of Employer Chelsea Senior Living Occupation 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 Y
 01 / 27 / 2012
Transaction ID : C1589044

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2250.00
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 22 OF 66
	<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	

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

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

Mailing Address 33 Elk Street

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
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2012

Transaction ID : C1592069

Amount of Each Receipt this Period
 250.00

B. Lisa Higgins
Full Name (Last, First, Middle Initial)

Mailing Address 604 E 38th St

City Farmington State NM Zip Code 87401-2306

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

Name of Employer Cedar Ridge Inn, Inc. Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 27 / 2012

Transaction ID : C1593558

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 4433 Pebble Creek Ln

City Long Grove State IL Zip Code 60047-5283

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

Name of Employer Lake Point Rehab & Nursing Center Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 25 / 2012

Transaction ID : C1588361

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)..... ▶

**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 23 OF 66
	<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	

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

A. Margaret Hodgson
Full Name (Last, First, Middle Initial)

Mailing Address 509 E Fannin St

City De Kalb State TX Zip Code 75559-1838

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

Name of Employer Omaha Helathcare Center Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 19 / 2012
Transaction ID : C1587090

Amount of Each Receipt this Period
 500.00

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

Mailing Address 17011 Beach Blvd Ste 1130

City Huntington Beach State CA Zip Code 92647

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

Name of Employer Anberry Rehabilitation Hospital Occupation Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 25 / 2012
Transaction ID : C1588360

Amount of Each Receipt this Period
 1250.00

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

Mailing Address 1004 E Main St

City Cortez State CO Zip Code 81321-3326

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

Name of Employer C & H Health Care Management Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 26 / 2012
Transaction ID : C1591108

Amount of Each Receipt this Period
 5000.00

SUBTOTAL of Receipts This Page (optional).....▶	6750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 66
	<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

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

A. Jeffrey N Hyatt
 Full Name (Last, First, Middle Initial)
 Mailing Address 701 N. 39th Avenue
 City Selah State WA Zip Code 98902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hyatt Family Facilities Occupation Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 17 / 2012
Transaction ID : C1580379
 Amount of Each Receipt this Period
 250.00

B. Loretta Kaes
 Full Name (Last, First, Middle Initial)
 Mailing Address 832 Sunrise Blvd
 City Forked River State NJ Zip Code 08731
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Chelsea Senior Living Occupation VP Health Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 10 / 2012
Transaction ID : C1578396
 Amount of Each Receipt this Period
 250.00

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 30 / 2012
Transaction ID : C1591087
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	750.00
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 25 OF 66
	<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	

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

A. Tandy Kephart
Full Name (Last, First, Middle Initial)

Mailing Address 409 Benedicta Ave

City State Zip Code
Trinidad CO 81082-2004

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

Name of Employer Occupation
Trinidad Inn Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 27 / 2012
Transaction ID : C1593561

Amount of Each Receipt this Period
1000.00

B. Virginia Kessler
Full Name (Last, First, Middle Initial)

Mailing Address 43 Market Street

City State Zip Code
Lewisburg PA 17837

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

Name of Employer Occupation
Nottingham Village Controller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 31 / 2012
Transaction ID : C1591461

Amount of Each Receipt this Period
500.00

C. Tracey Kinney
Full Name (Last, First, Middle Initial)

Mailing Address 505 Highland Ave

City State Zip Code
Wills Point TX 75169

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

Name of Employer Occupation
Ridgecrest Healthcare and Rehab Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 19 / 2012
Transaction ID : C1587089

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 66
	<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	<input type="checkbox"/> 17

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

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

Mailing Address 7608 Shadywood Lane

City State Zip Code
Sylvania OH 43560-1841

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

Name of Employer Occupation
D. Kriner & Associates Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
01 / 27 / 2012
Transaction ID : C1589033

Amount of Each Receipt this Period
500.00

B. Martin Liebman
Full Name (Last, First, Middle Initial)

Mailing Address 1381 Sally Court

City State Zip Code
East Meadow NY 11554

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

Name of Employer Occupation
Grand Manor Nsg & Rehab Ctr CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
01 / 20 / 2012
Transaction ID : C1588905

Amount of Each Receipt this Period
250.00

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

Mailing Address 321 S Chestnut St

City State Zip Code
Cortez CO 81321-3627

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

Name of Employer Occupation
Rio Grande Inn Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
01 / 26 / 2012
Transaction ID : C1589428

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 66
	<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	

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

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

Mailing Address 1304 Laurel Oak Rd

City Voorhees State NJ Zip Code 08043-4310

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

Name of Employer **Burnt Tavern Rehabilitation HealthCare** Occupation **Vice President**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 30 / 2012

Transaction ID : C1595006

Amount of Each Receipt this Period
1500.00

B. Richard Loucks
Full Name (Last, First, Middle Initial)

Mailing Address 40220 County Road

City Mancos State CO Zip Code 81328

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

Name of Employer **C&G Health Care Management Inc.** Occupation **Health Care Administrator**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 26 / 2012

Transaction ID : C1591109

Amount of Each Receipt this Period
5000.00

C. Janet Lumpkin
Full Name (Last, First, Middle Initial)

Mailing Address 2781 Osborn Dr

City Lake Havasu City State AZ Zip Code 86406-8629

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

Name of Employer **Lake Hills Inn** Occupation **Administrator**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 30 / 2012

Transaction ID : C1595004

Amount of Each Receipt this Period
1000.00

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: (check only one)	PAGE 28 OF 66
	<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	

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

A. Cindy Luxem
 Full Name (Last, First, Middle Initial)
 Mailing Address 117 SW 6th Street
 City Topeka State KS Zip Code 66606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kansas Health Care Association Occupation Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 12 / 2012
Transaction ID : C1579140
 Amount of Each Receipt this Period
 500.00

B. Lee Marchant
 Full Name (Last, First, Middle Initial)
 Mailing Address 3800 West Gifford Road
 City Bloomington State IN Zip Code 47403-2612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LJM Enterprises Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 23 / 2012
Transaction ID : C1589405
 Amount of Each Receipt this Period
 1100.00

C. Patrick Martone
 Full Name (Last, First, Middle Initial)
 Mailing Address 26 North Broadway
 City Schenectady State NY Zip Code 12305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hallmark Nursing Centre, Inc. Occupation Administrator and CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 25 / 2012
Transaction ID : C1588363
 Amount of Each Receipt this Period
 625.00

SUBTOTAL of Receipts This Page (optional).....▶	2225.00
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 29 OF 66
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	<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	

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

A. Christian Mason
 Full Name (Last, First, Middle Initial)
 Mailing Address 15467 Union School Road
 City Woodburn State OR Zip Code 97071
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Senior Housing Managemnet LLC Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 01 / 10 / 2012
Transaction ID : C1578858
 Amount of Each Receipt this Period 5000.00

B. Jeffery Mathews
 Full Name (Last, First, Middle Initial)
 Mailing Address 450 South 400 East
 City Bountiful State UT Zip Code 84010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer 24-7 Care and Rehab Occupation COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 01 / 26 / 2012
Transaction ID : C1589016
 Amount of Each Receipt this Period 1250.00

c. Stan Maynard
 Full Name (Last, First, Middle Initial)
 Mailing Address 103 Hickory Ridge Dr
 City Starkville State MS Zip Code 39759-7373
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Methodist Senior Services Occupation Executive Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 18 / 2012
Transaction ID : C1581054
 Amount of Each Receipt this Period 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 66
	<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	

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

A. Deborah Meade
Full Name (Last, First, Middle Initial)
Mailing Address 112 Fieldfare Dr.
City Kathleen State GA Zip Code 31047
FEC ID number of contributing federal political committee. **C**
Name of Employer Health Management Occupation Owner
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 2500.00

Date of Receipt 01 / 10 / 2012
Transaction ID : C1578427
Amount of Each Receipt this Period 2500.00

B. Nicolette Merino
Full Name (Last, First, Middle Initial)
Mailing Address 25117 SW Parkway
City Wilsonville State OR Zip Code 97070
FEC ID number of contributing federal political committee. **C**
Name of Employer Avamere Health Services Occupation Regional Director
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 400.00

Date of Receipt 01 / 10 / 2012
Transaction ID : C1578392
Amount of Each Receipt this Period 400.00

C. Richard Miller
Full Name (Last, First, Middle Initial)
Mailing Address 3201 Vista Verde Ln SW
City Tumwater State WA Zip Code 98512-1444
FEC ID number of contributing federal political committee. **C**
Name of Employer Washington Health Care Association Occupation Executive Director
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 01 / 17 / 2012
Transaction ID : C1580378
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... **3150.00**
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 OF 66
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Paula Mitchell
 Full Name (Last, First, Middle Initial)
 Mailing Address 1100 E Monroe St
 City State Zip Code
 Globe AZ 85501-1363
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Copper Mountain Inn Administrator
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 26 / 2012
Transaction ID : C1591118
 Amount of Each Receipt this Period
 1000.00

B. Michael Morton
 Full Name (Last, First, Middle Initial)
 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:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 27 / 2012
Transaction ID : C1593563
 Amount of Each Receipt this Period
 1250.00

C. Steven Mulder
 Full Name (Last, First, Middle Initial)
 Mailing Address 7300 Del Prado Cir S
 City State Zip Code
 Boca Raton FL 33433-3386
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Whitehall Boca Owner
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 23 / 2012
Transaction ID : C1589411
 Amount of Each Receipt this Period
 275.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2525.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 66
	<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	

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

Full Name (Last, First, Middle Initial)
A. Cornelius Murray

Mailing Address 54 State Street

City Albany State NY Zip Code 12207

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

Name of Employer O'Connell & Aronowitz Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 23 / 2012
Transaction ID : C1589406

Amount of Each Receipt this Period
 250.00

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

Mailing Address 6937 Warfield Avenue

City Sykesville State MD Zip Code 21784

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

Name of Employer Nexion Health Occupation Director of Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 23 / 2012
Transaction ID : C1589424

Amount of Each Receipt this Period
 1000.00

Full Name (Last, First, Middle Initial)
C. Joe Okruhlica

Mailing Address 1155 Eastern Pkwy

City Louisville State KY Zip Code 40217-1401

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

Name of Employer Parkway Medical Center Occupation Owner/Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 26 / 2012
Transaction ID : C1589017

Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 66
	<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	

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

A. Delbert Ousley
Full Name (Last, First, Middle Initial)
Mailing Address 300 Provider Court
City Richmond State KY Zip Code 40475-8488
FEC ID number of contributing federal political committee. **C**
Name of Employer PMD Corporation Occupation President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 30 / 2012
Transaction ID : C1590222
Amount of Each Receipt this Period 1000.00

B. Stacy Parkinson
Full Name (Last, First, Middle Initial)
Mailing Address 8930 Harvest Square Ct
City Potomac State MD Zip Code 20854-4475
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Attorney
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 01 / 10 / 2012
Transaction ID : C1578388
Amount of Each Receipt this Period 5000.00

C. Donald Pelligrino
Full Name (Last, First, Middle Initial)
Mailing Address 270 State Route 28
City Bridgewater State NJ Zip Code 08807-1919
FEC ID number of contributing federal political committee. **C**
Name of Employer Bridgewater Senior Healthcare Occupation CEO/Owner
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 501.00

Date of Receipt 01 / 26 / 2012
Transaction ID : C1588900
Amount of Each Receipt this Period 501.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 6501.00
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 34 OF 66
	<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	

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

A. Joe Perkin
Full Name (Last, First, Middle Initial)

Mailing Address 13862 Goodman St.

City Overland Park	State KS	Zip Code 55223
-----------------------	-------------	-------------------

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

Name of Employer Midwest Health Management	Occupation Vice President of Operations
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	11	/	2012

Transaction ID : C1578854

Amount of Each Receipt this Period
250.00

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

Mailing Address 6420 Fox Meadow Dr

City Bismarck	State ND	Zip Code 58503
------------------	-------------	-------------------

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

Name of Employer North Dakota LTC Association	Occupation President
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	23	/	2012

Transaction ID : C1589397

Amount of Each Receipt this Period
300.00

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

Mailing Address 11921 S 89th East Ave

City Bixby	State OK	Zip Code 74008-1823
---------------	-------------	------------------------

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

Name of Employer Diakonos Group LLC	Occupation Owner
--	---------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	24	/	2012

Transaction ID : C1588108

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional).....▶	3050.00
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 OF 66
	<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	

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

A. John Ponthie
Full Name (Last, First, Middle Initial)

Mailing Address 2723 Alvamar Drive

City Shreveport State LA Zip Code 71106

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

Name of Employer Summit Health Resources, LLC Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 30 / 2012

Transaction ID : C1595012

Amount of Each Receipt this Period
 500.00

B. Allen Potvin
Full Name (Last, First, Middle Initial)

Mailing Address 114 2nd St NE

City Fosston State MN Zip Code 56542-1302

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

Name of Employer Health Services Network Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 30 / 2012

Transaction ID : C1595001

Amount of Each Receipt this Period
 250.00

C. Mebane Pruitt
Full Name (Last, First, Middle Initial)

Mailing Address 4275 NE Lakehaven Drive

City Atlanta State GA Zip Code 30319

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

Name of Employer N/A Occupation Homemaker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 25 / 2012

Transaction ID : C1588373

Amount of Each Receipt this Period
 1250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 66
	<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	

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

A. Neil L. Pruitt Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 1626 Jeurgens Ct

City Norcross State GA Zip Code 30093-2219

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

Name of Employer UHS-Pruitt Corporation, Inc. Occupation Chairman & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 25 / 2012

Transaction ID : C1588372

Amount of Each Receipt this Period
 1250.00

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

Mailing Address 3308 Ocean Bld # 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 ▼ 1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 27 / 2012

Transaction ID : C1589035

Amount of Each Receipt this Period
 1250.00

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

Mailing Address 1508 Landmark Drive

City Vallejo State CA Zip Code 94591

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

Name of Employer Hooper, Lundy & Bookman Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 26 / 2012

Transaction ID : C1591119

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 66
	<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	

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

A. Jon Reardon
Full Name (Last, First, Middle Initial)

Mailing Address 1202 Weiss Street

City Saginaw State MI Zip Code 48602-5471

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

Name of Employer Hoyt Nursing & Rehab Centre Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 23 / 2012

Transaction ID : C1589409

Amount of Each Receipt this Period
 375.00

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

Mailing Address 5120 W Goldleaf Circle Suite 400

City Los Angeles State CA Zip Code 90056-1297

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

Name of Employer Country Villa Health Services 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 Y Y
 01 / 27 / 2012

Transaction ID : C1589030

Amount of Each Receipt this Period
 5000.00

C. Kelley Rice-Schild
Full Name (Last, First, Middle Initial)

Mailing Address 905 University Drive

City Coral Gables State FL Zip Code 33134

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

Name of Employer Floridean Nursing Home Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 26 / 2012

Transaction ID : C1588896

Amount of Each Receipt this Period
 2500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 7875.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 66
	<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

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

A. Clinton Robertson
Full Name (Last, First, Middle Initial)

Mailing Address 450 S 400 E
Ste 200

City Bountiful State UT Zip Code 84010-5094

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

Name of Employer 24-7 Care and Rehab, Inc. Occupation CEO-Healthcare

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 17 / 2012
Transaction ID : C1580375

Amount of Each Receipt this Period
1250.00

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

Mailing Address 57 Summer St

City Rowley State MA Zip Code 01969-1835

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

Name of Employer Essex Group Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 26 / 2012
Transaction ID : C1588858

Amount of Each Receipt this Period
1250.00

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

Mailing Address 8 Windrush Ln

City Westport State CT Zip Code 06880-2301

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

Name of Employer Bayberry Nursing Home Occupation Owner/Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 31 / 2012
Transaction ID : C1592022

Amount of Each Receipt this Period
1250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 66
	<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	

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

A. Joseph William Sadler
 Full Name (Last, First, Middle Initial)
 Mailing Address 1305 W Causeway Approach # 114
 City Mandeville State LA Zip Code 70471-3043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Magnolia Ancillary Services Occupation Regional Director of LTC Facilities
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 26 / 2012
Transaction ID : C1591113
 Amount of Each Receipt this Period
 500.00

B. Daniel Salmon
 Full Name (Last, First, Middle Initial)
 Mailing Address 85 Beaumont Dr
 City Northbridge State MA Zip Code 01534-1093
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Beaumont Nursing Home Occupation Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 30 / 2012
Transaction ID : C1595015
 Amount of Each Receipt this Period
 550.00

C. V. James Santarsiero
 Full Name (Last, First, Middle Initial)
 Mailing Address Executive Plaza 111 Suite 503
 City Hunt Valley State MD Zip Code 21021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Perenial Heathcare Management, Inc. Occupation Managing Member
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 27 / 2012
Transaction ID : C1589418
 Amount of Each Receipt this Period
 5000.00

SUBTOTAL of Receipts This Page (optional).....▶	6050.00
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 40 OF 66
	<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	

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

A. Philip Scalo
Full Name (Last, First, Middle Initial)

Mailing Address 100 N County Line Rd

City Jackson State NJ Zip Code 08527-1264

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 ▼ 2500.00

Date of Receipt 01 / 27 / 2012
Transaction ID : C1589420

Amount of Each Receipt this Period 275.00

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

Mailing Address 100 N County Line Rd

City Jackson State NJ Zip Code 08527-1264

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 ▼ 2500.00

Date of Receipt 01 / 31 / 2012
Transaction ID : C1591105

Amount of Each Receipt this Period 2225.00

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

Mailing Address 6330 South 104th Street

City Omaha State NE Zip Code 68127

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 23 / 2012
Transaction ID : C1589395

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 66
	<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	

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

A. Terry Schmoyer Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1330 Lady St
 Ste 507
 City Columbia State SC Zip Code 29201-3300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Schmoyer & Company, LLC Occupation President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **265.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
01 / 27 / 2012
Transaction ID : C1589046
 Amount of Each Receipt this Period
265.00

B. Sam Scott
 Full Name (Last, First, Middle Initial)
 Mailing Address 2407 St. Andrews Court
 City Muskogee State OK Zip Code 74403-3915
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Redwood Healthcare LLC Occupation Managing Member
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
01 / 30 / 2012
Transaction ID : C1591134
 Amount of Each Receipt this Period
2500.00

C. Shawn Scott
 Full Name (Last, First, Middle Initial)
 Mailing Address 8106 Boulder Ct.
 City Long Grove State IL Zip Code 60047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medline Industries Occupation Senior VP HC Corporate Sales
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
01 / 25 / 2012
Transaction ID : C1588369
 Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....	3015.00
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 42 OF 66
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Louis Serra		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 23 / 2012 Transaction ID : C1589401
Mailing Address 2525 Pennsylvania Ave		Amount of Each Receipt this Period 550.00
City Weirton	State WV	Zip Code 26062-3634
FEC ID number of contributing federal political committee. C	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 ▼ 550.00	

Full Name (Last, First, Middle Initial) B. Laurie Shepard		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 10 / 2012 Transaction ID : C1578436
Mailing Address 6429 Earlington Lane		Amount of Each Receipt this Period 300.00
City Lansing	State MI	Zip Code 48917
FEC ID number of contributing federal political committee. C	Name of Employer Ingham Regional Assisted Living	Occupation Managing Partner
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Laurie Shepard		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 24 / 2012 Transaction ID : C1587980
Mailing Address 6429 Earlington Lane		Amount of Each Receipt this Period 200.00
City Lansing	State MI	Zip Code 48917
FEC ID number of contributing federal political committee. C	Name of Employer Ingham Regional Assisted Living	Occupation Managing Partner
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
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 43 OF 66
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Dean Shuford
Full Name (Last, First, Middle Initial)

Mailing Address 103 Club Ct

City Warner Robins State GA Zip Code 31088-7534

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

Name of Employer Ethica Health & Retirement Communities Occupation Executive VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 26 / 2012
Transaction ID : C1591130

Amount of Each Receipt this Period
 1250.00

B. Robert Siebel
Full Name (Last, First, Middle Initial)

Mailing Address 13185 W Great Mountain Drive

City Lakewood State CO Zip Code 80228

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

Name of Employer Carriage Healthcare Companies, Inc. Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 25 / 2012
Transaction ID : C1588370

Amount of Each Receipt this Period
 1250.00

C. Greg Smith
Full Name (Last, First, Middle Initial)

Mailing Address 13802 Fairway Lane

City Goshen State KY Zip Code 40026

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

Name of Employer Medline HealthCare Company Occupation LTC Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 25 / 2012
Transaction ID : C1588375

Amount of Each Receipt this Period
 250.00

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 44 OF 66
	<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

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

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

Mailing Address 120 E Baltimore St

City Baltimore State MD Zip Code 21202-1605

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

Name of Employer Ober Kaler Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 17 / 2012

Transaction ID : C1580882

Amount of Each Receipt this Period
 500.00

B. Pat Stallard
Full Name (Last, First, Middle Initial)

Mailing Address 4008 Port Royal Dr

City Richmond State KY Zip Code 40475-8225

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

Name of Employer Stites and Harbison Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 23 / 2012

Transaction ID : C1589404

Amount of Each Receipt this Period
 1000.00

C. Stacy Suchla
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 27

City Blair State WI Zip Code 54616-0027

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

Name of Employer Grand View Care Center, Inc. Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 27 / 2012

Transaction ID : C1589029

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 66
	<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	

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

A. James Tabak
Full Name (Last, First, Middle Initial)

Mailing Address 105 Malbrooke Way

City Kennett Square State PA Zip Code 19348

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

Name of Employer Genesis Health Care Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2012
Transaction ID : C1591100

Amount of Each Receipt this Period
 500.00

B. Judith Taubenheim
Full Name (Last, First, Middle Initial)

Mailing Address 1403 Adele Court

City Grafton State WI Zip Code 53024

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

Name of Employer Extencicare Occupation VP Clinical Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 23 / 2012
Transaction ID : C1587070

Amount of Each Receipt this Period
 250.00

C. Dixie Taylor-Huff
Full Name (Last, First, Middle Initial)

Mailing Address 6025 Highway 231 S

City Castalian Springs State TN Zip Code 37031-5516

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

Name of Employer Quality Care Health Center Occupation Administrator/Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 25 / 2012
Transaction ID : C1588371

Amount of Each Receipt this Period
 1250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 66
	<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	

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

A. Dee Thieme
Full Name (Last, First, Middle Initial)

Mailing Address 1718-2 Mallard Avenue

City Sheboygan Falls State WI Zip Code 53085

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

Name of Employer Harmony Living Centers, LLC Occupation VP of Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 10 / 2012
Transaction ID : C1578411

Amount of Each Receipt this Period
 260.00

B. Mark R. Todd
Full Name (Last, First, Middle Initial)

Mailing Address 2001 South Lee Street

City Americus State GA Zip Code 31709

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

Name of Employer Magnolia Manor, Inc. Occupation President/CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 27 / 2012
Transaction ID : C1593612

Amount of Each Receipt this Period
 250.00

C. Travis Tomlinson
Full Name (Last, First, Middle Initial)

Mailing Address 3320 Thomas Road

City Raleigh State NC Zip Code 27607

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

Name of Employer UHS-Pruitt Occupation Nursing Home Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 24 / 2012
Transaction ID : C1587971

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1010.00

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 47 OF 66
	<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	

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

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

Mailing Address 5120 West Goldleaf Circle
400

City Los Angeles State CA Zip Code 90056-1297

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 26 / 2012
Transaction ID : C1588868

Amount of Each Receipt this Period
625.00

B. Kevin Unrein
Full Name (Last, First, Middle Initial)

Mailing Address 3000 Fieldstone Court

City Augusta State KS Zip Code 67010

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

Name of Employer LakePoint Nursing Center Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 31 / 2012
Transaction ID : C1591099

Amount of Each Receipt this Period
250.00

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

Mailing Address 1100 Shawnee Rd

City Lima State OH Zip Code 45805-3529

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

Name of Employer HCF Management, Inc. Occupation President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 25 / 2012
Transaction ID : C1588377

Amount of Each Receipt this Period
1250.00

SUBTOTAL of Receipts This Page (optional).....▶	2125.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 66
	<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

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

A. Robert Van Dyk
Full Name (Last, First, Middle Initial)

Mailing Address 304 South Van Dien Avenue

City Ridgewood	State NJ	Zip Code 07450-5200
-------------------	-------------	------------------------

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

Name of Employer Van Dyk Health Care	Occupation President/CEO
---	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	30	/	2012

Transaction ID : C1595002

Amount of Each Receipt this Period
5000.00

B. Glenn Van Ekeren
Full Name (Last, First, Middle Initial)

Mailing Address 21134 Arbor Court

City Elkhorn	State NE	Zip Code 68022-2063
-----------------	-------------	------------------------

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

Name of Employer Vetter Health Services	Occupation President
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	11	/	2012

Transaction ID : C1579754

Amount of Each Receipt this Period
1000.00

C. Glenn Van Ekeren
Full Name (Last, First, Middle Initial)

Mailing Address 21134 Arbor Court

City Elkhorn	State NE	Zip Code 68022-2063
-----------------	-------------	------------------------

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

Name of Employer Vetter Health Services	Occupation President
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	18	/	2012

Transaction ID : C1581050

Amount of Each Receipt this Period
1500.00

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: (check only one)	PAGE 49 OF 66
	<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

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

A. Mary Jane Venteicher
 Full Name (Last, First, Middle Initial)
 Mailing Address 6323 Panorama Dr
 City Panora State IA Zip Code 50216-8723
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Thomas Rest Haven Occupation LTC Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 26 / 2012
Transaction ID : C1591110
 Amount of Each Receipt this Period
 500.00

B. Jack Vetter
 Full Name (Last, First, Middle Initial)
 Mailing Address 20220 Harney Street
 City Elkhorn State NE Zip Code 68022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Vetter Health Services Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 26 / 2012
Transaction ID : C1589429
 Amount of Each Receipt this Period
 1250.00

C. Paula Warren
 Full Name (Last, First, Middle Initial)
 Mailing Address 3301 Alabama Ave
 City Alexandria State VA Zip Code 22305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Health Care Association Occupation CIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 17 / 2012
Transaction ID : C1580382
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 50 OF 66
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 2416 Mesa St.

City Idaho Falls	State ID	Zip Code 83401
---------------------	-------------	-------------------

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

Name of Employer New Beginnings Community Living Home	Occupation Administrator
--	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	17	/	2012

Transaction ID : C1580380

Amount of Each Receipt this Period
250.00

B. Kristin West Kemper
Full Name (Last, First, Middle Initial)

Mailing Address 10890 Prospect Road

City Strongsville	State OH	Zip Code 44149
----------------------	-------------	-------------------

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

Name of Employer Kemper Company	Occupation Vice President
------------------------------------	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	10	/	2012

Transaction ID : C1578438

Amount of Each Receipt this Period
1000.00

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

Mailing Address 3409 Salterbeck Court

City Mount Pleasant	State SC	Zip Code 29466
------------------------	-------------	-------------------

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

Name of Employer Laurel Baye Healthcare	Occupation President/CEO
--	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	26	/	2012

Transaction ID : C1588895

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional).....	6250.00
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 51 OF 66
	<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	

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

A. Roderick Wolfe
Full Name (Last, First, Middle Initial)

Mailing Address 201 Richland Lake Drive

City Clarksville State TN Zip Code 37043

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

Name of Employer Richland Place Senior Living Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
01 / 10 / 2012
Transaction ID : C1578405

Amount of Each Receipt this Period
1000.00

B. Marilyn Wood
Full Name (Last, First, Middle Initial)

Mailing Address 4140 Lakeland Highlands Rd

City Lakeland State FL Zip Code 33813

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

Name of Employer Opis Management Resources LLC Occupation CEO/Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
01 / 30 / 2012
Transaction ID : C1591133

Amount of Each Receipt this Period
2500.00

C. Trend Consultants
Full Name (Last, First, Middle Initial)

Mailing Address 323 Highland Boulevard

City Natchez State MS Zip Code 39120

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt
01 / 30 / 2012
Transaction ID : C1596351

Amount of Each Receipt this Period
625.00

PARTNERSHIP--partners below if itemized

SUBTOTAL of Receipts This Page (optional)..... ▶ 4125.00

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 52 OF 66
	<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	

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

A. Bruce Kelly
Full Name (Last, First, Middle Initial)

Mailing Address 323 Highland Blvd

City Natchez State MS Zip Code 39120-4635

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

Name of Employer Trend Consultants Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 312.50

Date of Receipt
01 / 30 / 2012
Transaction ID : C1595007

Amount of Each Receipt this Period
312.50

[MEMO ITEM]
*

B. Rita Kelly
Full Name (Last, First, Middle Initial)

Mailing Address 323 Highland Boulevard

City Natchez State MS Zip Code 39120

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

Name of Employer Trend Consultants Occupation Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 312.50

Date of Receipt
01 / 30 / 2012
Transaction ID : C1596352

Amount of Each Receipt this Period
312.50

[MEMO ITEM]
*

C. LAG Associates LP Managers
Full Name (Last, First, Middle Initial)

Mailing Address 8028 Ritchie Hwy Ste 210

City Pasadena State MD Zip Code 21122-1075

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
01 / 25 / 2012
Transaction ID : C1598585

Amount of Each Receipt this Period
1250.00

PARTNERSHIP--partners below if itemized

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
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 53 OF 66
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 8028 Ritchie Highway

City Pasadena State MD Zip Code 21122-1069

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

Name of Employer LAG Associates LP Managers Occupation Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 25 / 2012

Transaction ID : C1590225

Amount of Each Receipt this Period
 1250.00

[MEMO ITEM]
 *

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	172867.66

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:		PAGE 54 OF 66	
(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. DIRECT SUPPLY INC. PARTNERS PAC (DSI PARTNERS PAC)

Mailing Address 6767 North Industrial Road

City	State	Zip Code
Milwaukee	WI	53223

FEC ID number of contributing federal political committee. **C** C00409516

Name of Employer	Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	18	/	2012

Transaction ID : C1581055

Amount of Each Receipt this Period
5000.00

Unsolicited Contribution

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

Mailing Address

City	State	Zip Code

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

Name of Employer	Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
	/		/	

Amount of Each Receipt this Period

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

Mailing Address

City	State	Zip Code

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

Name of Employer	Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
	/		/	

Amount of Each Receipt this Period

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

**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 55 OF 66
<input 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 checked="" type="checkbox"/> 17

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

A. HFAM MD Nursing Home PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 7135 Minstrel Way
 Ste 104
 City Columbia State MD Zip Code 21045-5293
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 19 / 2012
Transaction ID : C1587094
 Amount of Each Receipt this Period
 900.00
 Unsolicited Contribution/ Comprised of Permissible Funds

B. Iowa Health PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 1775 90th St
 City West Des Moines State IA Zip Code 50266-1563
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 19 / 2012
Transaction ID : C1587093
 Amount of Each Receipt this Period
 1000.00
 Unsolicited Contribution/ Comprised of Permissible Funds

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

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

**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

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

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 03 / 2012

Transaction ID : D125232

Amount of Each Disbursement this Period

8.32

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 17 / 2012

Transaction ID : D125233

Amount of Each Disbursement this Period

25.60

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 23 / 2012

Transaction ID : D125234

Amount of Each Disbursement this Period

72.00

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

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

105.92

**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

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

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 27 / 2012

Transaction ID : D125235

Amount of Each Disbursement this Period

8.00

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 30 / 2012

Transaction ID : D125236

Amount of Each Disbursement this Period

86.40

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 30 / 2012

Transaction ID : D125238

Amount of Each Disbursement this Period

614.51

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

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

708.91

**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

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

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 31 / 2012

Transaction ID : D125240

Amount of Each Disbursement this Period

526.91

Full Name (Last, First, Middle Initial)

B. BB&T Merchant Services

Mailing Address PO Box 200

City Wilson State NC Zip Code 27894-0200

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 17 / 2012

Transaction ID : D125241

Amount of Each Disbursement this Period

38.45

Full Name (Last, First, Middle Initial)

C. BB&T Merchant Services

Mailing Address PO Box 200

City Wilson State NC Zip Code 27894-0200

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 17 / 2012

Transaction ID : D125243

Amount of Each Disbursement this Period

507.43

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

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

1072.79

**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

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

Full Name (Last, First, Middle Initial)

A. BB&T

Mailing Address 1099 New York Ave NW
Ste 100

City Washington State DC Zip Code 20001-4452

Purpose of Disbursement
Bank Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

01 / 23 / 2012

Transaction ID : D125214

Amount of Each Disbursement this Period

263.98

Full Name (Last, First, Middle Initial)

B. BB&T

Mailing Address 1099 New York Ave NW
Ste 100

City Washington State DC Zip Code 20001-4452

Purpose of Disbursement
Bank Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

01 / 23 / 2012

Transaction ID : D125215

Amount of Each Disbursement this Period

52.48

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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

316.46

2204.08

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Democratic Congressional Campaign Committee

Date of Disbursement

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

Mailing Address 430 S Capitol St SE

Transaction ID : D122570

City Washington State DC Zip Code 20003-4024

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Purpose of Disbursement Contribution

--	--	--	--	--	--	--	--	--	--

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Democratic Senatorial Campaign Committee

Date of Disbursement

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

Mailing Address 430 S Capitol St SE

Transaction ID : D122569

City Washington State DC Zip Code 20003-4024

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Purpose of Disbursement Contribution

--	--	--	--	--	--	--	--	--	--

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. DENNY HECK FOR CONGRESS

Date of Disbursement

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

Mailing Address PO Box 235

Transaction ID : D124423

City Olympia State WA Zip Code 98507-0235

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Purpose of Disbursement Contribution

--	--	--	--	--	--	--	--	--	--

Category/Type

Candidate Name

Denny Heck

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify) ▼

State: WA District: 10

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

3	1	0	0	0	0	0	0	0	0
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TOTAL This Period (last page this line number only)..... ▶

3	1	0	0	0	0	0	0	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. GARAGIOLA FOR CONGRESS

Mailing Address 13421 Winterspoon Ln

City State Zip Code
Germantown MD 20874-1038

Purpose of Disbursement
Contribution

Candidate Name

Robert Garagiola

Office Sought: House
 Senate
 President
State: MD District: 06

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	03	/	2012

Transaction ID : D122567

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. GLACIER PAC

Mailing Address 236 Massachusetts Avenue NE
Suite 603

City State Zip Code
Washington DC 20002

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	17	/	2012

Transaction ID : D124244

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. National Republican Congressional Committee

Mailing Address 320 1st St SE

City State Zip Code
Washington DC 20003-1838

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	03	/	2012

Transaction ID : D122572

Amount of Each Disbursement this Period

15000.00

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

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

22500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. National Republican Senatorial Committee

Mailing Address 425 2nd St NE

City Washington State DC Zip Code 20002-4914

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 03 / 2012

Transaction ID : D122571

Amount of Each Disbursement this Period

15000.00

B. BILL OWENS FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1575

City Plattsburgh State NY Zip Code 12901

Purpose of Disbursement
Contribution

Candidate Name

Rep. Bill Owens

Office Sought: House Senate President

State: NY District: 23

Disbursement For: 2012 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 24 / 2012

Transaction ID : D124837

Amount of Each Disbursement this Period

1000.00

C. BRALEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 390

City Waterloo State IA Zip Code 50704

Purpose of Disbursement
Contribution

Candidate Name

Rep. Bruce Braley

Office Sought: House Senate President

State: IA District: 01

Disbursement For: 2012 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 09 / 2012

Transaction ID : D124084

Amount of Each Disbursement this Period

2000.00

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

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

18000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. LOEBSACK FOR CONGRESS

Mailing Address PO Box 2720

City Cedar Rapids State IA Zip Code 52406

Purpose of Disbursement
Contribution

Candidate Name

Rep. Dave Loeb sack

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IA District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		09		2012

Transaction ID : D124085

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. WALDEN FOR CONGRESS

Mailing Address PO Box 1091

City Hood River State OR Zip Code 97031

Purpose of Disbursement
Contribution

Candidate Name

Rep. Greg Walden

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OR District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		17		2012

Transaction ID : D124245

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. BOSWELL FOR CONGRESS

Mailing Address PO Box 6220

City Des Moines State IA Zip Code 50309

Purpose of Disbursement
Contribution

Candidate Name

Rep. Leonard L. Boswell

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IA District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		17		2012

Transaction ID : D124247

Amount of Each Disbursement this Period

1000.00

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

8000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. MICHAUD FOR CONGRESS

Mailing Address 213 Lisbon St

City Lewiston State ME Zip Code 04240

Purpose of Disbursement
Contribution

Candidate Name
Rep. Michael H. Michaud

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: ME District: 02

Date of Disbursement

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

Transaction ID : D124838

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

B. ROSKAM FOR CONGRESS COMMITTEE

Mailing Address P. O. Box 713

City Wheaton State IL Zip Code 60187

Purpose of Disbursement
Contribution

Candidate Name
Rep. Peter Roskam

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: IL District: 06

Date of Disbursement

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

Transaction ID : D124419

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. FRIENDS OF RICH NUGENT

Mailing Address P. O. Box 15668

City Brooksville State FL Zip Code 34604

Purpose of Disbursement
Contribution

Candidate Name
Rep. Rich Nugent

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: FL District: 05

Date of Disbursement

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

Transaction ID : D124086

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

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

5	0	0	0	.	0	0
---	---	---	---	---	---	---

5	0	0	0	.	0	0
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. HOYER FOR CONGRESS

Mailing Address 700 13th Street, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Contribution

Candidate Name

Rep. Steny H. Hoyer

Office Sought: House
 Senate
 President
State: MD District: 05

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : D124835

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

B. SEARCHLIGHT LEADERSHIP FUND

Mailing Address 422 C Street NE Lower level
Lower level

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : D124839

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. MCCASKILL FOR MISSOURI 2012

Mailing Address 607 14TH STREET NW SUITE 800

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
Contribution

Candidate Name

Sen. Claire McCaskill

Office Sought: House
 Senate
 President
State: MO District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : D122568

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

1	5	0	0	0	0	0	0	0	0
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TOTAL This Period (last page this line number only)..... ▶

1	5	0	0	0	0	0	0	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. MANCHIN FOR WEST VIRGINIA

Mailing Address PO Box 5202

City Charleston State WV Zip Code 25361-0202

Purpose of Disbursement
Contribution

Candidate Name

Sen. Joe Manchin III

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: WV District:

Date of Disbursement

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

Transaction ID : D124249

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

B. GILLIBRAND FOR SENATE

Mailing Address 236 Massachusetts Ave NE
Ste 110

City Washington State DC Zip Code 20002-4980

Purpose of Disbursement
Contribution

Candidate Name

Sen. Kirsten Gillibrand

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NY District:

Date of Disbursement

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

Transaction ID : D124836

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

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

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

6	0	0	0	0	0	0	0	0	0
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1	0	5	5	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---