

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 03 01 2007 through 03 31 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Robert Van Dyk  
Signature of Treasurer Electronically Filed by Robert Van Dyk Date 04 17 2007

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		140530.01
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	135144.99									
(c) Total Receipts (from Line 19) .....	107372.73	134753.05								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	242517.72	275283.06								
7. Total Disbursements (from Line 31) .....	115662.72	148428.06								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	126855.00	126855.00								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

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

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	101622.77	125822.77
(i) Itemized (use Schedule A) .....	5749.96	8930.28
(ii) Unitemized .....		
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	107372.73	134753.05
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	107372.73	134753.05
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	107372.73	134753.05
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	107372.73	134753.05

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	762.72	1528.06
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	762.72	1528.06
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	114900.00	146900.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	115662.72	148428.06
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	115662.72	148428.06

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	107372.73	134753.05
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	107372.73	134753.05
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	762.72	1528.06
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	762.72	1528.06

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<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

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Alan Anderson		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2007
Mailing Address 5001 E. Anaheim St.		<b>Transaction ID:</b> 25510498
City State Zip Code Long Beach CA 90804-3296	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Bel Vista Convalescent Hospital	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) <b>B.</b> Mr Herbert Heflich		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2007
Mailing Address 33 Union Pl 2nd Flr		<b>Transaction ID:</b> 25510500
City State Zip Code Summit NJ 07901-3650	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Long Term Care Mgt Co	Occupation Owner	
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>C.</b> Mr Thomas G. Rau		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2007
Mailing Address 10503 Citation Drive		<b>Transaction ID:</b> 25510504
City State Zip Code Brighton MI 48116-6549	Amount of Each Receipt this Period 1250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Nexcare Health Systems, LLC	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 57
	<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.** Full Name (Last, First, Middle Initial)  
Mr. Cliff Coldren

Mailing Address 1930 Cliff Side Dr.

City STATE COLLEGE State PA Zip Code 16801-7694

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

Name of Employer Brookline Occupation Developer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 02 / 2007

Transaction ID: 25510505

Amount of Each Receipt this Period  
500.00

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

Mailing Address PO Box 6015

City Ridgeland State MS Zip Code 39158-6015

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

Name of Employer Magnolia Management Corp Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 02 / 2007

Transaction ID: 25510519

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Jesse Johnson, Jr.

Mailing Address 1500 E. First St.

City Newberg State OR Zip Code 97132

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

Name of Employer Newberg Care Home Occupation Administrator/Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 02 / 2007

Transaction ID: 25510526

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<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

Full Name (Last, First, Middle Initial) <b>A.</b> James R. Westbury		Date of Receipt M M / D D / Y Y Y Y Y 03 / 02 / 2007
Mailing Address 922 McDonough Rd		<b>Transaction ID:</b> 25510530
City Jackson	State GA	Zip Code 30233-1522
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Westbury Medical Care Home Inc	Occupation Administrator	
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) <b>B.</b> John Barber		Date of Receipt M M / D D / Y Y Y Y Y 03 / 02 / 2007
Mailing Address PO Box 3347		<b>Transaction ID:</b> 25510533
City Spartanburg	State SC	Zip Code 29302-4335
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1250.00
Name of Employer White Oak Manor	Occupation Executive VP/CFO	
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>C.</b> Bruce Yarwood		Date of Receipt M M / D D / Y Y Y Y Y 03 / 02 / 2007
Mailing Address 200 P St #F31		<b>Transaction ID:</b> 25510535
City Sacramento	State CA	Zip Code 95814-6259
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1500.00
Name of Employer AHCA	Occupation CEO & President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 57
	<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) <b>A.</b> Mr. Michael Torgan		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2007
Mailing Address 5120 West Goldleaf Circle Suite 400		<b>Transaction ID:</b> 25510540
City State Zip Code Los Angeles CA 90056-1292	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Country Villa Health Svcs.	Occupation Vice President	
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) <b>B.</b> Mr. Robert Siebel		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2007
Mailing Address 13185 W. Great Mountain Drive		<b>Transaction ID:</b> 25510561
City State Zip Code Lakewood CO 80228-3512	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Carriage Healthcare Companies, Inc.	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> David E. Meillier		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2007
Mailing Address 27 Brand Avenue		<b>Transaction ID:</b> 25510563
City State Zip Code Faribault MN 55021-6411	Amount of Each Receipt this Period 1250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Pleasant Manor Inc	Occupation Administrator/Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<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.** Full Name (Last, First, Middle Initial)  
Mr Kenneth Greiner

Mailing Address 4350 Will Rogers Pkwy Ste 300

City State Zip Code  
Oklahoma City OK 73108-1839

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

Name of Employer Occupation  
Grace Living Center President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 02 / 2007

**Transaction ID:** 25510590

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Don Greiner

Mailing Address 4350 Will Rogers Parkway #350

City State Zip Code  
Oklahoma City OK 73108-1826

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

Name of Employer Occupation  
Grace Living Centers President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 02 / 2007

**Transaction ID:** 25510591

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
Ms Alice Kim Lew

Mailing Address 58-130 Kam Hwy

City State Zip Code  
Haleiwa HI 96712-9714

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

Name of Employer Occupation  
Crawford's Convalescent Home Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 02 / 2007

**Transaction ID:** 25510592

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 57
	<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.** Full Name (Last, First, Middle Initial)  
Blaine Hendrickson

Mailing Address PO Box 7

City Rancho Mirage State CA Zip Code 92270-0007

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

Name of Employer Legacy Healthcare Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  

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

**Transaction ID:** 25510596

Amount of Each Receipt this Period  
1250.00

**B.** Full Name (Last, First, Middle Initial)  
Ms Linda Sechovec

Mailing Address 4411 McLeod NE Suite G

City Albuquerque State NM Zip Code 87109-2227

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

Name of Employer New Mexico Health Care Assn Occupation Executive Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

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

**Transaction ID:** 25516763

Amount of Each Receipt this Period  
500.00

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

Mailing Address 7 Limestone Drive

City Williamsville State NY Zip Code 14221-7899

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

Name of Employer Elderwood Affiliates 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
0	3	/	0	2	/	2	0	0	7

**Transaction ID:** 25516766

Amount of Each Receipt this Period  
1250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Mr Richard Brockman

Mailing Address 815 Euclid Avenue

City State Zip Code  
Birmingham AL 35213

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

Name of Employer Occupation  
Camden Nursing Facility Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 01 / 2007

Transaction ID: 25519120

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
Mr Bernard Dana

Mailing Address 1402 West Nettleton Ct

City State Zip Code  
Springfield MO 65810-1624

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

Name of Employer Occupation  
Vetter Health Services Executive VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 01 / 2007

Transaction ID: 25519122

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Mr Louis Serra

Mailing Address 2525 Pennsylvania Ave

City State Zip Code  
Weirton WV 26062-3693

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

Name of Employer Occupation  
Weirton Geriatric Center Owner/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  
03 / 05 / 2007

Transaction ID: 25519204

Amount of Each Receipt this Period  
500.00

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

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

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

FOR LINE NUMBER: PAGE 13 / 57  
(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)  
Mr William Dunn

Mailing Address 195 Executive Dr

City Marion State OH Zip Code 43302-6391

FEC ID number of contributing federal political committee. C

Name of Employer Marion Manor Nursing Hm Inc Occupation Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 08 / 2007

**Transaction ID:** 25531710

Amount of Each Receipt this Period 500.00

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

Mailing Address 108 8th St NW

City Waseca State MN Zip Code 56093-1912

FEC ID number of contributing federal political committee. C

Name of Employer Lake Shore Inn Nursing Home Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 08 / 2007

**Transaction ID:** 25531720

Amount of Each Receipt this Period 250.00

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

Mailing Address 1702 Hillcrest Dr

City Bellevue State NE Zip Code 68005-3652

FEC ID number of contributing federal political committee. C

Name of Employer Hillcrest Occupation Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 08 / 2007

**Transaction ID:** 25532327

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 57
	<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.** Full Name (Last, First, Middle Initial)  
Mr Edward L. Kuntz

Mailing Address 680 South Fourth St.

City State Zip Code  
Louisville KY 40202-2412

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

Name of Employer Kindred Healthcare Occupation Chairman, CEO & President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 08 / 2007

Transaction ID: 25532875

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Elizabeth Casey

Mailing Address 3075 E. Thousand Oaks Blvd.

City State Zip Code  
Westlake Village CA 91362

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

Name of Employer The Chase Group Occupation Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 08 / 2007

Transaction ID: 25539811

Amount of Each Receipt this Period  
1250.00

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

Mailing Address 5374 Long Shadow Ct.

City State Zip Code  
Westlake Village CA 91362-5223

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

Name of Employer The Chase Group 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  
03 / 08 / 2007

Transaction ID: 25539813

Amount of Each Receipt this Period  
1250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 57
	<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.** Full Name (Last, First, Middle Initial)  
Mr. Roberts Nelson

Mailing Address 3075 E. Thousand Oaks Blvd.

City State Zip Code  
Westlake Village CA 91362-3453

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

Name of Employer Occupation  
The Chase Group Partner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 08 / 2007

**Transaction ID: 25539815**

Amount of Each Receipt this Period  
1250.00

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

Mailing Address 1217 Nonchalant Drive

City State Zip Code  
Simi Valley CA 93065-5717

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

Name of Employer Occupation  
Total Rehab Care 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  
03 / 08 / 2007

**Transaction ID: 25539816**

Amount of Each Receipt this Period  
1250.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Kathy Weiner

Mailing Address 1217 Nonchalant Dr.

City State Zip Code  
Simi Valley CA 93065-5717

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

Name of Employer Occupation  
Total Rehab Care Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 08 / 2007

**Transaction ID: 25539821**

Amount of Each Receipt this Period  
1250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 57
	<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.** Full Name (Last, First, Middle Initial)  
Mr. Jim Walker

Mailing Address 2740 Cherokee Road

City Birmingham State AL Zip Code 35216-1039

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

Name of Employer PHS Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2007

**Transaction ID: 25558355**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr John Elliot

Mailing Address 240 Captol Street 500

City Charleston State WV Zip Code 25301-2297

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

Name of Employer AMFM Inc Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2007

**Transaction ID: 25558358**

Amount of Each Receipt this Period  
1250.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Fonda Elliot

Mailing Address 240 Captol Street Suite 500

City Charleston State WV Zip Code 25301-2297

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

Name of Employer AMFM, Inc. Occupation Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2007

**Transaction ID: 25558359**

Amount of Each Receipt this Period  
1250.00

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 57
	<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.** Full Name (Last, First, Middle Initial)  
Mr William Biggs

Mailing Address 101 Grace Street

City State Zip Code  
Easley SC 29640

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

Name of Employer Health Managemnet Resources  
Occupation Executive Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 12 / 2007

**Transaction ID: 25567879**

Amount of Each Receipt this Period  
1500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Jim Birchem

Mailing Address 211 1 st Street SE

City State Zip Code  
Little Falls MN 56345-3064

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

Name of Employer Eldercare of Minneata  
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  
03 / 12 / 2007

**Transaction ID: 25568480**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr Don Chensvold

Mailing Address 4080 1st Ave NE #103  
PO Box 5428

City State Zip Code  
Cedar Rapids IA 52402-3160

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

Name of Employer Health Care of Iowa Inc  
Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 12 / 2007

**Transaction ID: 25568547**

Amount of Each Receipt this Period  
300.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2050.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 18 / 57  
(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)  
Direct Supply Political Action Committee

Mailing Address

City State Zip Code

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

Name of Employer  
Direct Supply Inc. Partners PAC      Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 0 8 / 2 0 0 7

**Transaction ID:** 25579267

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Christopher J. Urban

Mailing Address PO Box 75

City State Zip Code  
Solana Beach CA 92075-0075

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

Name of Employer  
Health Care REIT, Inc.      Occupation  
Finance

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

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

**Transaction ID:** 25580013

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr Robert Rotolo

Mailing Address 17441 W. Muirfield

City State Zip Code  
Baton Rouge LA 70810-5962

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

Name of Employer  
Harahan Guest House      Occupation  
Owner

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

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

**Transaction ID:** 25580259

Amount of Each Receipt this Period  
2500.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address 2932 Fenton Street

City State Zip Code  
Wheat Ridge CO 80214-8116

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

Name of Employer Occupation  
Quality Life Management Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2007

**Transaction ID: 25581097**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Neil Pruitt, Jr.

Mailing Address P.O. Box 1210

City State Zip Code  
Toccoa GA 30577-1421

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

Name of Employer Occupation  
Pruitt Corporation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2007

**Transaction ID: 25584135**

Amount of Each Receipt this Period  
1250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Rick Mendlen

Mailing Address 1810 Gillespie Way Ste. 212

City State Zip Code  
El Cajon CA 92020-0921

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

Name of Employer Occupation  
Kennon Shea & Assoc. Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2007

**Transaction ID: 25584138**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 57
	<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) <b>A.</b> Mr. Rick Miller		Date of Receipt M M / D D / Y Y Y Y Y 03 / 13 / 2007
Mailing Address 25117 SW Parkway Suite F		<b>Transaction ID: 25584143</b>
City State Zip Code Wilsonville OR 97070-9697	Amount of Each Receipt this Period 1250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Avamere Health Services, NC	Occupation President & CEO	
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>B.</b> Mr. Don B. Bedell		Date of Receipt M M / D D / Y Y Y Y Y 03 / 13 / 2007
Mailing Address P.O. Box 1210		<b>Transaction ID: 25584145</b>
City State Zip Code Sikeston MO 63801-1210	Amount of Each Receipt this Period 1250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Health Facilities Mgmt Co.	Occupation President	
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>C.</b> Mr Don C. Bedell		Date of Receipt M M / D D / Y Y Y Y Y 03 / 13 / 2007
Mailing Address 731 North Main St. PO Box 1210		<b>Transaction ID: 25584146</b>
City State Zip Code Sikeston MO 63801-2176	Amount of Each Receipt this Period 1250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Health Facilities Mgmt Co- rp	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 57
	<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) <b>A. Mr Richard Miller</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 13 / 2007	
Mailing Address 3594 E US Highway 30		<b>Transaction ID: 25584149</b>	
City State Zip Code Warsaw IN 46580-6720	Amount of Each Receipt this Period 1250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MMM Invest Inc	Occupation CEO/CFO		
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>B. Mr. James Gomez</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 13 / 2007	
Mailing Address 2201 K Street		<b>Transaction ID: 25584152</b>	
City State Zip Code Sacramento CA 95816-4922	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CA Association of Health Facilities	Occupation President		
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>C. Mr. Darrell R. Cammack</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 13 / 2007	
Mailing Address 9900 Walthen Blvd		<b>Transaction ID: 25584153</b>	
City State Zip Code Baltimore MD 21234-5785	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Quail Run Assisted Living	Occupation Owner, CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 57
	<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) <b>A. Ms Dixie Taylor-Huff</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address 932 Baddour Parkway		<b>Transaction ID: 25584155</b>
City State Zip Code Lebanon TN 37087-3707	Amount of Each Receipt this Period 1250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Quality Care Health Center	Occupation Administrator/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>B. Mr. Terry Bane</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address 1469 Humbold Rd #175		<b>Transaction ID: 25602241</b>
City State Zip Code Clinco CA 95928	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer President	Occupation Riverside Health Care Corp.	
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>C. Mr. Bretton J Bolt</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address 1430 Progress Way Suite 108		<b>Transaction ID: 25602539</b>
City State Zip Code Eldersburg MD 21784-6484	Amount of Each Receipt this Period 1250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Nexion Health Care	Occupation CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<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.** Full Name (Last, First, Middle Initial)  
Ms Judith Dicker

Mailing Address 182-15 Hillside Ave

City State Zip Code  
Jamaica Estates NY 11432

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

Name of Employer Hillside Manor Occupation Executive Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 13 / 2007

Transaction ID: 25603411

Amount of Each Receipt this Period  
1250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Jeffrey B. Hendrickson

Mailing Address 132 Loch Lomand

City State Zip Code  
Rancho Mirage CA 92270-5600

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

Name of Employer Legacy 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  
03 / 13 / 2007

Transaction ID: 25604388

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Stanley Dicker

Mailing Address 182-15 Hillside Ave

City State Zip Code  
Jamaica Estates NY 11432

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

Name of Employer Hillside Manor Rehab Ctr Occupation Executive Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 13 / 2007

Transaction ID: 25604496

Amount of Each Receipt this Period  
1250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<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.** Full Name (Last, First, Middle Initial)  
Mr Gerald Cox

Mailing Address PO Box 7728

City State Zip Code  
Rocky Mount NC 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 ▼ 1250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 15 / 2007

**Transaction ID: 25649842**

Amount of Each Receipt this Period  
1250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr Orlando Bisbano, Jr.

Mailing Address 135 Tripps Lane

City State Zip Code  
Riverside RI 02915-3092

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

Name of Employer Orchard View Manor Occupation Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 19 / 2007

**Transaction ID: 25649959**

Amount of Each Receipt this Period  
400.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Richard Loucks

Mailing Address 800 Saguaro

City State Zip Code  
Farmington NM 87401-9632

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 19 / 2007

**Transaction ID: 25649960**

Amount of Each Receipt this Period  
5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>6650.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 / 57
	(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"/> 15
<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

Full Name (Last, First, Middle Initial) <b>A. Lisa Higgins</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 1004 Edgewater Blvd		<b>Transaction ID: 25649969</b>	
City State Zip Code Lake Havasu City AZ 86404-9562	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B. Ms. Jessica Hernandez</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 211 3rd Avenue		<b>Transaction ID: 25649978</b>	
City State Zip Code Mancos CO 81328-9079	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Medical Records Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C. Ms. Kelli Likes</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 1221 Mildred Road		<b>Transaction ID: 25649980</b>	
City State Zip Code Cortez CO 81321-2218	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Med. Records Aggregate Year-to-Date ▼ 1000.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 57
	<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) <b>A. Howard Groff</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007	
Mailing Address 9031 Penn. Ave. South		<b>Transaction ID: 25652293</b>	
City <b>Bloomington</b>	State <b>MN</b>	Zip Code <b>55431-2225</b>	Amount of Each Receipt this Period 1250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Tealwood Care Centers Inc	Occupation President		
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>B. Ms. Ruth Braswell</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007	
Mailing Address 3674 Pacific Ave		<b>Transaction ID: 25652297</b>	
City <b>Riverside</b>	State <b>CA</b>	Zip Code <b>92509-1948</b>	Amount of Each Receipt this Period 1250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Vista Pacifica Enterprises	Occupation Comm. Relations Coordinator		
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>C. Mr. Michael A Newton</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007	
Mailing Address 1430 Progress Way #108		<b>Transaction ID: 25653600</b>	
City <b>Eldersburg</b>	State <b>MD</b>	Zip Code <b>21784-6484</b>	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Nexion Health	Occupation Director of Human Resources		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 27 / 57
	(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"/> 15
<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.** Full Name (Last, First, Middle Initial)  
Mr David Kylo

Mailing Address 4621 28th Road South  
PAYROLL DEDUCTION

City Arlington State VA Zip Code 22206-1143

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

Name of Employer AHCA Occupation Director, Assisted Living

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 237.36

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 20 / 2007

**Transaction ID: 25653610**

Amount of Each Receipt this Period  
39.56

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Ina Schlossberg

Mailing Address 4200 W Peterson #140

City Chicago State IL Zip Code 60646-6819

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

Name of Employer Alden Enterprises Occupation Special Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 22 / 2007

**Transaction ID: 25662336**

Amount of Each Receipt this Period  
1250.00

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

Mailing Address 4200 W. Peterson #140

City Chicago State IL Zip Code 60646-6812

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

Name of Employer Alden Management Inc Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 22 / 2007

**Transaction ID: 25662338**

Amount of Each Receipt this Period  
1250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2539.56
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 57
	<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) <b>A.</b> Mr. Samuel Kaplan		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007
Mailing Address 5500 Wells Fargo Center 90 South Seventh St		Transaction ID: 25662433
City State Zip Code Minneapolis MN 55402	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Tealwood Care Centers	Occupation Attorney	
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) <b>B.</b> Mr. Matthew Robinson		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007
Mailing Address 10003 Woodloch Forest Drive #250		Transaction ID: 25662435
City State Zip Code The Woodlands TX 77380-1913	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Health Mark Group, LTD	Occupation Managing Member	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr Paul Diaz		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007
Mailing Address 680 South Fourth Street		Transaction ID: 25663868
City State Zip Code Louisville KY 40202-2816	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Kindred HealthCare	Occupation Sr Vice President/CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	5750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 57
	<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) <b>A.</b> Mr. Al Braswell		Date of Receipt M M / D D / Y Y Y Y Y 03 / 30 / 2007	
Mailing Address 3674 Pacific Ave.		<b>Transaction ID:</b> 25663913	
City State Zip Code Riverside CA 92509	Amount of Each Receipt this Period 1250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Vista Pacifica Enterprises	Occupation 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>B.</b> Ms Jill Capela		Date of Receipt M M / D D / Y Y Y Y Y 03 / 30 / 2007	
Mailing Address 1101 S. Capital of TX Hwy. Bldg. G		<b>Transaction ID:</b> 25663917	
City State Zip Code Austin TX 78746	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer ONR Inc.	Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms Mary Baker		Date of Receipt M M / D D / Y Y Y Y Y 03 / 30 / 2007	
Mailing Address 108 Starr Ave. PO Box 1129		<b>Transaction ID:</b> 25663919	
City State Zip Code Turlock CA 95381	Amount of Each Receipt this Period 1250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Mark One Corp.	Occupation Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	7500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 57
	<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) <b>A.</b> Ms Sally Rapp		Date of Receipt M M / D D / Y Y Y Y Y 03 / 30 / 2007
Mailing Address 3308 Ocean Blvd Suite 280		<b>Transaction ID:</b> 25663921
City State Zip Code Corona Del Mar CA 92625-3256	Amount of Each Receipt this Period 1250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer SR Management Svcs. Inc.	Occupation CEO	
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>B.</b> Ms Dixie Taylor-Huff		Date of Receipt M M / D D / Y Y Y Y Y 03 / 30 / 2007
Mailing Address 932 Baddour Parkway		<b>Transaction ID:</b> 25663942
City State Zip Code Lebanon TN 37087-3707	Amount of Each Receipt this Period 1250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Quality Care Health Center	Occupation Administrator/Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Frank Romano		Date of Receipt M M / D D / Y Y Y Y Y 03 / 30 / 2007
Mailing Address 57 Summer St.		<b>Transaction ID:</b> 25663954
City State Zip Code Rowley MA 01969-1835	Amount of Each Receipt this Period 1250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Essex Group	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 57
	<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) <b>A.</b> Mr Timothy J Boyle		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address 4412 Applewood		<b>Transaction ID:</b> 25663956	
City State Zip Code Sioux City IA 51106-3602	Amount of Each Receipt this Period 1250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Care Center Mgmt Co	Occupation Chief Operating Officer		
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>B.</b> Mr. Alan Zuccari		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2007	
Mailing Address 7712 Carlton Place		<b>Transaction ID:</b> 25664938	
City State Zip Code McLean VA 22102-2149	Amount of Each Receipt this Period 1250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Hamilton Insurance Agency	Occupation Insurance Representative		
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>C.</b> Mr Robert Van Dyk		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2007	
Mailing Address 304 South Van Dien		<b>Transaction ID:</b> 25664939	
City State Zip Code Ridgewood NJ 07450-5200	Amount of Each Receipt this Period 1250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Van Dyk Health Care	Occupation President/CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 57
	<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.** Full Name (Last, First, Middle Initial)  
Mr. Gary Attman

Mailing Address 8028 Ritchie Hwy. #118

City Pasadena State MD Zip Code 21122-1069

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

Name of Employer FutureCare Health & Mgmt. Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2007

**Transaction ID: 25664940**

Amount of Each Receipt this Period  
1250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr James Unverferth

Mailing Address 1100 Shawnee Road

City Lima State OH Zip Code 45805-3583

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

Name of Employer HCF, 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  
03 / 29 / 2007

**Transaction ID: 25681495**

Amount of Each Receipt this Period  
1250.00

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

Mailing Address 7605 Ridgecrest Drive

City Alexandria State VA Zip Code 22308-1049

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

Name of Employer AHCA Occupation Senior Vice President of Advocacy

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 242.03

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 30 / 2007

**Transaction ID: 25681501**

Amount of Each Receipt this Period  
43.65

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2543.65</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 33 / 57
	(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"/> 15
<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

Full Name (Last, First, Middle Initial) <b>A. Mr David Kylo</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address 4621 28th Road South PAYROLL DEDUCTION		<b>Transaction ID: 25681504</b>	
City State Zip Code Arlington VA 22206-1143		Amount of Each Receipt this Period 39.56	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AHCA Occupation Director, Assisted Living			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 276.92	

Full Name (Last, First, Middle Initial) <b>B. Mr. Mark Gunnell</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address 2781 Osborn Dr		<b>Transaction ID: 25681509</b>	
City State Zip Code Lake Havasu City AZ 86406-8629		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Lake Hills Inn 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) <b>C. Mr. Steve Ackerson</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address 6750 Westown Parkway #100		<b>Transaction ID: 25681514</b>	
City State Zip Code West Des Moines IA 50266-7726		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Iowa Health Care Assn. Occupation Executive Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2039.56
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 34 / 57
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Steve Mulder

Mailing Address 7300 Del Pardo Street

City State Zip Code  
Boca Raton FL 33433

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

Name of Employer Occupation  
Whitehall Boca Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2007

**Transaction ID: 25737895**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 5120 Goldleaf Circle Suite 400

City State Zip Code  
Los Angeles CA 90056-1297

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

Name of Employer Occupation  
Country Villa Health Services President/CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2007

**Transaction ID: 25737907**

Amount of Each Receipt this Period  
1250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	101622.77

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 35 / 57

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

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
BB & T

Mailing Address Operations Center  
Post Office Box 819

City Wilson State NC Zip Code 27894-0819

Purpose of Disbursement   
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 25775875

Date of Disbursement

<sup>M</sup> 0	<sup>M</sup> 3	/	<sup>D</sup> 3	<sup>D</sup> 1	/	<sup>Y</sup> 2	<sup>Y</sup> 0	<sup>Y</sup> 0	<sup>Y</sup> 7
----------------	----------------	---	----------------	----------------	---	----------------	----------------	----------------	----------------

Amount of Each Disbursement this Period

79.46
-------

**B.** Full Name (Last, First, Middle Initial)  
BB & T

Mailing Address Operations Center  
Post Office Box 819

City Wilson State NC Zip Code 27894-0819

Purpose of Disbursement   
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 25775876

Date of Disbursement

<sup>M</sup> 0	<sup>M</sup> 3	/	<sup>D</sup> 3	<sup>D</sup> 1	/	<sup>Y</sup> 2	<sup>Y</sup> 0	<sup>Y</sup> 0	<sup>Y</sup> 7
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Amount of Each Disbursement this Period

683.26
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**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

762.72
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**TOTAL** This Period (last page this line number only) ..... ▶

762.72
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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) <b>A. Rosa DeLauro for Congress</b>		<b>Transaction ID: 25524136</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 7
Mailing Address 49 Huntington St. 327 Cannon House Ofc Bldg		Amount of Each Disbursement this Period 1000.00
City New Haven State CT Zip Code 06511	Purpose of Disbursement 011 Category/Type	
Candidate Name Ms. Rosa DeLauro	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 3	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Friends of John Rockefeller</b>		<b>Transaction ID: 25524153</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 7
Mailing Address PO Box 1909		Amount of Each Disbursement this Period 1000.00
City Charleston State WV Zip Code 25327	Purpose of Disbursement 011 Category/Type	
Candidate Name Senator John Rockefeller	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 2	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Hastert for Congress</b>		<b>Transaction ID: 25524159</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 7
Mailing Address P.O. Box 625		Amount of Each Disbursement this Period 1000.00
City Batavia State IL Zip Code 60510	Purpose of Disbursement 011 Category/Type	
Candidate Name Mr. Dennis Hastert	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 14	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Friends of Sen Carl Levin</b>		<b>Transaction ID: 25524139</b> Date of Disbursement MM / DD / YYYY 03 / 08 / 2007
Mailing Address 29201 Telegraph - Suite 606		Amount of Each Disbursement this Period 400.00
City Southfield State MI Zip Code 48034	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Senator Carl Levin		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 1	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Jim Ramstad Volunteer Cmte.</b>		<b>Transaction ID: 25523543</b> Date of Disbursement MM / DD / YYYY 03 / 08 / 2007
Mailing Address 8120 Penn Ave., S., # 156-A 322 Cannon House Ofc Bldg		Amount of Each Disbursement this Period 1000.00
City Bloomington State MN Zip Code 55431	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mr. Jim Ramstad		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 3	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Walsh for Congress Committee</b>		<b>Transaction ID: 25523717</b> Date of Disbursement MM / DD / YYYY 03 / 08 / 2007
Mailing Address P.O. Box 1974 1330 Longworth House Ofc Bldg		Amount of Each Disbursement this Period 1000.00
City Syracuse State NY Zip Code 13201	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mr. James Walsh		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 25	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2400.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Friends of Patrick Kennedy</b>		<b>Transaction ID: 25524154</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 7
Mailing Address P.O. Box 1356		Amount of Each Disbursement this Period 1000.00
City Providence State RI Zip Code 02901	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mr. Patrick Kennedy		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 1	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Stupak for Congress</b>		<b>Transaction ID: 25522157</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 7
Mailing Address 817 Ninth Ave. PO Box 143		Amount of Each Disbursement this Period 1000.00
City Menominee State MI Zip Code 49858	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mr. Bart Stupak		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 1	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Latham for Congress</b>		<b>Transaction ID: 25524138</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 7
Mailing Address PO Box 71		Amount of Each Disbursement this Period 1000.00
City Clarion State IA Zip Code 50525	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mr. Tom Latham		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 5	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Boyd for Congress Committee</b>		<b>Transaction ID: 25521114</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 7
Mailing Address PO Box 15703		Amount of Each Disbursement this Period 1000.00
City Tallahassee	State FL	
Zip Code 32317-5703		
Purpose of Disbursement 011 Category/Type		
Candidate Name Mr. Allen Boyd		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL District: 2		

Full Name (Last, First, Middle Initial) <b>B. Team Emerson</b>		<b>Transaction ID: 25524148</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 7
Mailing Address PO Box 822		Amount of Each Disbursement this Period 1500.00
City Cape Girardeau	State MO	
Zip Code 63702		
Purpose of Disbursement 011 Category/Type		
Candidate Name Ms. JoAnn Emerson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MO District: 8		

Full Name (Last, First, Middle Initial) <b>C. Friends of Carolyn McCarthy</b>		<b>Transaction ID: 25524147</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 7
Mailing Address PO Box 5063		Amount of Each Disbursement this Period 1000.00
City Mineola	State NY	
Zip Code 11718		
Purpose of Disbursement 011 Category/Type		
Candidate Name Ms. Carolyn McCarthy		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY District: 4		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Larson for Congress</b>		<b>Transaction ID: 25524156</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 7
Mailing Address 1087 Old Maine Street		Amount of Each Disbursement this Period 1000.00
City East Hartford State CT Zip Code 06108	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mr John Larson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 1	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Berkley for Congress</b>		<b>Transaction ID: 25524157</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 7
Mailing Address PO Box 7397		Amount of Each Disbursement this Period 1000.00
City Las Vegas State NV Zip Code 89125	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Ms Shelley Berkley		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 1	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Friends of Blanche Lincoln</b>		<b>Transaction ID: 25524160</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 7
Mailing Address P.O. Box 3197		Amount of Each Disbursement this Period 2500.00
City Little Rock State AR Zip Code 72203	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Ms Blanche Lincoln		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District:	Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2010Primary	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Mike Burgess for Congress</b>		<b>Transaction ID: 25524135</b> Date of Disbursement 03 / 08 / 2007
Mailing Address P.O.Box 2334		Amount of Each Disbursement this Period 1000.00
City Denton State TX Zip Code 76020	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mr. Mike Burgess		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 26	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Jim Gerlach for Congress</b>		<b>Transaction ID: 25524155</b> Date of Disbursement 03 / 08 / 2007
Mailing Address 911 Welsh Ayres Way		Amount of Each Disbursement this Period 2000.00
City Downingtown State PA Zip Code 19335	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mr. James Gerlach		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 6	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Herseth for Congress</b>		<b>Transaction ID: 25524137</b> Date of Disbursement 03 / 08 / 2007
Mailing Address PO Box 85352		Amount of Each Disbursement this Period 1000.00
City Sioux Falls State SD Zip Code 57118	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Ms. Stephanie Herseth		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 1	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Pallone for Congress</b>		<b>Transaction ID: 25523236</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 7	
Mailing Address PO Box 3176		Amount of Each Disbursement this Period 1000.00	
City Long Branch State NJ Zip Code 77401	Purpose of Disbursement 011 Category/ Type		
Candidate Name Mr. Frank Pallone			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 6	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Hobson for Congress</b>		<b>Transaction ID: 25522846</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 7	
Mailing Address 82 W. Columbia St. 1507 Longworth House Ofc Bldg		Amount of Each Disbursement this Period 1000.00	
City Springfield State OH Zip Code 45502	Purpose of Disbursement 011 Category/ Type		
Candidate Name Mr. Dave Hobson			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 7	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Committee for a Democratic Majority</b>		<b>Transaction ID: 25524150</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 7	
Mailing Address 301 Fourth St. NE Ste. 202		Amount of Each Disbursement this Period 1000.00	
City Washington State DC Zip Code 20002	Purpose of Disbursement 011 Category/ Type		
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Porter for Congress</b>		Transaction ID: 25524141 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 7
Mailing Address PO Box 27972		Amount of Each Disbursement this Period 1000.00
City Las Vegas	State NV	
Zip Code 89126		
Purpose of Disbursement 011 Category/Type		
Candidate Name Mr. Jon Porter		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NV District: 3		

Full Name (Last, First, Middle Initial) <b>B. McMorris for Congress</b>		Transaction ID: 25524201 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 7
Mailing Address 301 W Main Street		Amount of Each Disbursement this Period 1500.00
City Spokane	State WA	
Zip Code 99210		
Purpose of Disbursement 011 Category/Type		
Candidate Name Ms. Cathy McMorris		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WA District: 5		

Full Name (Last, First, Middle Initial) <b>C. Friends Of John Barrow</b>		Transaction ID: 25523856 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 7
Mailing Address 2141 B West Broad St		Amount of Each Disbursement this Period 1000.00
City Athens	State GA	
Zip Code 30606		
Purpose of Disbursement 011 Category/Type		
Candidate Name Rep. John Barrow		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: GA District: 12		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Allyson Schwartz For Congress</b>		<b>Transaction ID: 25524145</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 7	
Mailing Address P.O. Box 45706		Amount of Each Disbursement this Period 2000.00	
City Philadelphia State PA Zip Code 19149	Purpose of Disbursement 011 Category/ Type		
Candidate Name Rep. Allyson Schwartz			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 13	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Giffords For Congress</b>		<b>Transaction ID: 25523401</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 7	
Mailing Address PO Box 27565		Amount of Each Disbursement this Period 1000.00	
City Tucson State AZ Zip Code 85726	Purpose of Disbursement 011 Category/ Type		
Candidate Name Gabrielle Giffords			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 8	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mccaskill For Missouri</b>		<b>Transaction ID: 25522638</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 7	
Mailing Address PO Box 6771		Amount of Each Disbursement this Period 1000.00	
City St Louis State MO Zip Code 63144	Purpose of Disbursement 011 Category/ Type		
Candidate Name Claire McCaskill			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 2	Disbursement For: 2007 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. John Hall For Congress</b>		<b>Transaction ID: 25524003</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 7
Mailing Address PO Box 274		Amount of Each Disbursement this Period 1000.00
City Hopewell Junction	State NY	
Zip Code 12533		
Purpose of Disbursement		
Candidate Name Rep. John Hall		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY District: 19		

Full Name (Last, First, Middle Initial) <b>B. Kay Granger Campaign Fund</b>		<b>Transaction ID: 25524144</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 7
Mailing Address 715 Jones Street Suite 101		Amount of Each Disbursement this Period 1500.00
City Fort Worth	State TX	
Zip Code 76102		
Purpose of Disbursement		
Candidate Name Rep. Kay Granger		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX District: 12		

Full Name (Last, First, Middle Initial) <b>C. National Republican Congressional Committee</b>		<b>Transaction ID: 25528017</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7
Mailing Address 320 First St., S.E.		Amount of Each Disbursement this Period 15000.00
City Washington	State DC	
Zip Code 20003		
Purpose of Disbursement		
Candidate Name		011 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	17500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Friends of Jim Clyburn</b>		<b>Transaction ID: 25527990</b> Date of Disbursement 03 / 12 / 2007	
Mailing Address PO Box 12567		Amount of Each Disbursement this Period 5000.00	
City Columbia State SC Zip Code 29211	Purpose of Disbursement 011 Category/ Type		
Candidate Name Mr. Jim Clyburn			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 6	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mccaskill For Missouri</b>		<b>Transaction ID: 25782339</b> Date of Disbursement 03 / 15 / 2007	
Mailing Address PO Box 6771		Amount of Each Disbursement this Period -1000.00	
City St Louis State MO Zip Code 63144	Purpose of Disbursement Void - Mccaskill For Missouri 011 Category/ Type		
Candidate Name Claire McCaskill			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 2	Disbursement For: 2007 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Void - Mccaskill For Missouri	

Full Name (Last, First, Middle Initial) <b>C. Lewis for Congress Committee</b>		<b>Transaction ID: 25616192</b> Date of Disbursement 03 / 19 / 2007	
Mailing Address 1150 Brookside Ave.		Amount of Each Disbursement this Period 5000.00	
City Redlands State CA Zip Code 92373	Purpose of Disbursement 011 Category/ Type		
Candidate Name Mr. Jerry Lewis			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 40	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	9000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Friends of Roy Blunt</b>		<b>Transaction ID: 25616180</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 7
Mailing Address 2740-B East Sunshine Street		Amount of Each Disbursement this Period 5000.00
City Springfield State MO Zip Code 65804	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mr. Roy Blunt		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 7	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Friends of Roy Blunt</b>		<b>Transaction ID: 25616220</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 7
Mailing Address 2740-B East Sunshine Street		Amount of Each Disbursement this Period 5000.00
City Springfield State MO Zip Code 65804	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mr. Roy Blunt		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 7	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Scott Garrett for Congress</b>		<b>Transaction ID: 25616189</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 7
Mailing Address PO Box 905		Amount of Each Disbursement this Period 1000.00
City Newton State NJ Zip Code 07860	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mr. Scott Garrett		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 5	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	11000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Levin for Congress Cmte</b>		<b>Transaction ID: 25662894</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address 436 New Jersey Ave SE		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20003	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mr. Sander Levin		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 12	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Levin for Congress Cmte</b>		<b>Transaction ID: 25662896</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address 436 New Jersey Ave SE		Amount of Each Disbursement this Period 500.00
City Washington State DC Zip Code 20003	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mr. Sander Levin		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 12	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Harkin for Senate</b>		<b>Transaction ID: 25662885</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address 3213 South West 9th St		Amount of Each Disbursement this Period 1000.00
City Des Moines State IA Zip Code 50315	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Senator Tom Harkin		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 2	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Democratic Senatorial Campaign Committee</b>		<b>Transaction ID: 25662869</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address 430 South Capitol St., SE		Amount of Each Disbursement this Period 15000.00
City Washington State DC Zip Code 20003	011 Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Christopher Shays</b>		<b>Transaction ID: 25662910</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address 98 East Avenue Rear Building 98 East Avenue Rear Building		Amount of Each Disbursement this Period 1000.00
City Norwalk State CT Zip Code 06851	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mr. Christopher Shays		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 4	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Peter King for Congress</b>		<b>Transaction ID: 25662872</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address 1442 Roth Rd 118 Cannon House Ofc Bldg		Amount of Each Disbursement this Period 1000.00
City Seaford State NY Zip Code 11783	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mr. Peter King		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 3	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	17000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Inslee for Congress</b>		<b>Transaction ID: 25662893</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7	
Mailing Address P.O. Box 686 1431 Longworth House Ofc Bldg		Amount of Each Disbursement this Period 1000.00	
City Selah State WA Zip Code 98943	Purpose of Disbursement 011 Category/ Type		
Candidate Name Mr. Jay Inslee			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 1			Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Friends of Bennie Thompson</b>		<b>Transaction ID: 25662878</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7	
Mailing Address P.O. Box 100		Amount of Each Disbursement this Period 1500.00	
City Bolton State MS Zip Code 39041	Purpose of Disbursement 011 Category/ Type		
Candidate Name Mr. Bennie Thompson			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 2			Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. People for English</b>		<b>Transaction ID: 25662873</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7	
Mailing Address 1528 South Shore Dr.		Amount of Each Disbursement this Period 1000.00	
City Erie State PA Zip Code 16505	Purpose of Disbursement 011 Category/ Type		
Candidate Name Mr. Philip English			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 21			Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Team Emerson</b>		<b>Transaction ID: 25662891</b> Date of Disbursement 03 / 28 / 2007
Mailing Address PO Box 822		Amount of Each Disbursement this Period 1000.00
City Cape Girardeau	State MO	
Zip Code 63702	Purpose of Disbursement	011 Category/ Type
Candidate Name Ms. JoAnn Emerson	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: MO District: 8	

Full Name (Last, First, Middle Initial) <b>B. Volunteers for Shimkus</b>		<b>Transaction ID: 25662854</b> Date of Disbursement 03 / 28 / 2007
Mailing Address PO Box 2776		Amount of Each Disbursement this Period 1000.00
City Arlington	State VA	
Zip Code 22202	Purpose of Disbursement	011 Category/ Type
Candidate Name Mr John Shimkus	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: IL District: 20	

Full Name (Last, First, Middle Initial) <b>C. Friends of Lois Capps</b>		<b>Transaction ID: 25662874</b> Date of Disbursement 03 / 28 / 2007
Mailing Address 38 Ivy Street SE		Amount of Each Disbursement this Period 1000.00
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement	011 Category/ Type
Candidate Name Ms. Lois Capps	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: CA District: 22	

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Capito for Congress</b>		<b>Transaction ID: 25662890</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address PO Box 11519		Amount of Each Disbursement this Period 1000.00
City Charleston State WV Zip Code 28339	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Ms. Shelly Moore Capito		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 2	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Heather Wilson for Congress</b>		<b>Transaction ID: 25662907</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address PO Box 14070		Amount of Each Disbursement this Period 1000.00
City Albuquerque State NM Zip Code 87191	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Ms. Heather Wilson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 1	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Joe Courtney for Congress</b>		<b>Transaction ID: 25662887</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address 713-717 Main St.		Amount of Each Disbursement this Period 1000.00
City Willimantic State CT Zip Code 06226	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mr. Joe Courtney		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 2	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Grassley Committee Inc.</b>		<b>Transaction ID: 25662897</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address 5327 Holmes Run Parkway		Amount of Each Disbursement this Period 1000.00
City Alexandria State VA Zip Code 22304	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Senator Charles Grassley		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 1	Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2010 Primary	

Full Name (Last, First, Middle Initial) <b>B. Craig for US Senate</b>		<b>Transaction ID: 25662889</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address 9008 Donny Brook Court SH-313 Hart Senate Ofc Bldg		Amount of Each Disbursement this Period 1000.00
City Boise State ID Zip Code 83709	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Sen. Larry Craig		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 1	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. John Sullivan for Congress</b>		<b>Transaction ID: 25662877</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address 5200 S. Howard St.		Amount of Each Disbursement this Period 1000.00
City Tulsa State OK Zip Code 74135	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Cong. John Sullivan		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 1	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Markey Committee, The</b>		<b>Transaction ID: 25662909</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address P.O. Box 526		Amount of Each Disbursement this Period 2000.00
City Medford State MA Zip Code 02155	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Edward Markey		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 7	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Roskam For Congress Committee</b>		<b>Transaction ID: 25662886</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address 141 Shelley Lane		Amount of Each Disbursement this Period 1000.00
City Wheaton State IL Zip Code 60187	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mr. Peter Roskam		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 6	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Castor For Congress</b>		<b>Transaction ID: 25662904</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address PO Box 5419		Amount of Each Disbursement this Period 1000.00
City Tampa State FL Zip Code 33675	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Katherine Castor		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 11	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Charles A Gonzalez Congressional Campaign</b>		<b>Transaction ID: 25662875</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address PO Box 12612		Amount of Each Disbursement this Period 1000.00
City San Antonio State TX Zip Code 78212	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Charles Gonzalez		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 20	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Vern Buchanan For Congress</b>		<b>Transaction ID: 25662884</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address P. O. Box 48928		Amount of Each Disbursement this Period 1000.00
City Sarasota State FL Zip Code 34230	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mr. Vernon Buchanan		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 13	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. New Democrat Coalition</b>		<b>Transaction ID: 25662912</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address 607 14th Street NW Suite 800		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20005	011 Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Kagen 4 Congress</b>		<b>Transaction ID: 25662867</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address 100 W. College Ave. 50 D		Amount of Each Disbursement this Period 500.00
City Appleton State WI Zip Code 54911	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. Steve Kagen	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 8	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Heath Shuler For Congress</b>		<b>Transaction ID: 25662879</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address PO Box 97		Amount of Each Disbursement this Period 1000.00
City Hazelwood State NC Zip Code 28738	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. Heath Shuler	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 11	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Walberg For Congress</b>		<b>Transaction ID: 25662900</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address 6769 Teachout Rd.		Amount of Each Disbursement this Period 1000.00
City Tipton State MI Zip Code 49287	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. Tim Walberg	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 7	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Nita Lowey For Congress

Mailing Address PO Box 271

City State Zip Code  
White Plains NY 10605

Purpose of Disbursement

Category/  
Type

Candidate Name  
Rep. Nita Lowey

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: NY District: 18

Transaction ID: 25662905

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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