

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 2006 through 03 31 2006

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 Anna Lee -Assistant Treas

Signature of Treasurer Electronically Filed by Anna Lee -Assistant Treas Date 07 10 2006

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 | 6 |

 To:

| | |
|---|---|
| M | M |
| 0 | 3 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

| | 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>6</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 0 | 6 | | 371526.17 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 0 | 6 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 453225.55 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 48024.74 | 177984.92 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 501250.29 | 549511.09 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 158027.96 | 206288.76 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 343222.33 | 343222.33 | | | | | | | | |
| 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 | 3 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To:

| | |
|---|---|
| M | M |
| 0 | 3 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

| 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 | 43566.49 | 164633.11 |
| (i) Itemized (use Schedule A) | 4458.25 | 13351.81 |
| (ii) Unitemized | 48024.74 | 177984.92 |
| (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) | 48024.74 | 177984.92 |
| 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)) | 48024.74 | 177984.92 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 48024.74 | 177984.92 |

DETAILED SUMMARY PAGE
of Disbursements

| 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..... | 1027.96 | 2038.76 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... | 1027.96 | 2038.76 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 154500.00 | 201750.00 |
| 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..... | 2500.00 | 2500.00 |
| 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)).. | 158027.96 | 206288.76 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)..... | 158027.96 | 206288.76 |

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 | 48024.74 | 177984.92 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 48024.74 | 177984.92 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 1027.96 | 2038.76 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 1027.96 | 2038.76 |

**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 / 54 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Ms Alice Kim Lew | | Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2006 | |
| Mailing Address 58-130 Kam Hwy | | Transaction ID: 23612943 | |
| City State Zip Code Haleiwa HI 96712-9714 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Crawford's Convalescent Home | | Occupation Administrator | |
| 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. Dr. Rodney Slone | | Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2006 | |
| Mailing Address 1100 N. 4th St. | | Transaction ID: 23612948 | |
| City State Zip Code Longview TX 75601-4739 | | Amount of Each Receipt this Period 300.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Highland Pines Nursing & Rehab | | Occupation Medical Director | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 300.00 | |

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Mr Berry Crow | | Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2006 | |
| Mailing Address 2067 First Avenue | | Transaction ID: 23638676 | |
| City State Zip Code San Diego CA 92101-2011 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Brighton Health Alliance Inc | | Occupation President | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | |

| | |
|--------------------------------------------------------------------|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 800.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 / 54 |
| | <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. Don Gormly

Mailing Address 1685 Shaffer

City State Zip Code
Atwater CA 95301-4456

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

Name of Employer Occupation
Anberry Rehab Hosp 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 / 2006

Transaction ID: 23644843

Amount of Each Receipt this Period
1250.00

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

Mailing Address 1300 2nd PI NE

City State Zip Code
Jamestown ND 58401-3709

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

Name of Employer Occupation

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 / 08 / 2006

Transaction ID: 23645242

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mr Bill Phelan

Mailing Address 307 Westpark Ave.

City State Zip Code
Tallahassee FL 32301-1457

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

Name of Employer Occupation
Florida Health Care Assn Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 08 / 2006

Transaction ID: 23645246

Amount of Each Receipt this Period
1000.00

| | | |
|------------------------------------------------------------------|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 2750.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 / 54 |
| | <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. Greg Lentz | | Date of Receipt M M / D D / Y Y Y Y Y 03 / 08 / 2006 | |
| Mailing Address 10003 Woodlands Forest Dr. Ste 25 | | Transaction ID: 23645249 | |
| City State Zip Code The Woodlands TX 77380 | Amount of Each Receipt this Period 1250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Healthmark Group | Occupation Vice President Finance | | |
| 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. Mr Bernard Dana | | Date of Receipt M M / D D / Y Y Y Y Y 03 / 07 / 2006 | |
| Mailing Address 1402 West Nettleton Ct | | Transaction ID: 23645252 | |
| City State Zip Code Springfield MO 65810-1624 | Amount of Each Receipt this Period 300.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Vetter Health Services | Occupation Executive VP | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | | |

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Mr. James B. Smith | | Date of Receipt M M / D D / Y Y Y Y Y 03 / 08 / 2006 | |
| Mailing Address 1201 L St. NW PAYROLL DEDUCTION | | Transaction ID: 23645270 | |
| City State Zip Code Washington DC 20005-4024 | Amount of Each Receipt this Period 192.31 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer American Health Care Association | Occupation Sr. VP | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 769.24 | | |

| | |
|--------------------------------------------------------------------|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1742.31 |
| 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 / 54 |
| | <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. Christine K. Boldt | | Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2006 |
| Mailing Address 1534 Roving Hills Drive | | Transaction ID: 23664794 |
| City State Zip Code Red Wing MN 55066-7144 | Amount of Each Receipt this Period 300.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Benedictine Health Systems | Occupation VP Operations | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Ms. Eileen Ramage | | Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2006 |
| Mailing Address 11108 Post House Court | | Transaction ID: 23664848 |
| City State Zip Code Potomac MD 20854-2534 | Amount of Each Receipt this Period 300.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer AHCA | Occupation VP | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. Mr Brad Stebbins | | Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2006 |
| Mailing Address 600 E Whaley | | Transaction ID: 23681762 |
| 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 ▼ 1250.00 | |

| | |
|--------------------------------------------------------------------|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1850.00 |
| 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 10 / 54 |
| | <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. Kathy Weiner | | Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2006 | |
| Mailing Address 1217 Nonchalant Dr. | | Transaction ID: 23681957 | |
| City State Zip Code Simi Valley CA 93065-5717 | Amount of Each Receipt this Period 2500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Total Rehab Care | Occupation 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. Mr. Ted Weiner | | Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2006 | |
| Mailing Address 1217 Nonchalant Drive | | Transaction ID: 23682867 | |
| City State Zip Code Simi Valley CA 93065-5717 | Amount of Each Receipt this Period 2500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Total Rehab Care | Occupation CEO | | |
| 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) C. Mr. Barton D. Weisman | | Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2006 | |
| Mailing Address 5310 NW 33rd Ave #211 | | Transaction ID: 23682870 | |
| City State Zip Code Ft Lauderdale FL 33309-6319 | Amount of Each Receipt this Period 1250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Weisman Associates | 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) ▶ | 6250.00 |
| 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 11 / 54 |
| | <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 Don Chensvold | | Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2006 | |
| Mailing Address 4080 1st Ave NE #103 PO Box 5428 | | Transaction ID: 23687450 | |
| City Cedar Rapids | State IA | Amount of Each Receipt this Period 300.00 | |
| Zip Code 52402-3160 | | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Health Care of Iowa Inc | Occupation Vice President | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | | |

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Mr. Robert R Bates | | Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2006 | |
| Mailing Address 750 Harpole Road E | | Transaction ID: 23697645 | |
| City Argyle | State TX | Amount of Each Receipt this Period 1000.00 | |
| Zip Code 76226-3906 | | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Management Services | Occupation 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) C. Mr. Alan Zuccari | | Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2006 | |
| Mailing Address 7712 Carlton Place | | Transaction ID: 23697650 | |
| City McLean | State VA | Amount of Each Receipt this Period 1250.00 | |
| Zip Code 22102-2149 | | | |
| FEC ID number of contributing federal political committee. C | | | |
| 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 | | |

| | |
|--------------------------------------------------------------------|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 2550.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 12 / 54 |
| | <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. Michael Cole

Mailing Address PO Box 100129

City State Zip Code
Nashville TN 37224-0129

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

Name of Employer Tennessee Healthcare Association
Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 14 / 2006

Transaction ID: 23697666

Amount of Each Receipt this Period
1000.00

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

Mailing Address 195 Executive Dr

City State Zip Code
Marion OH 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
M M / D D / Y Y Y Y
03 / 15 / 2006

Transaction ID: 23708116

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mr Stephen Morrisette

Mailing Address 2112 W Laburnum Ave Ste 206

City State Zip Code
Richmond VA 23227-4358

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

Name of Employer Virginia Health Care Assn
Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 15 / 2006

Transaction ID: 23708134

Amount of Each Receipt this Period
1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 13 / 54 |
| | <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. Dion Sena | | Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2006 |
| Mailing Address 1301 NE 104th Street | | Transaction ID: 23708139 |
| City State Zip Code Miami Shores FL 33138-2661 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Alachua Health Consultants Inc. | Occupation Owner | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------|
| B. Full Name (Last, First, Middle Initial) Mr. Nicholas Thisse | | Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2006 |
| Mailing Address 80 Access Road | | Transaction ID: 23708144 |
| City State Zip Code Norwood MA 02062-5212 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Rehab Associates | Occupation Owner | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------|
| C. Full Name (Last, First, Middle Initial) Mr Floyd Schlossberg | | Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2006 |
| Mailing Address 4200 W. Peterson #140 | | Transaction ID: 23715487 |
| 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 ▼ 1250.00 | |

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 14 / 54 |
| | <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. Mrs. Ina Schlossberg | | Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2006 | |
| Mailing Address 4200 W Peterson #140 | | Transaction ID: 23718125 | |
| City State Zip Code Chicago IL 60646-6819 | Amount of Each Receipt this Period 1250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Alden Enterprises | Occupation Special Operations | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1250.00 | | |

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Ms Linda Sechovec | | Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2006 | |
| Mailing Address 4411 McLeod NE Suite G | | Transaction ID: 23721360 | |
| City State Zip Code Albuquerque NM 87109-2227 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer New Mexico Health Care As- sn | Occupation Executive Director | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | | |

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Mr J Wayne Franklin | | Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2006 | |
| Mailing Address 125 Springfield Ct #1 | | Transaction ID: 23721362 | |
| City State Zip Code O Fallon IL 62269-2495 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Franklin Healthcare | Occupation Senior Manager | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | | |

| | |
|--------------------------------------------------------------------|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 2250.00 |
| 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 15 / 54 |
| | <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. Michael Shepard | | Date of Receipt M M / D D / Y Y Y Y Y 03 / 22 / 2006 | |
| Mailing Address 6810 S. Hazel | | Transaction ID: 23721408 | |
| City State Zip Code PineBluff AR | Amount of Each Receipt this Period 100.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Daois Life Care | Occupation President | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 350.00 | | |

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Mr. James B. Smith | | Date of Receipt M M / D D / Y Y Y Y Y 03 / 24 / 2006 | |
| Mailing Address 1201 L St. NW PAYROLL DEDUCTION | | Transaction ID: 23734272 | |
| City State Zip Code Washington DC 20005-4024 | Amount of Each Receipt this Period 192.31 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer American Health Care Association | Occupation Sr. VP | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 961.55 | | |

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Mr. James B. Smith | | Date of Receipt M M / D D / Y Y Y Y Y 03 / 28 / 2006 | |
| Mailing Address 1201 L St. NW PAYROLL DEDUCTION | | Transaction ID: 23738938 | |
| City State Zip Code Washington DC 20005-4024 | Amount of Each Receipt this Period 192.31 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer American Health Care Association | Occupation Sr. VP | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1153.86 | | |

| | |
|--------------------------------------------------------------------|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 484.62 |
| 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 / 54 |
| | <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 David Kylo | | Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 6 |
| Mailing Address 4621 28th Road South PAYROLL DEDUCTION | | Transaction ID: 23738939 |
| 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 | Aggregate Year-to-Date ▼ 222.80 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|---------------------------------------------------------------|
| B. Full Name (Last, First, Middle Initial) Mr. Gary Kelso | | Date of Receipt M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6 |
| Mailing Address 10331 East Highway 39 | | Transaction ID: 23741085 |
| City Huntsville State UT Zip Code 84317-9670 | Amount of Each Receipt this Period 300.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Mission Health Services Occupation President | Aggregate Year-to-Date ▼ 300.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------------------------------|
| C. Full Name (Last, First, Middle Initial) Mr Gerald Romano | | Date of Receipt M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6 |
| Mailing Address 7 Creek Lane | | Transaction ID: 23741087 |
| City Bristol State RI Zip Code 02809-2499 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Silver Creek Manor Occupation Administrator | Aggregate Year-to-Date ▼ 1000.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--------------------------------------------------------------------|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1339.56 |
| 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 17 / 54 |
| | <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. James Gomez

Mailing Address 2201 K Street

City State Zip Code
Sacramento CA 95816-4922

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

Name of Employer CA Association of Health Facilities
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 30 / 2006

Transaction ID: 23743937

Amount of Each Receipt this Period
250.00

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

Mailing Address 4551 Glencoe Ave.
Suite 300

City State Zip Code
Marina del Rey CA 90292-7925

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

Name of Employer Country Villa Health Svcs.
Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 30 / 2006

Transaction ID: 23743939

Amount of Each Receipt this Period
250.00

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

Mailing Address 1685 Shaffer

City State Zip Code
Atwater CA 95301-4456

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

Name of Employer Anberry Rehab Hosp
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
03 / 30 / 2006

Transaction ID: 23743958

Amount of Each Receipt this Period
1250.00

| | | |
|------------------------------------------------------------------|---|---------|
| 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 18 / 54 |
| | <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 ▼
2500.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2006

Transaction ID: 23743965

Amount of Each Receipt this Period
1250.00

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

Mailing Address 1029 S 4th St

City State Zip Code
Springfield IL 62703-2224

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

Name of Employer Illinois Health Care Assn
Occupation Director of Membership

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2006

Transaction ID: 23743971

Amount of Each Receipt this Period
125.00

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

Mailing Address 9403 Mill Brook Rd

City State Zip Code
Louisville KY 40223-4010

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

Name of Employer Kentucky Health Care Assn.
Occupation State Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2006

Transaction ID: 23743996

Amount of Each Receipt this Period
250.00

| | | |
|------------------------------------------------------------------|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1625.00 |
| 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 / 54 | | |
| | <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 |

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

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

Mailing Address 57 Summer St.

City State Zip Code
Rowley MA 01969-1835

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

Name of Employer Occupation
Essex Group CEO

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

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 30 / 2006

Transaction ID: 23744018

Amount of Each Receipt this Period
1250.00

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

Mailing Address 3215 East Cheyenne Ave.

City State Zip Code
North Las Vegas NV 89030-4215

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

Name of Employer Occupation
North Las Vegas Care Center President

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

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 30 / 2006

Transaction ID: 23744117

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. Darrell R. Cammack

Mailing Address 9900 Walthen Blvd

City State Zip Code
Baltimore MD 21234-5785

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

Name of Employer Occupation
Quail Run Assisted Living Owner, CEO

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

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 30 / 2006

Transaction ID: 23744151

Amount of Each Receipt this Period
250.00

| | | |
|------------------------------------------------------------------|---|---------|
| 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 20 / 54 |
| | <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 Alfred Santos | | Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2006 |
| Mailing Address 57 Kilvert Street Suite 200 | | Transaction ID: 23744181 |
| City State Zip Code Warwick RI 02886-1009 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Rhode Island Healthcare Assn | Occupation Executive Director | |
| 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. Mr. Francis P. Kirley | | Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2006 |
| Mailing Address 3315 Timbers Rd | | Transaction ID: 23744214 |
| City State Zip Code Flower Mound TX 75028-2064 | Amount of Each Receipt this Period 1250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Nexion Health, Inc. | Occupation President & CEO | |
| 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) C. Ms Dixie Taylor-Huff | | Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2006 |
| Mailing Address 932 Baddour Parkway | | Transaction ID: 23744304 |
| 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 ▼ 2500.00 | |

| | |
|--------------------------------------------------------------------|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 2750.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 21 / 54 |
| | <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. Ruth Braswell | | Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2006 | |
| Mailing Address 3674 Pacific Ave | | Transaction ID: 23744341 | |
| 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 ▼ 2500.00 | |

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------|--|
| B. Full Name (Last, First, Middle Initial) Ms. Leona Tinkey | | Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2006 | |
| Mailing Address 803 Cherry Drive | | Transaction ID: 23744386 | |
| City State Zip Code Hershey PA 17033-2008 | | Amount of Each Receipt this Period 125.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Country Meadows VP, Operations | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | |

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------|--|
| C. Full Name (Last, First, Middle Initial) Mr. Don B. Bedell | | Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2006 | |
| Mailing Address P.O. Box 1210 | | Transaction ID: 23744422 | |
| City State Zip Code Sikeston MO 63801-1210 | | 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. President | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 2500.00 | |

| | |
|--------------------------------------------------------------------|---------|
| 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 22 / 54 |
| | <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 Don C. Bedell

Mailing Address 731 North Main St.
PO Box 1210

City State Zip Code
Sikeston MO 63801-2176

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

Name of Employer Health Facilities Mgmt Co-
rp Occupation President

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 30 / 2006

Transaction ID: 23744449

Amount of Each Receipt this Period
1250.00

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

Mailing Address 3594 E US Highway 30

City State Zip Code
Warsaw IN 46580-6720

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

Name of Employer MMM Invest Inc Occupation CEO/CFO

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 30 / 2006

Transaction ID: 23744521

Amount of Each Receipt this Period
1250.00

C. Full Name (Last, First, Middle Initial)
David E. Meillier

Mailing Address 27 Brand Avenue

City State Zip Code
Faribault MN 55021-6411

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

Name of Employer Pleasant Manor Inc Occupation Administrator/Owner

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 30 / 2006

Transaction ID: 23744589

Amount of Each Receipt this Period
1250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 23 / 54 |
| | <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 Jesse Samples

Mailing Address 110 Association Drive

City State Zip Code
Charleston WV 25311-1217

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

Name of Employer West Virginia Health Care Association
Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2006

Transaction ID: 23744634

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Ms. Marilyn K. Weber

Mailing Address PO Box 386

City State Zip Code
Wellington OH 44090-0386

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

Name of Employer Weber Health Care Center, Inc.
Occupation Superintendent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2006

Transaction ID: 23746941

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
Mr. Charles Perry

Mailing Address 2912 W. Oakley Blvd.

City State Zip Code
Las Vegas NV 89102-2081

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

Name of Employer Nevada Health Care Assn.
Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2250.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2006

Transaction ID: 23749573

Amount of Each Receipt this Period
1500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 24 / 54 |
| | <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. Charles Perry | | Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006 |
| Mailing Address 2912 W. Oakley Blvd. | | Transaction ID: 23749609 |
| City State Zip Code Las Vegas NV 89102-2081 | Amount of Each Receipt this Period 400.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Nevada 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 ▼ 2650.00 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Mr. Michael Shepard | | Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006 |
| Mailing Address 6810 S. Hazel | | Transaction ID: 23750377 |
| City State Zip Code PineBluff AR | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Daois Life Care 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) C. Ms. Rosemary Anderson | | Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006 |
| Mailing Address 17123 E Fontana Way | | Transaction ID: 23756486 |
| City State Zip Code Fountain Hills AZ 85268-8571 | Amount of Each Receipt this Period 150.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Mi Casa Nursing Center Occupation Executive Director | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | |
|--------------------------------------------------------------------|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 800.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | | | |
|------------------------------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | | PAGE 25 / 54 | |
| | (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"/> 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)
Ms Adele Wilzack

Mailing Address 7060 Oakland Mills Road
Suite M

City State Zip Code
Columbia MD 21046-1694

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

Name of Employer Health Facilities Assn of MD
Occupation Executive Director

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 | / | 3 | 1 | / | 2 | 0 | 0 | 6 |

Transaction ID: 23782488

Amount of Each Receipt this Period
250.00

| | | |
|------------------------------------------------------------------|---|----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 250.00 |
| TOTAL This Period (last page this line number only) | ▶ | 43566.49 |

**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 26 / 54

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

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Health Care Assoc PAC

Mailing Address 1201 L Street NW

City Washington State DC Zip Code 20005

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For: Primary General
 Other (specify) ▼

001
Category/
Type

Transaction ID: 23814457

Date of Disbursement

03 / 31 / 2006

Amount of Each Disbursement this Period

1027.96

SUBTOTAL of Disbursements This Page (optional) ►

1027.96

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

1027.96

**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)

| | | | | | |
|------------------------------|------------------------------|----------------------------------------|------------------------------|-----------------------------|------------------------------|
| <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. McCrery for Congress | | Transaction ID: 23661553 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6 |
| Mailing Address Suite 350, 6425 Youree Dr. | | Amount of Each Disbursement this Period 5000.00 |
| City Shreveport State LA Zip Code 71105-0650 | | |
| Purpose of Disbursement | 011 Category/ Type | |
| Candidate Name Mr. Jim McCrery | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 5 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Stearns for Congress | | Transaction ID: 23661549 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6 |
| Mailing Address PO Box 308 | | Amount of Each Disbursement this Period 1000.00 |
| City Silver Springs State FL Zip Code 34489-0006 | | |
| Purpose of Disbursement | 011 Category/ Type | |
| Candidate Name Mr. Cliff Stearns | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 6 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. Christopher Shays | | Transaction ID: 23661525 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6 |
| 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 | | |
| Purpose of Disbursement | 011 Category/ Type | |
| 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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--------------------------------------------------------------------|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 7000.00 |
| 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 28 / 54

| | | | | | |
|------------------------------|------------------------------|----------------------------------------|------------------------------|-----------------------------|------------------------------|
| <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. Earl Pomeroy for Congress | | Transaction ID: 23661544 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6 |
| Mailing Address PO Box 746 | | Amount of Each Disbursement this Period 1000.00 |
| City Bismarck | State ND | |
| Zip Code 58502 | | |
| Purpose of Disbursement 011 Category/Type | | |
| Candidate Name Mr. Earl Pomeroy | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: ND District: 1 | | |

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Crapo for Congress | | Transaction ID: 23661554 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6 |
| Mailing Address 1177 W. State St. | | Amount of Each Disbursement this Period 1000.00 |
| City Boise | State ID | |
| Zip Code 83402 | | |
| Purpose of Disbursement 011 Category/Type | | |
| Candidate Name Mr. Mike Crapo | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2010Primary | |
| State: ID District: 2 | | |

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. Pete Stark Re-Election Committee | | Transaction ID: 23661547 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6 |
| Mailing Address PO Box 8331 | | Amount of Each Disbursement this Period 1000.00 |
| City Fremont | State CA | |
| Zip Code 94537 | | |
| Purpose of Disbursement 011 Category/Type | | |
| Candidate Name Mr. Pete Stark | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: CA District: 13 | | |

| | |
|--------------------------------------------------------------------|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 3000.00 |
| 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 29 / 54

| | | | | | |
|------------------------------|------------------------------|----------------------------------------|------------------------------|-----------------------------|------------------------------|
| <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. Team Emerson | | Transaction ID: 23661548 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6 |
| Mailing Address PO Box 822 | | Amount of Each Disbursement this Period 1000.00 |
| City State Zip Code Cape Girardeau MO 63702 | 011 Category/ Type | |
| Purpose of Disbursement | | |
| Candidate Name Ms. JoAnn Emerson | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 8 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Thompson for Congress | | Transaction ID: 23661539 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6 |
| Mailing Address 5435 Madison Avenue | | Amount of Each Disbursement this Period 1500.00 |
| City State Zip Code Sacramento CA 95841 | 011 Category/ Type | |
| Purpose of Disbursement | | |
| Candidate Name Mr Mike Thompson | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 1 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. Keep Our Majority PAC | | Transaction ID: 23661535 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6 |
| Mailing Address PO Box 422 | | Amount of Each Disbursement this Period 5000.00 |
| City State Zip Code Yorkville IL 60650 | 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) ▼ | |

| | |
|--------------------------------------------------------------------|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 7500.00 |
| TOTAL 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)

PAGE 30 / 54

| | | | | | |
|------------------------------|------------------------------|----------------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Don Sherwood | | Transaction ID: 23661541 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6 |
| Mailing Address 81 Warren Street | | Amount of Each Disbursement this Period 500.00 |
| City Tunkhannock State PA Zip Code 18657 | 011 Category/ Type | |
| Purpose of Disbursement | | |
| Candidate Name Mr. Don Sherwood | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 10 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Friends of Don Sherwood | | Transaction ID: 23661542 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6 |
| Mailing Address 81 Warren Street | | Amount of Each Disbursement this Period 500.00 |
| City Tunkhannock State PA Zip Code 18657 | 011 Category/ Type | |
| Purpose of Disbursement | | |
| Candidate Name Mr. Don Sherwood | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 10 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. Rogers for Congress | | Transaction ID: 23661552 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6 |
| Mailing Address 1321 E. Michigan Avenue | | Amount of Each Disbursement this Period 1000.00 |
| City Lansing State MI Zip Code 48912 | 011 Category/ Type | |
| Purpose of Disbursement | | |
| Candidate Name Mike Rogers | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 8 | Disbursement For: 2006 <input checked="" 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) ▶ | |

**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. Murphy for Congress | | Transaction ID: 23661529 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6 |
| Mailing Address PO Box 11721 | | Amount of Each Disbursement this Period 1000.00 |
| City Pittsburgh State PA Zip Code 15228 | 011 Category/ Type | |
| Purpose of Disbursement | | |
| Candidate Name Mr. Timothy Murphy | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 18 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Mike Burgess for Congress | | Transaction ID: 23661550 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6 |
| 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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. Jim Gerlach for Congress | | Transaction ID: 23661528 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6 |
| Mailing Address 911 Welsh Ayres Way | | Amount of Each Disbursement this Period 1000.00 |
| 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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--------------------------------------------------------------------|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 3000.00 |
| 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. Herseth for Congress | | Transaction ID: 23661537 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6 |
| 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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. America's Foundation | | Transaction ID: 23661555 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6 |
| Mailing Address 128 N. Columbus St. | | Amount of Each Disbursement this Period 3000.00 |
| City Alexandria State VA Zip Code 22314 | 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) ▼ | |

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|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. Pallone for Congress | | Transaction ID: 23661536 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6 |
| Mailing Address PO Box 3176 | | Amount of Each Disbursement this Period 1000.00 |
| City Long Branch State NJ Zip Code 77401 | 011 Category/ Type | |
| Purpose of Disbursement | | |
| 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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--------------------------------------------------------------------|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 5000.00 |
| 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. Porter for Congress | | Transaction ID: 23661530 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6 |
| Mailing Address PO Box 27972 | | Amount of Each Disbursement this Period 1000.00 |
| City Las Vegas | State NV | |
| Zip Code 89126 | | |
| Purpose of Disbursement | | |
| Candidate Name Mr. Jon Porter | | 011 Category/ Type |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <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. Mike Dewine For Us Senate | | Transaction ID: 23661551 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6 |
| Mailing Address PO Box 340188 | | Amount of Each Disbursement this Period 1000.00 |
| City Columbus | State OH | |
| Zip Code 43234 | | |
| Purpose of Disbursement | | |
| Candidate Name Sen. Mike DeWine | | 011 Category/ Type |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: OH District: 1 | | |

| | | |
|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. LINC PAC | | Transaction ID: 23661543 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6 |
| Mailing Address 122 Maryland Avenue NE Ste. 3D | | Amount of Each Disbursement this Period 2500.00 |
| City Washington | State DC | |
| Zip Code 20002 | | |
| 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: | | |

| | |
|--------------------------------------------------------------------|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 4500.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|----------------------------------------|------------------------------|-----------------------------|------------------------------|
| <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. ERICPAC | | Transaction ID: 23661545 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6 |
| Mailing Address 209 Pennsylvania Ave. SE | | Amount of Each Disbursement this Period 1000.00 |
| City Washington State DC Zip Code 20003 | | |
| 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. Chocola for Congress | | Transaction ID: 23661527 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6 |
| Mailing Address P.O.Box 6728 | | Amount of Each Disbursement this Period 1000.00 |
| City South Bend State IN Zip Code 46660 | | |
| Purpose of Disbursement | 011 Category/Type | |
| Candidate Name Mr. Chris Chocola | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 2 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. Jim Jordan For Congress | | Transaction ID: 23661526 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6 |
| Mailing Address 1709 State Route 560 S | | Amount of Each Disbursement this Period 1000.00 |
| City Urbana State OH Zip Code 43078 | | |
| Purpose of Disbursement | 011 Category/Type | |
| Candidate Name Mr. James Jordan | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 4 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--------------------------------------------------------------------|----------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 3000.00 |
| 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 35 / 54

| | | | | | |
|------------------------------|------------------------------|----------------------------------------|------------------------------|-----------------------------|------------------------------|
| <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. Turner For Congress | | Transaction ID: 23661532 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6 |
| Mailing Address 131 N. Ludlow Street Suite 317 | | Amount of Each Disbursement this Period 1000.00 |
| City Dayton State OH Zip Code 45402 | Purpose of Disbursement 011 Category/Type | |
| Candidate Name Rep. Michael Turner | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 3 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Friends For Dix Congressional Committee | | Transaction ID: 23661533 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6 |
| Mailing Address PO Box 613 PO Box 220 | | Amount of Each Disbursement this Period 2000.00 |
| City Waverly State IA Zip Code 50677 | Purpose of Disbursement 011 Category/Type | |
| Candidate Name Mr. William Dix | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 1 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. Heller For Congress | | Transaction ID: 23661793 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6 |
| Mailing Address PO Box 750580 | | Amount of Each Disbursement this Period 1000.00 |
| City Las Vegas State NV Zip Code 89136 | Purpose of Disbursement 011 Category/Type | |
| Candidate Name Mr. Dean Heller | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 2 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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|--------------------------------------------------------------------|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 4000.00 |
| 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 36 / 54

| | | | | | |
|------------------------------|------------------------------|----------------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 John Rockefeller | | Transaction ID: 23664425 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 6 |
| Mailing Address 236 Massachusetts Ave., NE Ste. 310 | | Amount of Each Disbursement this Period 3000.00 |
| City Washington State DC Zip Code 20003 | | |
| Purpose of Disbursement Candidate Name Senator John Rockefeller Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 2 | 011 Category/Type | |
| Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Friends of John Rockefeller | | Transaction ID: 23664426 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 6 |
| Mailing Address 236 Massachusetts Ave., NE Ste. 310 | | Amount of Each Disbursement this Period 5000.00 |
| City Washington State DC Zip Code 20003 | | |
| Purpose of Disbursement Candidate Name Senator John Rockefeller Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 2 | 011 Category/Type | |
| Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. National Republican Senatorial Committee | | Transaction ID: 23664873 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 6 |
| Mailing Address 425 2nd St., N.E. | | Amount of Each Disbursement this Period 15000.00 |
| City Washington State DC Zip Code 20002 | | |
| Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | 011 Category/Type | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

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|--------------------------------------------------------------------|----------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 23000.00 |
| 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

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A. Keep Our Majority PAC Full Name (Last, First, Middle Initial) Mailing Address PO Box 422 City Yorkville State IL Zip Code 60650 Purpose of Disbursement Void - Keep Our Majority PAC 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) ▼ | | Transaction ID: 23664568 Date of Disbursement 03 / 13 / 2006 Amount of Each Disbursement this Period -5000.00 011 Category/ Type Void - Keep Our Majority PAC |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| B. Keep Our Majority PAC Full Name (Last, First, Middle Initial) Mailing Address PO Box 422 City Yorkville State IL Zip Code 60650 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) ▼ | | Transaction ID: 23664572 Date of Disbursement 03 / 13 / 2006 Amount of Each Disbursement this Period 5000.00 011 Category/ Type |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------|

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| C. Pallone for Congress Full Name (Last, First, Middle Initial) Mailing Address PO Box 3176 City Long Branch State NJ Zip Code 77401 Purpose of Disbursement Void - Pallone for Congress 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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 23664569 Date of Disbursement 03 / 13 / 2006 Amount of Each Disbursement this Period -1000.00 011 Category/ Type Void - Pallone for Congre- ss |
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| SUBTOTAL of Disbursements This Page (optional) ▶ | -1000.00 |
| 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. Pallone for Congress | | Transaction ID: 23664571 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 6 |
| Mailing Address PO Box 3176 | | Amount of Each Disbursement this Period 1000.00 |
| City Long Branch | State NJ | |
| Zip Code 77401 | | |
| Purpose of Disbursement Candidate Name Mr. Frank Pallone Category/Type 011 | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: NJ District: 6 | | |

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Porter for Congress | | Transaction ID: 23664566 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 6 |
| Mailing Address PO Box 27972 | | Amount of Each Disbursement this Period -1000.00 |
| City Las Vegas | State NV | |
| Zip Code 89126 | | |
| Purpose of Disbursement Void - Porter for Congress Candidate Name Mr. Jon Porter Category/Type 011 | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Void - Porter for Congress |
| State: NV District: 3 | | |

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. Turner For Congress | | Transaction ID: 23664567 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 6 |
| Mailing Address 131 N. Ludlow Street Suite 317 | | Amount of Each Disbursement this Period -1000.00 |
| City Dayton | State OH | |
| Zip Code 45402 | | |
| Purpose of Disbursement Void - Turner For Congress Candidate Name Rep. Michael Turner Category/Type 011 | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Void - Turner For Congress |
| State: OH District: 3 | | |

| | |
|--------------------------------------------------------------------|----------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | -1000.00 |
| 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 39 / 54

| | | | | | |
|------------------------------|------------------------------|----------------------------------------|------------------------------|-----------------------------|------------------------------|
| <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. Turner For Congress | | Transaction ID: 23664573 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 6 |
| Mailing Address 131 N. Ludlow Street Suite 317 | | Amount of Each Disbursement this Period 1000.00 |
| City Dayton State OH Zip Code 45402 | Purpose of Disbursement 011 Category/Type | |
| Candidate Name Rep. Michael Turner | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 3 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Friends For Dix Congressional Committee | | Transaction ID: 23664570 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 6 |
| Mailing Address PO Box 613 PO Box 220 | | Amount of Each Disbursement this Period 1000.00 |
| City Waverly State IA Zip Code 50677 | Purpose of Disbursement 011 Category/Type | |
| Candidate Name Mr. William Dix | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 1 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. Christopher Shays | | Transaction ID: 23674218 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 6 |
| 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 | Purpose of Disbursement 011 Category/Type | |
| 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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--------------------------------------------------------------------|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 3000.00 |
| 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. Friends of John Rockefeller | | Transaction ID: 23682878 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6 |
| Mailing Address 236 Massachusetts Ave., NE Ste. 310 | | Amount of Each Disbursement this Period -5000.00 |
| City Washington State DC Zip Code 20003 | | |
| Purpose of Disbursement Void - Friends of John Rockefeller | 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) ▼ | Void - Friends of John Rockefeller |

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Friends of John Rockefeller | | Transaction ID: 23682879 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6 |
| Mailing Address 236 Massachusetts Ave., NE Ste. 310 | | Amount of Each Disbursement this Period 2000.00 |
| City Washington State DC Zip Code 20003 | | |
| 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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. Richard Burr Committee | | Transaction ID: 23682881 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6 |
| Mailing Address PO Box 5928 | | Amount of Each Disbursement this Period 1000.00 |
| City Winston-Salem State NC Zip Code 27113 | | |
| Purpose of Disbursement | 011 Category/ Type | |
| Candidate Name Mr Richard Burr | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 5 | Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2010Primary | |

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|--------------------------------------------------------------------|----------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | -2000.00 |
| 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. Porter for Congress | | Transaction ID: 23682880 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6 |
| Mailing Address PO Box 27972 | | Amount of Each Disbursement this Period 1000.00 |
| City Las Vegas | State NV | |
| Zip Code 89126 | | |
| Purpose of Disbursement | | |
| Candidate Name Mr. Jon Porter | | 011 Category/ Type |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <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. Democratic Congressional Campaign Committee | | Transaction ID: 23708588 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 6 |
| Mailing Address 430 South Capitol St | | 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: | |

| | | |
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| Full Name (Last, First, Middle Initial) C. Hoyer for Congress Committee | | Transaction ID: 23708594 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 6 |
| Mailing Address 7905 Malcolm Road, Suite 102 | | Amount of Each Disbursement this Period 2500.00 |
| City Clinton | State MD | |
| Zip Code 20735 | | |
| Purpose of Disbursement | | |
| Candidate Name Mr. Steny Hoyer | | 011 Category/ Type |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: MD | District: 5 | |

| | |
|--------------------------------------------------------------------|----------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 18500.00 |
| 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 42 / 54

| | | | | | |
|------------------------------|------------------------------|----------------------------------------|------------------------------|-----------------------------|------------------------------|
| <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. John Spratt for Congress | | Transaction ID: 23708592 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 6 |
| Mailing Address PO Box 636 | | Amount of Each Disbursement this Period 1000.00 |
| City Annandale State VA Zip Code 22003 | 011 Category/ Type | |
| Purpose of Disbursement | | |
| Candidate Name Mr John Spratt | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 5 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Congressman Bart Gordon Committee | | Transaction ID: 23708583 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 6 |
| Mailing Address PO Box 2008 | | Amount of Each Disbursement this Period 500.00 |
| City Murfreesboro State TN Zip Code 37133 | 011 Category/ Type | |
| Purpose of Disbursement | | |
| Candidate Name Mr. Bart Gordon | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 6 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. John D. Dingell for Congress Committee | | Transaction ID: 23708584 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 6 |
| Mailing Address 19855 W. Outer Drive #103 A-E | | Amount of Each Disbursement this Period 1000.00 |
| City Dearborn State MI Zip Code 48124 | 011 Category/ Type | |
| Purpose of Disbursement | | |
| Candidate Name Mr. John Dingell | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 16 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--------------------------------------------------------------------|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 2500.00 |
| 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. John D. Dingell for Congress Committee | | Transaction ID: 23708596 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 6 |
| Mailing Address 19855 W. Outer Drive #103 A-E | | Amount of Each Disbursement this Period 2500.00 |
| City Dearborn State MI Zip Code 48124 | | |
| Purpose of Disbursement Candidate Name Mr. John Dingell Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 16 | 011 Category/ Type | |
| Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Friends of Frank Wolf | | Transaction ID: 23708598 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 6 |
| Mailing Address P.O. Box 3015 | | Amount of Each Disbursement this Period 2000.00 |
| City Oakton State VA Zip Code 22124 | | |
| Purpose of Disbursement Candidate Name Mr. Frank Wolf Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 10 | 011 Category/ Type | |
| Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. Jim Ramstad Volunteer Cmte. | | Transaction ID: 23708586 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 6 |
| 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 | | |
| 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 | 011 Category/ Type | |
| Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

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|--------------------------------------------------------------------|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 5500.00 |
| TOTAL 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)

PAGE 44 / 54

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

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

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Democratic Senatorial Campaign Committee | | Transaction ID: 23708590 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 6 |
| Mailing Address 430 South Capitol St., SE | | Amount of Each Disbursement this Period 15000.00 |
| City Washington State DC Zip Code 20003 | | |
| 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. National Republican Congressional Committee | | Transaction ID: 23708589 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 6 | |
| 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 | | | 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. Becerra for Congress | | Transaction ID: 23708591 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 6 | |
| Mailing Address 1910 Sunset Blvd Suite 540 | | Amount of Each Disbursement this Period 1000.00 | |
| City Los Angeles State CA Zip Code 90026 | | | |
| Purpose of Disbursement | | | 011 Category/Type |
| Candidate Name Mr. Xavier Becerra | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 30 | | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--------------------------------------------------------------------|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 31000.00 |
| TOTAL 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)

PAGE 45 / 54

| | | | | | |
|------------------------------|------------------------------|----------------------------------------|------------------------------|-----------------------------|------------------------------|
| <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. Gerald C. Jerry Weller for Congress | | Transaction ID: 23708593 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 6 |
| Mailing Address PO Box 37 | | Amount of Each Disbursement this Period 1000.00 |
| City Joliet State IL Zip Code 60434 | 011 Category/ Type | |
| Purpose of Disbursement | | |
| Candidate Name Mr. Jerry Weller | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 11 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Norwood for Congress | | Transaction ID: 23708580 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 6 |
| Mailing Address PO Box 499 | | Amount of Each Disbursement this Period 500.00 |
| City Evans State GA Zip Code 30809-9906 | 011 Category/ Type | |
| Purpose of Disbursement | | |
| Candidate Name Dr. Charles Norwood | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 10 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. Norwood for Congress | | Transaction ID: 23708582 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 6 |
| Mailing Address PO Box 499 | | Amount of Each Disbursement this Period 500.00 |
| City Evans State GA Zip Code 30809-9906 | 011 Category/ Type | |
| Purpose of Disbursement | | |
| Candidate Name Dr. Charles Norwood | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 10 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--------------------------------------------------------------------|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 2000.00 |
| TOTAL 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)

PAGE 46 / 54

| | | | | | |
|------------------------------|------------------------------|----------------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 George Allen | | Transaction ID: 23708599 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 6 |
| Mailing Address PO Box 6859 | | Amount of Each Disbursement this Period 1000.00 |
| City Arlington | State VA | |
| Zip Code 22206 | | |
| Purpose of Disbursement 011 Category/ Type | | |
| Candidate Name Mr. George Allen | | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: VA District: | | |

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Friends of Don Sherwood | | Transaction ID: 23708587 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 6 |
| Mailing Address 81 Warren Street | | Amount of Each Disbursement this Period 1000.00 |
| City Tunkhannock | State PA | |
| Zip Code 18657 | | |
| Purpose of Disbursement 011 Category/ Type | | |
| Candidate Name Mr. Don Sherwood | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: PA District: 10 | | |

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. Murphy for Congress | | Transaction ID: 23708579 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 6 |
| Mailing Address PO Box 11721 | | Amount of Each Disbursement this Period 1000.00 |
| City Pittsburgh | State PA | |
| Zip Code 15228 | | |
| Purpose of Disbursement 011 Category/ Type | | |
| Candidate Name Mr. Timothy Murphy | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: PA District: 18 | | |

| | |
|--------------------------------------------------------------------|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 3000.00 |
| 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. Brown-Waite for Congress | | Transaction ID: 23708597 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 6 | |
| Mailing Address 6135 Deltona Blvd. | | Amount of Each Disbursement this Period 1000.00 | |
| City Spring Hill | State FL | | Zip Code 34606 |
| Purpose of Disbursement | | | 011 Category/Type |
| Candidate Name Ms. Ginny Brown-Waite | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: FL District: 5 | | | |

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|----------------------|
| Full Name (Last, First, Middle Initial) B. Jim Gerlach for Congress | | Transaction ID: 23708578 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 6 | |
| Mailing Address 911 Welsh Ayres Way | | Amount of Each Disbursement this Period 1000.00 | |
| City Downingtown | State PA | | Zip Code 19335 |
| Purpose of Disbursement | | | 011 Category/Type |
| Candidate Name Mr. James Gerlach | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: PA District: 6 | | | |

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|----------------------|
| Full Name (Last, First, Middle Initial) C. Porter for Congress | | Transaction ID: 23708575 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 6 | |
| 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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: NV District: 3 | | | |

| | |
|--------------------------------------------------------------------|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 3000.00 |
| 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 48 / 54

| | | | | | |
|------------------------------|------------------------------|----------------------------------------|------------------------------|-----------------------------|------------------------------|
| <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. Chocola for Congress | | Transaction ID: 23708576 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 6 |
| Mailing Address P.O.Box 6728 | | Amount of Each Disbursement this Period 1000.00 |
| City South Bend State IN Zip Code 46660 | Purpose of Disbursement 011 Category/Type | |
| Candidate Name Mr. Chris Chocola | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 2 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Thelma Drake For Congress | | Transaction ID: 23708595 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 6 |
| Mailing Address PO Box 61480 | | Amount of Each Disbursement this Period 1000.00 |
| City Virginia Beach State VA Zip Code 23466 | Purpose of Disbursement 011 Category/Type | |
| Candidate Name Rep. Thelma Drake | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 2 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. Turner For Congress | | Transaction ID: 23708577 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 6 |
| Mailing Address 131 N. Ludlow Street Suite 317 | | Amount of Each Disbursement this Period 1000.00 |
| City Dayton State OH Zip Code 45402 | Purpose of Disbursement 011 Category/Type | |
| Candidate Name Rep. Michael Turner | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 3 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--------------------------------------------------------------------|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 3000.00 |
| 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 49 / 54

| | | | | | |
|------------------------------|------------------------------|----------------------------------------|------------------------------|-----------------------------|------------------------------|
| <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. Coloradans For Rick Odonnell | | Transaction ID: 23708574 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 6 |
| Mailing Address PO Box 260693 | | Amount of Each Disbursement this Period 1000.00 |
| City Lakewood State CO Zip Code 80226 | Purpose of Disbursement 011 Category/Type | |
| Candidate Name Mr. Rick O'Donnell | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 7 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Mark Kennedy 06 | | Transaction ID: 23708585 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 6 |
| Mailing Address PO Box 49333 | | Amount of Each Disbursement this Period 1000.00 |
| City Blaine State MN Zip Code 55449 | Purpose of Disbursement 011 Category/Type | |
| Candidate Name Mr. Mark Kennedy | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 2 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. Wally Herger for Congress Cmte | | Transaction ID: 23741356 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6 |
| Mailing Address 3881 Benatar Way 2433 Rayburn House Ofc Bldg | | Amount of Each Disbursement this Period 1000.00 |
| City Chico State CA Zip Code 95028 | Purpose of Disbursement 011 Category/Type | |
| Candidate Name Mr. Wally Herger | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 2 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--------------------------------------------------------------------|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 3000.00 |
| 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. John D. Dingell for Congress Committee | | Transaction ID: 23741360 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6 |
| Mailing Address 19855 W. Outer Drive #103 A-E | | Amount of Each Disbursement this Period 1000.00 |
| City Dearborn State MI Zip Code 48124 | | |
| Purpose of Disbursement Candidate Name Mr. John Dingell Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 16 | 011 Category/ Type | |
| Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Stabenow for Senate | | Transaction ID: 23741312 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6 |
| Mailing Address PO Box 4945 | | Amount of Each Disbursement this Period 2000.00 |
| City East Lansing State MI Zip Code 48826 | | |
| Purpose of Disbursement Candidate Name Ms. Debbie Stabenow Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 2 | 011 Category/ Type | |
| Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. Ryan For Congress | | Transaction ID: 23741349 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6 |
| Mailing Address P.O. Box 2776 | | Amount of Each Disbursement this Period 1000.00 |
| City Arlington State VA Zip Code 22202 | | |
| Purpose of Disbursement Candidate Name Mr. Paul Ryan Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 1 | 011 Category/ Type | |
| Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--------------------------------------------------------------------|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 4000.00 |
| 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. Ryan For Congress | | Transaction ID: 23741390 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6 |
| Mailing Address P.O. 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. Paul Ryan | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: WI District: 1 | | |

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Capito for Congress | | Transaction ID: 23741353 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6 |
| Mailing Address PO Box 11519 | | Amount of Each Disbursement this Period 1000.00 |
| City Charleston | State WV | |
| Zip Code 28339 | | |
| Purpose of Disbursement 011 Category/ Type | | |
| Candidate Name Ms. Shelly Moore Capito | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: WV District: 2 | | |

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. Matheson for Congress | | Transaction ID: 23742962 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6 |
| Mailing Address 677 So. 200 West Suite A | | Amount of Each Disbursement this Period 1000.00 |
| City Salt Lake City | State UT | |
| Zip Code 84101 | | |
| Purpose of Disbursement 011 Category/ Type | | |
| Candidate Name Mr. Jim Matheson | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: UT District: 2 | | |

| | |
|--------------------------------------------------------------------|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 3000.00 |
| 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. Mike Pence for Congress | | Transaction ID: 23741399 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6 |
| Mailing Address 802 S. Anderson Street | | Amount of Each Disbursement this Period 4000.00 |
| City Elmwood State IN Zip Code 46036 | 011 Category/ Type | |
| Purpose of Disbursement | | |
| Candidate Name Mr. Mike Pence | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 2 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Kevin Mccarthy For Congress | | Transaction ID: 23741342 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6 |
| Mailing Address 8208 Portsmouth Street | | Amount of Each Disbursement this Period 5000.00 |
| City Bakersfield State CA Zip Code 93311 | 011 Category/ Type | |
| Purpose of Disbursement | | |
| Candidate Name Mr. Kevin McCarthy | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 22 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. Kevin Mccarthy For Congress | | Transaction ID: 23741346 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6 |
| Mailing Address 8208 Portsmouth Street | | Amount of Each Disbursement this Period 5000.00 |
| City Bakersfield State CA Zip Code 93311 | 011 Category/ Type | |
| Purpose of Disbursement | | |
| Candidate Name Mr. Kevin McCarthy | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 22 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--------------------------------------------------------------------|----------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 14000.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 53 / 54

| | | | | | |
|------------------------------|------------------------------|----------------------------------------|------------------------------|-----------------------------|------------------------------|
| <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. Hall of Fame PAC

Mailing Address 1717 Dixie Highway Suite 180

City Ft Wright State KY Zip Code 41011

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For: Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 23741389

Date of Disbursement

03 / 30 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

154500.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 54 / 54

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|----------------------------------------|------------------------------|
| <input 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 checked="" 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. WISH List (Women in the Senate and House)

Mailing Address 499 S. Capitol St. SW
#408

City Washington State DC Zip Code 20003

Purpose of Disbursement

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 23741363

Date of Disbursement

03 / 30 / 2006

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) ►

2500.00

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

2500.00