

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 08 01 2007 through 08 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 09 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	8

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	8

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	122388.16									
(c) Total Receipts (from Line 19)	34963.94	416538.26								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	157352.10	557068.27								
7. Total Disbursements (from Line 31)	19230.54	418946.71								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	138121.56	138121.56								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	8

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	34498.96	390868.41
(i) Itemized (use Schedule A)	464.98	22669.85
(ii) Unitemized	34963.94	413538.26
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	34963.94	413538.26
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	-1000.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	4000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	34963.94	416538.26
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	34963.94	416538.26

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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.....	930.54	5846.71
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	930.54	5846.71
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	18300.00	413100.00
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))..	19230.54	418946.71
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	19230.54	418946.71

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)	34963.94	413538.26
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	34963.94	413538.26
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	930.54	5846.71
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	-1000.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	930.54	6846.71

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 / 25
	<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. Mark Ballif		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 7
Mailing Address 100 E. San Marcos Ste. 200		Transaction ID: 26381002
City State Zip Code San Marcos CA 92069-2987	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Plum Healthcare Group LLC Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3750.00	

B. Full Name (Last, First, Middle Initial) Mr Richard Rau		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 7
Mailing Address 3939 S. 92nd St.		Transaction ID: 26381004
City State Zip Code Greenfield WI 53228-2199	Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Clement Manor Inc. CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

C. Full Name (Last, First, Middle Initial) Mr Don C. Bedell		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 7
Mailing Address 731 North Main St. PO Box 1210		Transaction ID: 26381009
City State Zip Code Sikeston MO 63801-2176	Amount of Each Receipt this Period 1250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Health Facilities Mgmt Co-rp President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3750.00	

SUBTOTAL of Receipts This Page (optional) ▶	3875.00
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 7 / 25
	<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. Don B. Bedell

Mailing Address P.O. Box 1210

City State Zip Code
Sikeston MO 63801-1210

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

Name of Employer Health Facilities Mgmt Co. Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3750.00

Date of Receipt
MM / DD / YYYY
08 / 08 / 2007

Transaction ID: 26381011

Amount of Each Receipt this Period
1250.00

B. Full Name (Last, First, Middle Initial)
Mr. Dennis Wheeler

Mailing Address PO Box 1545

City State Zip Code
Mount Pleasant SC 29465-1545

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

Name of Employer Laurel Baye Healthcare Occupation President/CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
08 / 08 / 2007

Transaction ID: 26381013

Amount of Each Receipt this Period
750.00

C. 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 Pruitt Corporation Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3750.00

Date of Receipt
MM / DD / YYYY
08 / 08 / 2007

Transaction ID: 26381015

Amount of Each Receipt this Period
1250.00

SUBTOTAL of Receipts This Page (optional)	3250.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 25
	<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. 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 ▼
1000.00

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

Transaction ID: 26381017

Amount of Each Receipt this Period
500.00

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

Mailing Address 101 Grace Drive

City State Zip Code
Easley SC 29640-9088

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

Name of Employer Occupation
Health Management Resources Director of Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 01 / 2007

Transaction ID: 26381392

Amount of Each Receipt this Period
75.00

C. 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 Occupation
Eldercare of Minneata President/CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 01 / 2007

Transaction ID: 26381407

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	825.00
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 9 / 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mr. Tripp Francis		Date of Receipt M M / D D / Y Y Y Y 08 / 07 / 2007	
Mailing Address 102 Woodchase Park Drive		Transaction ID: 26404452	
City State Zip Code Clinton MS 39056-4113	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Trinity Mission of Clinton LLC	Occupation Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00		

Full Name (Last, First, Middle Initial) B. Ms. Lyn Bentley		Date of Receipt M M / D D / Y Y Y Y 08 / 07 / 2007	
Mailing Address 2212 Hidden Valley Lane		Transaction ID: 26404463	
City State Zip Code Silver Spring MD 20904-5240	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C			
Name of Employer AHCA	Occupation Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00		

Full Name (Last, First, Middle Initial) C. Mr. David Hebert		Date of Receipt M M / D D / Y Y Y Y 08 / 07 / 2007	
Mailing Address 7605 Ridgecrest Drive		Transaction ID: 26404468	
City State Zip Code Alexandria VA 22308-1049	Amount of Each Receipt this Period 43.65		
FEC ID number of contributing federal political committee. C			
Name of Employer AHCA	Occupation Senior Vice President of Advocacy		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 634.88		

SUBTOTAL of Receipts This Page (optional) ▶	263.65
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 10 / 25
	<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)
Francesca O'Reilly

Mailing Address 4005 Nellie Custis Drive

City State Zip Code
Arlington VA 22207-5107

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

Name of Employer
Sr. Director of Congressional Affairs

Occupation
American Health Care Association

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
320.00

Date of Receipt
MM / DD / YYYY
08 / 07 / 2007

Transaction ID: 26404470

Amount of Each Receipt this Period
20.00

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

Mailing Address 4621 28th Road South
PAYROLL DEDUCTION

City State Zip Code
Arlington VA 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 ▼
632.96

Date of Receipt
MM / DD / YYYY
08 / 07 / 2007

Transaction ID: 26404476

Amount of Each Receipt this Period
39.56

C. Full Name (Last, First, Middle Initial)
W L Dunn

Mailing Address 870 Bexley Ave

City State Zip Code
Marion OH 43302-5463

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

Name of Employer
Marion Manor Nursing Home

Occupation
Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 08 / 2007

Transaction ID: 26404492

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	559.56
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 11 / 25
	<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 Steven E. Chies

Mailing Address 8624 Mississippi Blvd.

City State Zip Code
Coon Rapids MN 55433-5968

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

Name of Employer Occupation
Benedictine Health System- Cambridge VP, Long Term Care Services

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

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 15 / 2007

Transaction ID: 26440268

Amount of Each Receipt this Period
2500.00

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

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 15 / 2007

Transaction ID: 26440270

Amount of Each Receipt this Period
1250.00

C. Full Name (Last, First, Middle Initial)
Mr Alfred Santos

Mailing Address 57 Kilvert Street Suite 200

City State Zip Code
Warwick RI 02886-1009

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

Name of Employer Occupation
Rhode Island Healthcare Assn Executive Director

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 15 / 2007

Transaction ID: 26440278

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	4250.00
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 12 / 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mr Brad Stebbins		Date of Receipt M M / D D / Y Y Y Y 08 / 09 / 2007
Mailing Address 600 E Whaley		Transaction ID: 26446535
City State Zip Code Longview TX 75601-6525	Amount of Each Receipt this Period 1250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Stebbins Five Companies	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3750.00	

Full Name (Last, First, Middle Initial) B. Mr Abraham Morse		Date of Receipt M M / D D / Y Y Y Y 08 / 10 / 2007
Mailing Address 2310 Washington St #300		Transaction ID: 26446537
City State Zip Code Newton Lower Falls MA 02462-1440	Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C		
Name of Employer MA Extended Care Federati-on	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) C. Mr Frank Wronski		Date of Receipt M M / D D / Y Y Y Y 08 / 13 / 2007
Mailing Address 64500 Van Dyke		Transaction ID: 26446554
City State Zip Code Washington MI 48095-2576	Amount of Each Receipt this Period 1250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Medilodge Group	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3750.00	

SUBTOTAL of Receipts This Page (optional) ▶	2625.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Ms. Ruth Braswell		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 7
Mailing Address 3674 Pacific Ave		Transaction ID: 26471574
City State Zip Code Riverside CA 92509-1948	Amount of Each Receipt this Period 1250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Vista Pacifica Enterprises Comm. Relations Coordinator		
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. Howard Groff		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 7
Mailing Address 9031 Penn. Ave. South		Transaction ID: 26471735
City State Zip Code Bloomington MN 55431-2225	Amount of Each Receipt this Period 1250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Tealwood Care Centers Inc President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3750.00	

Full Name (Last, First, Middle Initial) C. Mr Dirk Anjewierden		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 7
Mailing Address 2180 So. 1300 E Suite 445		Transaction ID: 26471817
City State Zip Code Salt Lake City UT 84106-2813	Amount of Each Receipt this Period 375.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Utah Health Care Assn. Executive Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00	

SUBTOTAL of Receipts This Page (optional) ▶	2875.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 25
	<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)
Ms Cheryl Rapp

Mailing Address 4001 Ponds Court

City Pleasanton State CA Zip Code 94566-7523

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

Name of Employer CARREI 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
0	8	/	2	3	/	2	0	0	7

Transaction ID: 26471880

Amount of Each Receipt this Period
1250.00

B. Full Name (Last, First, Middle Initial)
Ms. Lyn Bentley

Mailing Address 2212 Hidden Valley Lane

City Silver Spring State MD Zip Code 20904-5240

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

Name of Employer AHCA Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
340.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	1	/	2	0	0	7

Transaction ID: 26480147

Amount of Each Receipt this Period
20.00

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 ▼
678.53

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	1	/	2	0	0	7

Transaction ID: 26480206

Amount of Each Receipt this Period
43.65

SUBTOTAL of Receipts This Page (optional)	▶	1313.65
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 15 / 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Francesca O'Reilly		Date of Receipt M M / D D / Y Y Y Y Y 08 / 21 / 2007	
Mailing Address 4005 Nellie Custis Drive		Transaction ID: 26480317	
City Arlington	State VA	Amount of Each Receipt this Period 20.00	
Zip Code 22207-5107			
FEC ID number of contributing federal political committee. C			
Name of Employer Sr. Director of Congressional Affairs	Occupation American Health Care Association		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00		

Full Name (Last, First, Middle Initial) B. Mr David Kylo		Date of Receipt M M / D D / Y Y Y Y Y 08 / 21 / 2007	
Mailing Address 4621 28th Road South PAYROLL DEDUCTION		Transaction ID: 26480321	
City Arlington	State VA	Amount of Each Receipt this Period 39.56	
Zip Code 22206-1143			
FEC ID number of contributing federal political committee. C			
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 ▼ 672.52		

Full Name (Last, First, Middle Initial) C. Mr W Parker Tomlinson		Date of Receipt M M / D D / Y Y Y Y Y 08 / 22 / 2007	
Mailing Address 513 E Whitaker Mill Rd		Transaction ID: 26480339	
City Raleigh	State NC	Amount of Each Receipt this Period 75.00	
Zip Code 27608			
FEC ID number of contributing federal political committee. C			
Name of Employer Mayview Convalescent Center	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

SUBTOTAL of Receipts This Page (optional) ▶	134.56
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 16 / 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mr. Tod Mahoney		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 7	
Mailing Address 1019 Brook Arbor Drive		Transaction ID: 26480356	
City State Zip Code Mansfield TX 76063-5445	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Cross Timbers Rehab	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. Ms. Lyn Bentley		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 7	
Mailing Address 2212 Hidden Valley Lane		Transaction ID: 26480357	
City State Zip Code Silver Spring MD 20904-5240	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C			
Name of Employer AHCA	Occupation Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

Full Name (Last, First, Middle Initial) C. Ms. Julie Cheeka		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 7	
Mailing Address 3614 Connecticut Avenue, NW Apt 22		Transaction ID: 26480360	
City State Zip Code Washington DC 20008-2436	Amount of Each Receipt this Period 11.54		
FEC ID number of contributing federal political committee. C			
Name of Employer AHCA	Occupation Senior Director of Constituency Affair		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 207.68		

SUBTOTAL of Receipts This Page (optional) ▶	531.54
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 17 / 25
	<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. David Hebert

Mailing Address 7605 Ridgecrest Drive

City State Zip Code
Alexandria VA 22308-1049

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

Name of Employer AHCA Occupation Senior Vice President of Advocacy

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 722.18

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

Transaction ID: 26480376

Amount of Each Receipt this Period
43.65

B. Full Name (Last, First, Middle Initial)
Francesca O'Reilly

Mailing Address 4005 Nellie Custis Drive

City State Zip Code
Arlington VA 22207-5107

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

Name of Employer Sr. Director of Congressional Affairs Occupation American Health Care Association

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

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

Transaction ID: 26480378

Amount of Each Receipt this Period
20.00

C. Full Name (Last, First, Middle Initial)
Ms Jennifer Shimer

Mailing Address 9507 Shelly Krasnow Ln

City State Zip Code
Fairfax VA 22031-4720

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

Name of Employer AHCA Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 207.68

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

Transaction ID: 26480385

Amount of Each Receipt this Period
11.54

SUBTOTAL of Receipts This Page (optional)	▶	75.19
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 18 / 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mr David Kylo		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 7
Mailing Address 4621 28th Road South PAYROLL DEDUCTION		Transaction ID: 26480386
City Arlington State VA Zip Code 22206-1143	Amount of Each Receipt this Period 39.56	
FEC ID number of contributing federal political committee. C		
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 ▼ 712.08	

Full Name (Last, First, Middle Initial) B. Matthew D. Smyth		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 7
Mailing Address 1201 L Street NW		Transaction ID: 26480395
City Washington State DC Zip Code 20005-4024	Amount of Each Receipt this Period 31.25	
FEC ID number of contributing federal political committee. C		
Name of Employer American Health Care Association	Occupation Director of Grassroots	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 218.75	

Full Name (Last, First, Middle Initial) C. Mr Jim Klausman		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 7
Mailing Address 3715 SW 29th St #200		Transaction ID: 26484382
City Topeka State KS Zip Code 66614-2164	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Midwest Health Services Inc	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional) ▶	5070.81
TOTAL 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 19 / 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Ms Sandra Higgins-Stinson		Date of Receipt M M / D D / Y Y Y Y 08 / 28 / 2007	
Mailing Address 170 Buckner Ridge		Transaction ID: 26484385	
City State Zip Code Madisonville KY 42431-3822	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer The Thomas Group	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) B. Mr Floyd Eaton		Date of Receipt M M / D D / Y Y Y Y 08 / 28 / 2007	
Mailing Address 3715 SW 29th St #200		Transaction ID: 26484398	
City State Zip Code Topeka KS 66614-2164	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Midwest Health Services Inc	Occupation		
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) C. Mr Floyd Schlossberg		Date of Receipt M M / D D / Y Y Y Y 08 / 29 / 2007	
Mailing Address 4200 W. Peterson #140		Transaction ID: 26484883	
City State Zip Code Chicago IL 60646-6812	Amount of Each Receipt this Period 1250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Alden Management Inc	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3750.00		

SUBTOTAL of Receipts This Page (optional) ▶	6350.00
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:	PAGE 20 / 25
	(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)
Mrs. Ina Schlossberg

Mailing Address 4200 W Peterson #140

City State Zip Code
Chicago IL 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 ▼
3750.00

Date of Receipt
MM / DD / YYYY
08 / 29 / 2007

Transaction ID: 26484884

Amount of Each Receipt this Period
1250.00

B. Full Name (Last, First, Middle Initial)
Ms Gail Clarkson

Mailing Address 1387 Club Drive

City State Zip Code
Bloomfield Hills MI 48302-0823

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

Name of Employer The Medilodge Group Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3750.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2007

Transaction ID: 26490939

Amount of Each Receipt this Period
1250.00

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	34498.96

**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 22 / 25

<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. Larson for Congress		Transaction ID: 26375409 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 7
Mailing Address 1087 Old Maine Street		Amount of Each Disbursement this Period 4000.00
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. Kuhl For Congress		Transaction ID: 26391773 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 7
Mailing Address 10 Ganesvoort Street		Amount of Each Disbursement this Period 300.00
City Bath State NY Zip Code 14810	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. John Kuhl		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 29	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Ben Chandler For Congress		Transaction ID: 26391772 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 7
Mailing Address P. O. Box 12678		Amount of Each Disbursement this Period 1000.00
City Lexington State KY Zip Code 40508	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Benjamin Chandler		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 6	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	5300.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

PAGE 23 / 25

<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. Friends of Max Baucus		Transaction ID: 26473370 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 7
Mailing Address 236 Massachusetts Avenue, NE Suite 603		Amount of Each Disbursement this Period 2500.00
City Washington State DC Zip Code 20002		
Purpose of Disbursement	011 Category/ Type	
Candidate Name Senator Max Baucus		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 1	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Buyer for Congress Committee		Transaction ID: 26472783 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 7
Mailing Address 103 W. Broadway		Amount of Each Disbursement this Period 1000.00
City Monticello State IN Zip Code 47960		
Purpose of Disbursement	011 Category/ Type	
Candidate Name Mr. Steve Buyer		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 5	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Mike Burgess for Congress		Transaction ID: 26472343 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 7
Mailing Address P.O.Box 2334		Amount of Each Disbursement this Period 2000.00
City Denton State TX Zip Code 76020		
Purpose of Disbursement	011 Category/ Type	
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	5500.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

PAGE 24 / 25

<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. Phil PAC		Transaction ID: 26472273 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 7
Mailing Address 104 Hume Avenue		Amount of Each Disbursement this Period 2000.00
City Alexandria State VA Zip Code 22301		
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) ▼	

Full Name (Last, First, Middle Initial) B. House Majority Fund		Transaction ID: 26471340 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 7
Mailing Address 315 Inspiration Lane		Amount of Each Disbursement this Period 1000.00
City Gaithersurg State MD Zip Code 20878		
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) ▼	

Full Name (Last, First, Middle Initial) C. LA PAC		Transaction ID: 26473249 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 7
Mailing Address 6380 Wilshire Blvd. #1612		Amount of Each Disbursement this Period 2500.00
City Los Angeles State CA Zip Code 90048		
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	5500.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Linder For Congress		Transaction ID: 26479190 Date of Disbursement MM / DD / YYYY 08 / 27 / 2007	
Mailing Address P. O. Box 4026		Amount of Each Disbursement this Period 1000.00	
City Duluth State GA Zip Code 30096	Purpose of Disbursement 011 Category/Type		
Candidate Name Rep. John Linder			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA 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. Changing Tide Committee		Transaction ID: 26480438 Date of Disbursement MM / DD / YYYY 08 / 28 / 2007	
Mailing Address 507 Capitol Court NE #100		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) ▼		

SUBTOTAL of Disbursements This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	18300.00