



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Health Care Association Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>	<input type="text" value="355025.32"/>	<input type="text" value="355025.32"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="273116.79"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="44762.81"/>	<input type="text" value="962401.49"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="317879.60"/>	<input type="text" value="1317426.81"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="63050.16"/>	<input type="text" value="1062597.37"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="254829.44"/>	<input type="text" value="254829.44"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	33206.97	843516.21
(ii) Unitemized .....	1382.76	41739.08
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	34589.73	885255.29
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	22500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	34589.73	907755.29
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	15973.12
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	10173.08	36673.08
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	2000.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	44762.81	962401.49
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	44762.81	962401.49

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	1895.16	18560.23
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1895.16	18560.23
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	48500.00	1007489.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	12655.00	30548.14
(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)).....	12655.00	30548.14
29. Other Disbursements .....	0.00	6000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	63050.16	1062597.37
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	63050.16	1062597.37

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	34589.73	907755.29
34. Total Contribution Refunds (from Line 28(d)) .....	12655.00	30548.14
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	21934.73	877207.15
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	1895.16	18560.23
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	15973.12
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1895.16	2587.11

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 45
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) <b>A. Ron Aidikonis</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2012 <b>Transaction ID : C1859493</b>
Mailing Address 2120 Somerset Ln		Amount of Each Receipt this Period 250.00
City Mundelein	State IL	Zip Code 60060-5342
FEC ID number of contributing federal political committee. C		
Name of Employer Medline Industries, Inc.	Occupation Sales Specialist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Scott James Allen</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2012 <b>Transaction ID : C1860179</b>
Mailing Address 209 West Osborne Ave		Amount of Each Receipt this Period 45.50
City Tampa	State FL	Zip Code 33603
FEC ID number of contributing federal political committee. C		
Name of Employer Healthcare Navigator	Occupation Vice President, Government Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 409.50	

Full Name (Last, First, Middle Initial) <b>C. Mark Ballif</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2012 <b>Transaction ID : C1869085</b>
Mailing Address 100 E San Marcos Blvd Suite 200		Amount of Each Receipt this Period 1250.00
City San Marcos	State CA	Zip Code 92069
FEC ID number of contributing federal political committee. C		
Name of Employer Plum Healthcare	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1545.50
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 7 OF 45  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Bradley Barbera**

Mailing Address 1300 Lafourche Dr

City Thibodaux      State LA      Zip Code 70301

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

Name of Employer Thibodaux Healthcare Center      Occupation Administrator

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
**11 / 13 / 2012**  
**Transaction ID : C1868566**

Amount of Each Receipt this Period  
**300.00**

Full Name (Last, First, Middle Initial)  
**B. Harry Baum**

Mailing Address 8300 NW Eastside Drive

City Weatherby Lake      State MO      Zip Code 64152

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

Name of Employer Sharon Lane Nursing Home      Occupation Owner

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2500.00**

Date of Receipt  
**10 / 25 / 2012**  
**Transaction ID : C1859250**

Amount of Each Receipt this Period  
**625.00**

Full Name (Last, First, Middle Initial)  
**c. Lyn C. Bentley**

Mailing Address 2212 Hidden Valley Ln

City Silver Spring      State MD      Zip Code 20904-5240

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

Name of Employer American Health Care Association      Occupation Senior Director, Regulatory Services

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **440.00**

Date of Receipt  
**11 / 20 / 2012**  
**Transaction ID : C1876108**

Amount of Each Receipt this Period  
**40.00**

\* Payroll Deduction: \$20.00 Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **965.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 45
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Brad Bilbo**  
Full Name (Last, First, Middle Initial)

Mailing Address 527 Charlotte Lane

City Bremen State GA Zip Code 30110

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

Name of Employer Cypress Health Group Occupation Regional Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 01 / 2012

**Transaction ID : C1861277**

Amount of Each Receipt this Period  
**125.00**

**B. Stephen C. Biondi**  
Full Name (Last, First, Middle Initial)

Mailing Address 111 West Michigan Street

City Milwaukee State WI Zip Code 53202

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

Name of Employer Extencicare, Inc. 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 Y Y  
 11 / 15 / 2012

**Transaction ID : C1868639**

Amount of Each Receipt this Period  
**378.00**

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

Mailing Address 135 Tripps Ln

City Riverside State RI Zip Code 02915-3017

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

Name of Employer Orchard View Manor and Rehab Occupation Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2012

**Transaction ID : C1859251**

Amount of Each Receipt this Period  
**375.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>878.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 9 OF 45  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Vanessa Brown**

Mailing Address 156 W Point Ct

City Excelsior	State MN	Zip Code 55331-9465
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FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested	Occupation Information Requested
---	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	14	/	2012

**Transaction ID : C1868573**

Amount of Each Receipt this Period  
300.00

Full Name (Last, First, Middle Initial)  
**B. Christopher R. Bryson**

Mailing Address 1626 Jeurgens Court

City Norcross	State GA	Zip Code 30096
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FEC ID number of contributing federal political committee. **C**

Name of Employer UHS-Pruitt Corporation, Inc.	Occupation Chief Operating Officer
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2012

**Transaction ID : C1860219**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. Virginia Burke**

Mailing Address 17 Heritage Road

City Barrington	State RI	Zip Code 02806
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FEC ID number of contributing federal political committee. **C**

Name of Employer Rhode Island Health Care Association	Occupation Executive
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2012

**Transaction ID : C1881073**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 45
	<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. Jim Burkhart**  
Full Name (Last, First, Middle Initial)

Mailing Address 6900 Gray Rd

City Indianapolis State IN Zip Code 46237-3209

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

Name of Employer American Senior Communities Occupation COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2012

**Transaction ID : C1862276**

Amount of Each Receipt this Period  
 2000.00

**B. Douglas Burr**  
Full Name (Last, First, Middle Initial)

Mailing Address 1185 Wilde Run Court

City Roswell State GA Zip Code 30075

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

Name of Employer Cypress Administrative Services, LLC Occupation Vice President, Finance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 25 / 2012

**Transaction ID : C1859253**

Amount of Each Receipt this Period  
 275.00

**C. Teresa Cagnolatti**  
Full Name (Last, First, Middle Initial)

Mailing Address 2201 Wilson Blvd Apt 620

City Arlington State VA Zip Code 22201

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

Name of Employer American Health Care Association Occupation Senior Director, Public Policy

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 25 / 2012

**Transaction ID : C1859252**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2525.00

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

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

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

FOR LINE NUMBER: PAGE 11 OF 45  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Greg Crist**

Mailing Address 5103 Gardner Dr

City State Zip Code  
 Alexandria VA 22304

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

Name of Employer Occupation  
 American Health Care Assn Public Affairs

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2012  
**Transaction ID : C1858178**

Amount of Each Receipt this Period  
 700.00

Full Name (Last, First, Middle Initial)  
**B. Helen Crunk**

Mailing Address 1208 N 14th Street

City State Zip Code  
 Nebraska City NE 68410

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

Name of Employer Occupation  
 Victoria Gardens RN, Administrator

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2012  
**Transaction ID : C1851618**

Amount of Each Receipt this Period  
 55.00

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

Mailing Address 26 North Broadway

City State Zip Code  
 Schenectady NY 12305

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

Name of Employer Occupation  
 DMN Management Services Executive

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 25 / 2012  
**Transaction ID : C1859258**

Amount of Each Receipt this Period  
 625.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1380.00

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

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

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

FOR LINE NUMBER: PAGE 12 OF 45  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Joanne E Erickson**

Mailing Address 911 S Randolph St

City State Zip Code  
 Arlington VA 22204-1564

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

Name of Employer Occupation  
 American Health Care Association Editor in Chief, Provider Magazine

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 846.34

Date of Receipt  
 11 / 20 / 2012  
**Transaction ID : C1876110**

Amount of Each Receipt this Period  
 76.94

\* Payroll Deduction: \$38.47 Bi-Weekly

Full Name (Last, First, Middle Initial)  
**B. Lee Field**

Mailing Address 1102 Commerce Street, Suite 500

City State Zip Code  
 Tacoma WA 98402

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

Name of Employer Occupation  
 Crossings Corp CEO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 10 / 25 / 2012  
**Transaction ID : C1868579**

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**C. Irene Fleshner**

Mailing Address 1688 Floyd Street

City State Zip Code  
 Sarasota FL 34239

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

Name of Employer Occupation  
 Genesis HealthCare Corporation Nurse Executive

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 550.00

Date of Receipt  
 10 / 19 / 2012  
**Transaction ID : C1851696**

Amount of Each Receipt this Period  
 150.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 726.94

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 45
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Don Gormly**  
Full Name (Last, First, Middle Initial)

Mailing Address 17011 Beach Blvd  
Ste 1130

City Huntington Beach State CA Zip Code 92647

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

Name of Employer Anberry Rehab Hospital Occupation Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 25 / 2012  
**Transaction ID : C1859260**

Amount of Each Receipt this Period  
1250.00

**B. Pamela Griffin**  
Full Name (Last, First, Middle Initial)

Mailing Address 1120 Walnut St.

City North Bend State NE Zip Code 68649-5012

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

Name of Employer Birchwood Manor Occupation Owner/President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 02 / 2012  
**Transaction ID : C1861687**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 7400 West 109th St.

City Bloomington State MN Zip Code 55438

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

Name of Employer Tealwood Care Centers, Inc. Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 26 / 2012  
**Transaction ID : C1859494**

Amount of Each Receipt this Period  
1250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 45
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Richard Herrick</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2012 <b>Transaction ID : C1860220</b>
Mailing Address 33 Elk Street		Amount of Each Receipt this Period 250.00
City Albany	State NY	Zip Code 12207
FEC ID number of contributing federal political committee. C		
Name of Employer NYS Health Facilities Association	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Robin L. Hillier</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 25 / 2012 <b>Transaction ID : C1859261</b>
Mailing Address 4433 Pebble Creek Ln		Amount of Each Receipt this Period 1250.00
City Long Grove	State IL	Zip Code 60047-5283
FEC ID number of contributing federal political committee. C		
Name of Employer Lake Point Rehab & Nursing Center	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>C. Stephanie Hubbarb</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 05 / 2012 <b>Transaction ID : C1862282</b>
Mailing Address 725 Mitchell Ln		Amount of Each Receipt this Period 363.00
City Shreveport	State LA	Zip Code 71106-2149
FEC ID number of contributing federal political committee. C		
Name of Employer Pierremont Healthcare Center	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 363.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1863.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 5124 Pine Rocklands Ave

City Litha	State FL	Zip Code 33547
---------------	-------------	-------------------

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

Name of Employer Cypress Health Care	Occupation President
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1625.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2012

**Transaction ID : C1860218**

Amount of Each Receipt this Period  

250.00
--------

**B. Cheryl Killian**  
Full Name (Last, First, Middle Initial)

Mailing Address 3801 Woodside Dr

City Arlington	State TX	Zip Code 76016-3030
-------------------	-------------	------------------------

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

Name of Employer Legacy Care Centers Inc.	Occupation President
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	25	/	2012

**Transaction ID : C1868580**

Amount of Each Receipt this Period  

25.00
-------

**C. Jennifer S Knorr Hahs**  
Full Name (Last, First, Middle Initial)

Mailing Address 900 N Randolph St  
Apt 1927

City Arlington	State VA	Zip Code 22203-4082
-------------------	-------------	------------------------

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

Name of Employer American Health Care Association	Occupation Director, Political Affairs
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **567.83**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2012

**Transaction ID : C1876111**

Amount of Each Receipt this Period  

53.66
-------

\* Payroll Deduction: \$26.83 Bi-Weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>328.66</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 16 OF 45  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**American Health Care Association Political Action Committee**

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

Mailing Address 4621 28th Road South

City State Zip Code  
Arlington VA 22206

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

Name of Employer Occupation  
National Center for Assisted Living Executive Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2019.36

Date of Receipt  
11 / 20 / 2012  
**Transaction ID : C1876112**

Amount of Each Receipt this Period  
192.32

\* Payroll Deduction: \$96.16 Bi-Weekly

Full Name (Last, First, Middle Initial)  
**B. Randy Lee**

Mailing Address 176 Laurelhurst Ave

City State Zip Code  
Columbia SC 29210-3824

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

Name of Employer Occupation  
South Carolina Hlth Care Assn Executive Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
11 / 05 / 2012  
**Transaction ID : C1862273**

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**c. Cheryl Loflin**

Mailing Address 11 Blue Jay Terrace

City State Zip Code  
Aliso Viejo CA 92656

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

Name of Employer Occupation  
Harbor Health Care, Inc. CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
11 / 17 / 2012  
**Transaction ID : C1868795**

Amount of Each Receipt this Period  
125.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1317.32

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 45
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Judy Manasco</b>		Date of Receipt 11 / 05 / 2012 <b>Transaction ID : C1862279</b>
Mailing Address 1060 Sawmill Rd		Amount of Each Receipt this Period 500.00
City Belmont	State LA	Zip Code 71406
FEC ID number of contributing federal political committee. C		
Name of Employer Many Healthcare North	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Bethany R Martino</b>		Date of Receipt 11 / 20 / 2012 <b>Transaction ID : C1876113</b>
Mailing Address 8559 Window Latch Way		Amount of Each Receipt this Period 40.00
City Columbia	State MD	Zip Code 21045
FEC ID number of contributing federal political committee. C		
Name of Employer American Health Care Association	Occupation Director, Public Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	* Payroll Deduction: \$20.00 Bi-Weekly

Full Name (Last, First, Middle Initial) <b>C. Patrick Martone</b>		Date of Receipt 10 / 25 / 2012 <b>Transaction ID : C1859262</b>
Mailing Address 26 North Broadway		Amount of Each Receipt this Period 625.00
City Schenectady	State NY	Zip Code 12305
FEC ID number of contributing federal political committee. C		
Name of Employer Hallmark Nursing Centre, Inc.	Occupation Administrator and CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1165.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 18 OF 45  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Kate McCullough**

Mailing Address 9217 Kingsbury Drive

City State Zip Code  
Silver Spring MD 20910

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

Name of Employer Occupation  
American Health Care Association Vendor Relations Coordinator

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**193.29**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
**11 / 20 / 2012**

**Transaction ID : C1876114**

Amount of Each Receipt this Period  
**22.74**

\* Payroll Deduction: \$11.37 Bi-Weekly

Full Name (Last, First, Middle Initial)  
**B. Karen Messick**

Mailing Address 4599 Lantern Court NW

City State Zip Code  
Comstock Park MI 49321

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

Name of Employer Occupation  
Pilgrim Manor Chief Operating Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**500.00**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
**10 / 22 / 2012**

**Transaction ID : C1868578**

Amount of Each Receipt this Period  
**125.00**

Full Name (Last, First, Middle Initial)  
**C. Cyndi Milenski**

Mailing Address 40 Brentmeade Drive

City State Zip Code  
Jackson TN 38305

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

Name of Employer Occupation  
Cornerstone Health Services Group Owner/President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**250.00**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
**11 / 20 / 2012**

**Transaction ID : C1871036**

Amount of Each Receipt this Period  
**250.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **397.74**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 45
	<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. Carol Sue Nair**  
Full Name (Last, First, Middle Initial)  
Mailing Address 128 Kings Court  
City Waxahachie State TX Zip Code 75165-4807  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Renfro Healthcare Center Occupation Administrator  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 385.00

Date of Receipt 11 / 05 / 2012  
**Transaction ID : C1862280**  
Amount of Each Receipt this Period 330.00

**B. Joe Okruhlica**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1155 Eastern Pkwy  
City Louisville State KY Zip Code 40217-1401  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Parkway Medical Center Occupation Owner/Administrator  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 26 / 2012  
**Transaction ID : C1859496**  
Amount of Each Receipt this Period 250.00

**c. Julie C Painter**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5023 Waple Ln  
City Alexandria State VA Zip Code 22304-7727  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Health Care Association Occupation Senior Director of Constituency Affair  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 253.88

Date of Receipt 11 / 20 / 2012  
**Transaction ID : C1876115**  
Amount of Each Receipt this Period 23.08  
\* Payroll Deduction: \$11.54 Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 603.08  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 20 OF 45  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Mark V Parkinson**

Mailing Address 8930 Harvest Square Ct

City Potomac State MD Zip Code 20854-4475

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

Name of Employer American Health Care Association Occupation President and CEO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 4000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 20 / 2012

**Transaction ID : C1876116**

Amount of Each Receipt this Period  
 400.00

\* Payroll Deduction: \$200.00 Bi-Weekly

Full Name (Last, First, Middle Initial)  
**B. Christopher Parks**

Mailing Address 1532 Falston Lane

City Crofton State MD Zip Code 21114

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

Name of Employer American Health Care Association Occupation Director of IT and Operations

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 211.64

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 20 / 2012

**Transaction ID : C1876117**

Amount of Each Receipt this Period  
 19.24

\* Payroll Deduction: \$9.62 Bi-Weekly

Full Name (Last, First, Middle Initial)  
**C. Andrea Pisarik Jr.**

Mailing Address 809c Stratford St

City Houston State TX Zip Code 77006

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

Name of Employer Allenbrook Healthcare Center Occupation Administrator

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2012

**Transaction ID : C1862278**

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 919.24

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Neil L. Pruitt Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1626 Jeurgens Ct  
 City Norcross State GA Zip Code 30093-2219  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UHS-Pruitt Corporation, Inc. Occupation Chairman & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2012  
**Transaction ID : C1859263**  
 Amount of Each Receipt this Period  
 1250.00

**B. Sharon C Purvis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7805 Sycamore Drive  
 City Falls Church State VA Zip Code 22042  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Health Care Association Occupation Senior Director, Vendor Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 404.77

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 20 / 2012  
**Transaction ID : C1876119**  
 Amount of Each Receipt this Period  
 47.62  
 \* Payroll Deduction: \$23.81 Bi-Weekly

**C. Erb Richard**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 35 Melden Drive  
 City Brunswick State ME Zip Code 04011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Maine Health Care Association Occupation President & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 30 / 2012  
**Transaction ID : C1860210**  
 Amount of Each Receipt this Period  
 330.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1627.62
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 45
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Frank Romano**  
Full Name (Last, First, Middle Initial)  
Mailing Address 57 Summer St  
City Rowley State MA Zip Code 01969-1835  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Essex Group Occupation President  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **5000.00**

Date of Receipt **10 / 26 / 2012**  
**Transaction ID : C1859491**  
Amount of Each Receipt this Period **1250.00**

**B. Maryanne Sapio**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1324 South Kenmore Circle  
City Arlington State VA Zip Code 22204  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Health Care Association Occupation Senior Director, Government Relations  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **846.34**

Date of Receipt **11 / 20 / 2012**  
**Transaction ID : C1876121**  
Amount of Each Receipt this Period **76.94**  
\* Payroll Deduction: \$38.47 Bi-Weekly

**C. Shawn Scott**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8106 Boulder Ct.  
City Long Grove State IL Zip Code 60047  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Medline Industries Occupation Senior VP HC Corporate Sales  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1000.00**

Date of Receipt **10 / 25 / 2012**  
**Transaction ID : C1859256**  
Amount of Each Receipt this Period **250.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1576.94</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 45
	<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. Jennifer S Shimer**  
Full Name (Last, First, Middle Initial)

Mailing Address 9507 Shelly Krasnow Ln

City State Zip Code  
Fairfax VA 22031-4720

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

Name of Employer Occupation  
American Health Care Association COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**769.40**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**11 / 20 / 2012**

**Transaction ID : C1876123**

Amount of Each Receipt this Period  
**76.94**

\* Payroll Deduction: \$38.47 Bi-Weekly

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

Mailing Address 13185 W Great Mountain Drive

City State Zip Code  
Lakewood CO 80228

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

Name of Employer Occupation  
Carriage Healthcare Companies, Inc. President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**10 / 25 / 2012**

**Transaction ID : C1859264**

Amount of Each Receipt this Period  
**1250.00**

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

Mailing Address 2022 Columbia Rd NW

City State Zip Code  
Washington DC 20009-1323

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

Name of Employer Occupation  
American Health Care Association VP Reimbursement

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**500.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**10 / 30 / 2012**

**Transaction ID : C1860222**

Amount of Each Receipt this Period  
**125.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1451.94</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 45
	<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. Greg Smith**  
Full Name (Last, First, Middle Initial)

Mailing Address 13802 Fairway Lane

City Goshen State KY Zip Code 40026

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

Name of Employer Medline HealthCare Company Occupation LTC Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **10 / 25 / 2012**

**Transaction ID : C1859257**

Amount of Each Receipt this Period **250.00**

**B. Matthew D. Smyth**  
Full Name (Last, First, Middle Initial)

Mailing Address 2405 I St NW

City Washington State DC Zip Code 20037-2206

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

Name of Employer American Health Care Association Occupation Director of Grassroots

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **404.04**

Date of Receipt **11 / 05 / 2012**

**Transaction ID : C1875916**

Amount of Each Receipt this Period **19.24**

\* Payroll Deduction: \$19.24 Bi-Weekly

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

Mailing Address 1305 West Causeway Approach Ste 115

City Mandeville State LA Zip Code 70471

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

Name of Employer Louisiana Extended Care Centers, LLC Occupation Managing Member

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt **11 / 15 / 2012**

**Transaction ID : C1868638**

Amount of Each Receipt this Period **5000.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>5269.24</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 5120 West Goldleaf Circle  
# 400

City Los Angeles State CA Zip Code 90056-1297

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
10 / 26 / 2012  
**Transaction ID : C1859495**

Amount of Each Receipt this Period  
625.00

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

Mailing Address 1100 Shawnee Rd

City Lima State OH Zip Code 45805-3529

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
10 / 25 / 2012  
**Transaction ID : C1859255**

Amount of Each Receipt this Period  
1250.00

**C. Gregory Urban**  
Full Name (Last, First, Middle Initial)

Mailing Address 360 Main Road North

City Hampden State ME Zip Code 04444

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

Name of Employer Maine Veterans' Homes Occupation Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
11 / 13 / 2012  
**Transaction ID : C1866118**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2125.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 26 OF 45
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Robert Vande Merwe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1524 W Cayuse Creek Dr  
 City Meridan State ID Zip Code 83646  
 Occupation Executive Director  
 Name of Employer IHCA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Occupation Executive Director  
 Aggregate Year-to-Date ▼ 201.00

Date of Receipt 10 / 30 / 2012  
**Transaction ID : C1860221**  
 Amount of Each Receipt this Period 25.25

**B. Tracey Veal**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 508 Barkwood Ct  
 City Jackson State GA Zip Code 30233  
 Occupation Sales Representative  
 Name of Employer Medline Industries  
 Receipt For:  Primary  General  Other (specify) ▼  
 Occupation Sales Representative  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 14 / 2012  
**Transaction ID : C1866638**  
 Amount of Each Receipt this Period 62.50

**C. Nile Whitney**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4700 Village Green Drive  
 City El Dorado Hills State CA Zip Code 95762  
 Occupation Sales Manager  
 Name of Employer Medline Industries  
 Receipt For:  Primary  General  Other (specify) ▼  
 Occupation Sales Manager  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 26 / 2012  
**Transaction ID : C1871039**  
 Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 112.75  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 45
	<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. Barbara Ziesing**

Mailing Address 1173 Cypress Island Highway

City State Zip Code  
Saint Martinville LA 70582

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

Name of Employer Occupation  
Nexion Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
11 / 20 / 2012  
**Transaction ID : C1871037**

Amount of Each Receipt this Period  
79.00

Full Name (Last, First, Middle Initial)  
**B. Millenium Health Systems LLC dba Nuvision Management**

Mailing Address 5310 NW 33rd Ave Ste 211

City State Zip Code  
Fort Lauderdale FL 33309-6319

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
11 / 05 / 2012  
**Transaction ID : C1862281**

Amount of Each Receipt this Period  
1250.00

PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial)  
**C. Andrew S Weisman**

Mailing Address 5310 NW 35th Ave Ste 211

City State Zip Code  
Fort Lauderdale FL 33309-6314

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

Name of Employer Occupation  
NuVision Management Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2222.98

Date of Receipt  
11 / 05 / 2012  
**Transaction ID : C1881071**

Amount of Each Receipt this Period  
1250.00

**[MEMO ITEM]**  
\*

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1329.00

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

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

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

FOR LINE NUMBER: PAGE 28 OF 45  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Peachtree Mena, LLC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1803 Cordie Drive  
 City Mena State AR Zip Code 71953  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 14 / 2012  
**Transaction ID : C1868575**  
 Amount of Each Receipt this Period  
 300.00  
 PARTNERSHIP--partners below if itemized

**B. Michael Shepard**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1803 Cordie Dr  
 PO Box 125  
 City Mena State AR Zip Code 71953-9340  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Shepard Group President  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 14 / 2012  
**Transaction ID : C1881076**  
 Amount of Each Receipt this Period  
 300.00  
 [MEMO ITEM]  
 \*

**C. Weisman Associates LLC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5310 NW 33rd Ave  
 Ste 211  
 City Fort Lauderdale State FL Zip Code 33309-6319  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 20 / 2012  
**Transaction ID : C1871038**  
 Amount of Each Receipt this Period  
 1250.00  
 PARTNERSHIP--partners below if itemized

**SUBTOTAL** of Receipts This Page (optional).....▶ 1550.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 45
	<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. Arthur Krosnick**  
Full Name (Last, First, Middle Initial)

Mailing Address 12371 County Road 391

City State Zip Code  
Holts Summit MO 65043-1608

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

Name of Employer Occupation  
Weisman Associates LLC Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1350.00

Date of Receipt  
11 / 20 / 2012  
Transaction ID : **C1875039**

Amount of Each Receipt this Period  
337.50

**[MEMO ITEM]**  
\*

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

Mailing Address 1304 Laurel Oak Rd

City State Zip Code  
Voorhees NJ 08043-4310

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

Name of Employer Occupation  
Burnt Tavern Rehabilitation HealthCare Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2290.20

Date of Receipt  
11 / 20 / 2012  
Transaction ID : **C1875038**

Amount of Each Receipt this Period  
337.50

**[MEMO ITEM]**  
\*

**C. Barton D. Weisman**  
Full Name (Last, First, Middle Initial)

Mailing Address 5310 NW 33rd Ave Ste 211

City State Zip Code  
Ft Lauderdale FL 33309-6319

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

Name of Employer Occupation  
Millennium Health Systems Chairman

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3297.98

Date of Receipt  
11 / 20 / 2012  
Transaction ID : **C1875037**

Amount of Each Receipt this Period  
575.00

**[MEMO ITEM]**  
\*

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	33206.97

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 30 OF 45
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16
			<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. BOEHNER FOR SPEAKER COMMITTEE</b>		Date of Receipt
Mailing Address 631-B PENNSYLVANIA AVE., SE BASEMENT UNIT		<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City	State	Zip Code
WASHINGTON	DC	20003
FEC ID number of contributing federal political committee.	<input type="text" value="C C00478354"/>	<b>Transaction ID : C1861605</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="10000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Refund of 6/29/2012 Contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="10000.00"/>	

Full Name (Last, First, Middle Initial) <b>B. DENHAM FOR CONGRESS</b>		Date of Receipt
Mailing Address 2150 RIVER PLAZA DR #150		<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City	State	Zip Code
SACRAMENTO	CA	95833
FEC ID number of contributing federal political committee.	<input type="text" value="C C00473272"/>	<b>Transaction ID : C1871040</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="173.08"/>
Receipt For: 2012	Aggregate Year-to-Date ▼	Partial Refund of 5/22/2012 Contribution
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="173.08"/>	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt
Mailing Address		<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City	State	Zip Code
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Amount of Each Receipt this Period
Name of Employer	Occupation	<input type="text" value=""/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value=""/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="10173.08"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value="10173.08"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			22			2012			

Transaction ID : D139439

Amount of Each Disbursement this Period

24.00
-------

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			23			2012			

Transaction ID : D139440

Amount of Each Disbursement this Period

4.80
------

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2012			

Transaction ID : D139441

Amount of Each Disbursement this Period

220.00
--------

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

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

248.80
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2012

**Transaction ID : D139442**

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 05 / 2012

**Transaction ID : D139690**

Amount of Each Disbursement this Period

16.00

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 06 / 2012

**Transaction ID : D139691**

Amount of Each Disbursement this Period

8.00

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

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

124.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 13 / 2012

Transaction ID : D139692

Amount of Each Disbursement this Period

2.40

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 19 / 2012

Transaction ID : D139697

Amount of Each Disbursement this Period

172.10

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 21 / 2012

Transaction ID : D139698

Amount of Each Disbursement this Period

4.00

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

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

178.50

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 26 / 2012

**Transaction ID : D139700**

Amount of Each Disbursement this Period

1.76

Full Name (Last, First, Middle Initial)

**B. BB&T Merchant Services**

Mailing Address PO Box 200

City Wilson State NC Zip Code 27894-0200

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 15 / 2012

**Transaction ID : D139693**

Amount of Each Disbursement this Period

454.43

Full Name (Last, First, Middle Initial)

**C. BB&T Merchant Services**

Mailing Address PO Box 200

City Wilson State NC Zip Code 27894-0200

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 15 / 2012

**Transaction ID : D139694**

Amount of Each Disbursement this Period

54.40

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

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

510.59

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. BB&T**

Mailing Address 1099 New York Ave NW  
Ste 100

City Washington State DC Zip Code 20001-4452

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D139689**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. BB&T**

Mailing Address 1099 New York Ave NW  
Ste 100

City Washington State DC Zip Code 20001-4452

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D139437**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. BB&T**

Mailing Address 1099 New York Ave NW  
Ste 100

City Washington State DC Zip Code 20001-4452

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D139438**

Amount of Each Disbursement this Period

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

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

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

Full Name (Last, First, Middle Initial)

**A. BB&T**

Mailing Address 1099 New York Ave NW  
Ste 100

City Washington State DC Zip Code 20001-4452

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 21 / 2012

**Transaction ID : D139699**

Amount of Each Disbursement this Period

96.64

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

96.64

1895.16

**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. AMERIPAC: THE FUND FOR A GREATER AMERICA**

Mailing Address 499 S. CAPITOL ST. S.W. #414

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 22 / 2012

**Transaction ID : D138464**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. COMMITTEE FOR THE PRESERVATION OF CAPITALISM (CPC)**

Mailing Address P.O. Box 65314

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 16 / 2012

**Transaction ID : D139450**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Deb Fischer for US Senate, Inc.**

Mailing Address 317 S 12th St

City Lincoln State NE Zip Code 68508-2197

Purpose of Disbursement  
Contribution

Candidate Name

**Deb Fischer**

Office Sought:  House  Senate  President  
State: NE District:

Disbursement For: 2012  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 22 / 2012

**Transaction ID : D138466**

Amount of Each Disbursement this Period

5000.00

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

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

12500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. FRESHMAN HOLD'EM JFC**

Mailing Address 209 Pennsylvania Ave SE  
Ste 2109

City Washington State DC Zip Code 20003-1107

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	22	/	2012

Transaction ID : D138467

Amount of Each Disbursement this Period

5,000.00
----------

Full Name (Last, First, Middle Initial)

**B. LOIS FRANKEL FOR CONGRESS**

Mailing Address P.O. BOX 775

City West Palm Beach State FL Zip Code 33402

Purpose of Disbursement  
Contribution

Candidate Name

**Lois Frankel**

Office Sought:  House  
 Senate  
 President  
State: FL District: 22

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	18	/	2012

Transaction ID : D138299

Amount of Each Disbursement this Period

1,000.00
----------

Full Name (Last, First, Middle Initial)

**C. McCaskill Victory Fund**

Mailing Address 208 Madison St

City Jefferson City State MO Zip Code 65101-3230

Purpose of Disbursement  
Contribution - Debt Retirement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11	/	16	/	2012

Transaction ID : D139452

Amount of Each Disbursement this Period

2,500.00
----------

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

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

8,500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF DAN MAFFEI**

Mailing Address PO Box 74

City State Zip Code  
Syracuse NY 13214

Purpose of Disbursement  
Contribution - Debt Retirement

Candidate Name  
**Rep. Dan B. Maffei**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: NY District: 25

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			20			2012			

**Transaction ID : D139510**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF JIM CLYBURN**

Mailing Address PO BOX 12567

City State Zip Code  
COLUMBIA SC 29211

Purpose of Disbursement  
Contribution

Candidate Name  
**Rep. James E. Clyburn**

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			18			2012			

**Transaction ID : D138297**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. JOE DONNELLY FOR CONGRESS**

Mailing Address PO Box 1961

City State Zip Code  
South Bend IN 46634

Purpose of Disbursement  
Void of 9/13/2012 Contribution

Candidate Name  
**Rep. Joe Donnelly**

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2012			

**Transaction ID : D139444**

Amount of Each Disbursement this Period

-2500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

4000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. GRIFFITH FOR CONGRESS**

Mailing Address PO BOX 2619

City HUNTSVILLE State AL Zip Code 35804

Purpose of Disbursement  
Void of 9/13/2012 Contribution

Candidate Name

**Rep. Parker Griffith**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: AL District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	5		2	0	1	2

**Transaction ID : D139443**

Amount of Each Disbursement this Period

-	2	5	0	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. TIBERI FOR CONGRESS**

Mailing Address 2931 E Dublin Granville Road

City Columbus State OH Zip Code 43231

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Pat Tiberi**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OH District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	6		2	0	1	2

**Transaction ID : D139453**

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

**C. RYAN FOR CONGRESS**

Mailing Address P. O. Box 1488

City Janesville State WI Zip Code 53547

Purpose of Disbursement  
Void of 8/1/2012 Contribution

Candidate Name

**Rep. Paul D. Ryan**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: WI District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	5		2	0	1	2

**Transaction ID : D139445**

Amount of Each Disbursement this Period

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

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

-	6	0	0	0	0
---	---	---	---	---	---

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

-	6	0	0	0	0
---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. HOOSIERS FOR ROKITA, INC.**

Mailing Address 7643 EAST U.S. 36

City AVON State IN Zip Code 46123

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Todd Rokita**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IN District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			18			2012			

**Transaction ID : D138298**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. JEFF MERKLEY FOR OREGON**

Mailing Address 2236 SE 10TH AVE

City PORTLAND State OR Zip Code 97214

Purpose of Disbursement  
Contribution

Candidate Name

**Sen. Jeff Merkley**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OR District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			26			2012			

**Transaction ID : D139539**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF JOHN THUNE**

Mailing Address 200 NORTH PHILLIPS AVENUE STE L101

City SIOUX FALLS State SD Zip Code 57104

Purpose of Disbursement  
Contribution

Candidate Name

**Sen. John Thune**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: SD District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			16			2012			

**Transaction ID : D139449**

Amount of Each Disbursement this Period

1500.00
---------

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

5000.00
---------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF TAMMY DUCKWORTH**

Mailing Address 1841 W HENDERSON, APT 2

City Chicago State IL Zip Code 60657

Purpose of Disbursement  
Contribution

Candidate Name  
**Tammy Duckworth**

Office Sought:  House  
 Senate  
 President  
State: IL District: 08

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 25 / 2012

**Transaction ID : D138613**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. TED CRUZ FOR SENATE**

Mailing Address 1001 CONGRESS AVE SUITE 150

City AUSTIN State TX Zip Code 78701

Purpose of Disbursement  
Contribution - Debt Retirement

Candidate Name  
**Ted Cruz**

Office Sought:  House  
 Senate  
 President  
State: TX District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼ Runoff

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 16 / 2012

**Transaction ID : D139451**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. THE KEYSTONE FUND**

Mailing Address 607 14th Street, NW  
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 18 / 2012

**Transaction ID : D138296**

Amount of Each Disbursement this Period

2000.00

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

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

7000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. To Organize a Majority PAC**

Mailing Address PO BOX 752

City DES MOINES State IA Zip Code 50303

Purpose of Disbursement Contribution

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 22 / 2012

**Transaction ID : D138468**

Amount of Each Disbursement this Period

5000.00

Category/Type

Full Name (Last, First, Middle Initial)

**B. TOMMY THOMPSON FOR SENATE INC**

Mailing Address PO BOX 2539

City Madison State WI Zip Code 53701

Purpose of Disbursement Contribution

Candidate Name

**Tommy Thompson**

Office Sought:  House  Senate  President

State: WI District:

Disbursement For: 2012  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 25 / 2012

**Transaction ID : D138614**

Amount of Each Disbursement this Period

2500.00

Category/Type

Full Name (Last, First, Middle Initial)

**C. Wire to Wire Committee**

Mailing Address 320 1st St SE

City Washington State DC Zip Code 20003-1838

Purpose of Disbursement Contribution

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 18 / 2012

**Transaction ID : D138302**

Amount of Each Disbursement this Period

10000.00

Category/Type

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

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

17500.00

48500.00

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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. James Daugherty**

Mailing Address 116 Mohawk St

City State Zip Code  
Mobile AL 36606

Purpose of Disbursement  
Refund of 8/23/2012 Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2012			

**Transaction ID : D139695**

Amount of Each Disbursement this Period

55.00
-------

Full Name (Last, First, Middle Initial)

**B. Mr. Randy Felix**

Mailing Address 220 Pendleton Drive

City State Zip Code  
Athens GA 30606

Purpose of Disbursement  
Refund of 9/13/2012 Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2012			

**Transaction ID : D139696**

Amount of Each Disbursement this Period

100.00
--------

Full Name (Last, First, Middle Initial)

**C. Midwest Health, Inc**

Mailing Address 3715 SW 29th Street

City State Zip Code  
Topeka KS 66614

Purpose of Disbursement  
Refund of 10/17/2012 Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2012			

**Transaction ID : D138715**

Amount of Each Disbursement this Period

10000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

10155.00
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# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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. Mr. Michael Morton**

Mailing Address 415 Rogers Avenue

City State Zip Code  
Fort Smith AR 72901-1903

Purpose of Disbursement  
Refund of 10/10/2012 Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2012

Transaction ID : D138716

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

2500.00
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12655.00
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