

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 27
(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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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 Association for Homecare Political Action Committee (AAHOMECARE PAC)

A.

Full Name (Last, First, Middle Initial)
A. Malachi Mixon

Mailing Address 2482 Stratford Rd

City Cleveland Heights State OH Zip Code 44118-4052

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

Name of Employer Invacare Corporation Occupation Chair & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

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

Transaction ID: A4C6DCA893D654F54B5B

Amount of Each Receipt this Period
 2500.00

B.

Full Name (Last, First, Middle Initial)
Stewart H. Pace

Mailing Address 7508 Lake Vista Dr

City Trussville State AL Zip Code 35173-2758

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

Name of Employer Med-south, Inc. Occupation Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: A23999C7A1E354AB8975

Amount of Each Receipt this Period
 250.00

C.

Full Name (Last, First, Middle Initial)
Cathy Pereira

Mailing Address 5190 62nd St

City Vero Beach State FL Zip Code 32967

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

Name of Employer Hdr Occupation Account Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: AB87C8F3DA5A441EA8D4

Amount of Each Receipt this Period
 250.00

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

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