

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special Election on 11 04 2008 in the State of DC

5. Covering Period 10 16 2008 through 11 24 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Ms. Gail Clarkson

Signature of Treasurer Electronically Filed by Ms. Gail Clarkson Date 12 03 2008

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

Office Use Only table with 7 columns and 1 row

FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From:

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		112871.46
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	104463.78									
(c) Total Receipts (from Line 19)	89437.33	725203.60								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	193901.11	838075.06								
7. Total Disbursements (from Line 31)	76344.21	720518.16								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	117556.90	117556.90								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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

Report Covering the Period: From:

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

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	76463.38	671821.98
(i) Itemized (use Schedule A)	10973.95	46881.62
(ii) Unitemized	87437.33	718703.60
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	2000.00	4500.00
(c) Other Political Committees (such as PACs)	89437.33	723203.60
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)		
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	2000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	89437.33	725203.60
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	89437.33	725203.60

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1844.21	12074.52
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	1844.21	12074.52
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	75500.00	705650.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	3793.64
(b) Political Party Committees	-1000.00	-1000.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	-1000.00	2793.64
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	76344.21	720518.16
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	76344.21	720518.16

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3	89437.33	723203.60
34. Total Contribution Refunds (from Line 28(d))	-1000.00	2793.64
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	90437.33	720409.96
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1844.21	12074.52
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1844.21	12074.52

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 79
(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

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

A.

Full Name (Last, First, Middle Initial) Steve Ackerson		Date of Receipt MM / DD / YYYY 10 / 23 / 2008
Mailing Address 6750 Westown Pkwy Ste 100		Transaction ID: C522501
City West Des Moines	State IA	Zip Code 50266-7716
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Iowa Health Care Assn.	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4545.00	

B.

Full Name (Last, First, Middle Initial) Steve Ackerson		Date of Receipt MM / DD / YYYY 10 / 29 / 2008
Mailing Address 6750 Westown Pkwy Ste 100		Transaction ID: C524814
City West Des Moines	State IA	Zip Code 50266-7716
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 375.00
Name of Employer Iowa Health Care Assn.	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4545.00	

C.

Full Name (Last, First, Middle Initial) Denise T. Allen		Date of Receipt MM / DD / YYYY 10 / 16 / 2008
Mailing Address 80 Access Road		Transaction ID: C520275
City Norwood	State MA	Zip Code 02062
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 115.00
Name of Employer Rehabilitation Associates, Inc.	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 215.00	

SUBTOTAL of Receipts This Page (optional)	▶	690.00
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 7 / 79
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Denise T. Allen		Date of Receipt MM / DD / YYYY 10 / 23 / 2008
Mailing Address 80 Access Road		Transaction ID: C522552
City Norwood	State MA	Zip Code 02062
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Rehabilitation Associates, Inc.	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 215.00	

B.

Full Name (Last, First, Middle Initial) Gary D Anderson		Date of Receipt MM / DD / YYYY 10 / 23 / 2008
Mailing Address 6618 McMakin Court		Transaction ID: C522513
City Colleyville	State TX	Zip Code 76034-5752
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Preferred Care Partners Management Gro	Occupation President/Management Company	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

C.

Full Name (Last, First, Middle Initial) Gary D Anderson		Date of Receipt MM / DD / YYYY 10 / 28 / 2008
Mailing Address 6618 McMakin Court		Transaction ID: C524285
City Colleyville	State TX	Zip Code 76034-5752
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 3150.00
Name of Employer Preferred Care Partners Management Gro	Occupation President/Management Company	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	3450.00
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 8 / 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Coral Teresa Andrews

Mailing Address 932 Ward Ave
Ste 430

City Honolulu State HI Zip Code 96814-2126

FEC ID number of contributing federal political committee. C

Name of Employer Health Association of Hawaii Occupation Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 312.50

Date of Receipt MM / DD / YYYY
11 / 05 / 2008

Transaction ID: C526240

Amount of Each Receipt this Period 125.00

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

Mailing Address 713 E Park Ave

City Tallahassee State FL Zip Code 32301-2618

FEC ID number of contributing federal political committee. C

Name of Employer Buigas, Asztalos & Associates Occupation Lobbyist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt MM / DD / YYYY
10 / 23 / 2008

Transaction ID: C522514

Amount of Each Receipt this Period 200.00

C. Full Name (Last, First, Middle Initial)
Mary Baker

Mailing Address 108 Starr Avenue
PO Box 1127

City Turlock State CA Zip Code 95380

FEC ID number of contributing federal political committee. C

Name of Employer Mark One Corp. Occupation Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt MM / DD / YYYY
11 / 07 / 2008

Transaction ID: C526537

Amount of Each Receipt this Period 2500.00

SUBTOTAL of Receipts This Page (optional) 2825.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mark Ballif

Mailing Address 100 E San Marcos Blvd
Suite 200

City San Marcos State CA Zip Code 92069

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

Name of Employer Plum Healthcare Group Occupation Executive Assistant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 11 / 18 / 2008
Transaction ID: C528449
Amount of Each Receipt this Period 1250.00

B. Full Name (Last, First, Middle Initial)
Cecil Barcelo

Mailing Address 411 Alabama Ave

City League City State TX Zip Code 77573-2615

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

Name of Employer Baywind Village Occupation Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 10 / 22 / 2008
Transaction ID: C524094
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Cecil Barcelo

Mailing Address 411 Alabama Ave

City League City State TX Zip Code 77573-2615

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

Name of Employer Baywind Village Occupation Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 11 / 24 / 2008
Transaction ID: C595678
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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

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

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FOR LINE NUMBER: PAGE 10 / 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Don C. C Bedell

Mailing Address 731 North Main Street
PO Box 1210

City State Zip Code
Sikeston MO 63801

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

Name of Employer Health Facilities Mgmt Co-
rp Occupation President

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 5 / 2 0 0 8

Transaction ID: C526241

Amount of Each Receipt this Period
1250.00

B. Full Name (Last, First, Middle Initial)
Ken Beebe, Jr.

Mailing Address 571 Highway 51
Ste H

City State Zip Code
Ridgeland MS 39157-2597

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

Name of Employer Legacy Care Occupation Owner

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 8

Transaction ID: C526236

Amount of Each Receipt this Period
250.00

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

Mailing Address 1201 L Street NW

City State Zip Code
Washington DC 20005

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

Name of Employer AHCA Occupation Director

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 480.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: C521479

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► 1520.00

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 / 79

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

Lyn Bentley

Mailing Address 1201 L Street NW

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation
AHCA Director

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 480.00

Date of Receipt

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

Transaction ID: C528226

Amount of Each Receipt this Period
20.00

B.

Full Name (Last, First, Middle Initial)

Lyn Bentley

Mailing Address 1201 L Street NW

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation
AHCA Director

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 480.00

Date of Receipt

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

Transaction ID: C593341

Amount of Each Receipt this Period
20.00

C.

Full Name (Last, First, Middle Initial)

Linda Black-Kurek

Mailing Address 7445 Liberty Woods Lane

City State Zip Code
Dayton OH 45459-3911

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

Name of Employer Occupation
LBK Healthcare, Inc. President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2760.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 8

Transaction ID: C520280

Amount of Each Receipt this Period
260.00

SUBTOTAL of Receipts This Page (optional) ▶

300.00

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 / 79

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Linda Black-Kurek

Mailing Address 7445 Liberty Woods Lane

City State Zip Code
Dayton OH 45459-3911

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

Name of Employer Occupation
LBK Healthcare, Inc. President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2760.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 8

Transaction ID: C523317

Amount of Each Receipt this Period

1500.00

B.

Full Name (Last, First, Middle Initial)

Richard Blinn

Mailing Address 200 Brickstone Square

City State Zip Code
Andover MA 01810

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

Name of Employer Occupation
Genesis Eldercare President, New England

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 545.00

Date of Receipt

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

Transaction ID: C521307

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Richard Blinn

Mailing Address 200 Brickstone Square

City State Zip Code
Andover MA 01810

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

Name of Employer Occupation
Genesis Eldercare President, New England

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 545.00

Date of Receipt

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

Transaction ID: C521596

Amount of Each Receipt this Period

345.00

SUBTOTAL of Receipts This Page (optional)

1945.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Timothy J Boyle

Mailing Address 4412 Applewood Avenue

City State Zip Code
Sioux City IA 51106-3602

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

Name of Employer Occupation
Care Center Mgmt Co Chief Operating Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
11 / 05 / 2008

Transaction ID: C526242

Amount of Each Receipt this Period
1250.00

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

Mailing Address 1626 Jeurgens Court

City State Zip Code
Norcross GA 30096

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt
MM / DD / YYYY
10 / 20 / 2008

Transaction ID: C521293

Amount of Each Receipt this Period
100.00

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

Mailing Address 1626 Jeurgens Court

City State Zip Code
Norcross GA 30096

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt
MM / DD / YYYY
11 / 05 / 2008

Transaction ID: C526243

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional) ► **1475.00**

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 14 / 79
(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

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

A.

Full Name (Last, First, Middle Initial)
Virginia Burke

Mailing Address 17 Heritage Road

City State Zip Code
Barrington RI 02806

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 ▼ 310.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 4 / 2 0 0 8

Transaction ID: C527321

Amount of Each Receipt this Period
210.00

B.

Full Name (Last, First, Middle Initial)
Douglas Burr

Mailing Address 1185 Wilde Run Court

City State Zip Code
Roswell GA 30075

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

Name of Employer Cypress Administrative Services, LLC Occupation VP Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: C521271

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Douglas Burr

Mailing Address 1185 Wilde Run Court

City State Zip Code
Roswell GA 30075

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

Name of Employer Cypress Administrative Services, LLC Occupation VP Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 0 8

Transaction ID: C521598

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional) ► **835.00**

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 15 / 79
(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

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

A.

Full Name (Last, First, Middle Initial)
Bernardo Carotenuto

Mailing Address 702 S Kings Ave

City State Zip Code
Brandon FL 33511-5925

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

Name of Employer: Genoa Healthcare Consulting, LLC
Occupation: Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt: 10 / 20 / 2008
Transaction ID: C521282
Amount of Each Receipt this Period: 100.00

B.

Full Name (Last, First, Middle Initial)
Bernardo Carotenuto

Mailing Address 702 S Kings Ave

City State Zip Code
Brandon FL 33511-5925

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

Name of Employer: Genoa Healthcare Consulting, LLC
Occupation: Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt: 10 / 22 / 2008
Transaction ID: C521865
Amount of Each Receipt this Period: 200.00

C.

Full Name (Last, First, Middle Initial)
Julie Cheeka

Mailing Address 3614 Connecticut Ave NW
Apt 22

City State Zip Code
Washington DC 20008-2436

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

Name of Employer: AHCA
Occupation: Senior Director of Constituency Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
276.92

Date of Receipt: 10 / 20 / 2008
Transaction ID: C521481
Amount of Each Receipt this Period: 11.54

SUBTOTAL of Receipts This Page (optional) ► **311.54**

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 16 / 79
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Julie Cheeka		Date of Receipt MM / DD / YYYY 11 / 07 / 2008
Mailing Address 3614 Connecticut Ave NW Apt 22		Transaction ID: C528227
City Washington	State DC	Zip Code 20008-2436
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 11.54
Name of Employer AHCA	Occupation Senior Director of Constituency Affair	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 276.92	

B.

Full Name (Last, First, Middle Initial) Julie Cheeka		Date of Receipt MM / DD / YYYY 11 / 21 / 2008
Mailing Address 3614 Connecticut Ave NW Apt 22		Transaction ID: C593342
City Washington	State DC	Zip Code 20008-2436
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 11.54
Name of Employer AHCA	Occupation Senior Director of Constituency Affair	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 276.92	

C.

Full Name (Last, First, Middle Initial) Steven E. Chies		Date of Receipt MM / DD / YYYY 11 / 05 / 2008
Mailing Address 8624 Mississippi Blvd NW		Transaction ID: C526244
City Coon Rapids	State MN	Zip Code 55433-5968
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1250.00
Name of Employer Benedictine Health System- Cambridge	Occupation VP, Long Term Care Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	▶	1273.08
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 17 / 79
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Mark Stuart Clay		Date of Receipt
	Mailing Address 86 Kimberly Drive		<input type="text" value="10"/> / <input type="text" value="23"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Columbus	MS	39702-8360
	FEC ID number of contributing federal political committee.		Transaction ID: C522430
Name of Employer Windsor Place Nursing & Rehab Center Occupation Administrator		Amount of Each Receipt this Period	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text" value="100.00"/>	
Aggregate Year-to-Date ▼		<input type="text" value="250.00"/>	

B.	Full Name (Last, First, Middle Initial) Vickie Cox, RN		Date of Receipt
	Mailing Address 1203 Walker Road		<input type="text" value="10"/> / <input type="text" value="20"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Dover	DE	19904
	FEC ID number of contributing federal political committee.		Transaction ID: C521464
Name of Employer Heritage at Dover Occupation Information Requested		Amount of Each Receipt this Period	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text" value="100.00"/>	
Aggregate Year-to-Date ▼		<input type="text" value="250.00"/>	

C.	Full Name (Last, First, Middle Initial) Patricia Cullen		Date of Receipt
	Mailing Address 7851 Metro Pkwy Suite 200		<input type="text" value="10"/> / <input type="text" value="16"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Bloomington	MN	55425-1524
	FEC ID number of contributing federal political committee.		Transaction ID: C520279
Name of Employer Care Providers of Minnesota Occupation VP, Public Affairs		Amount of Each Receipt this Period	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text" value="350.00"/>	
Aggregate Year-to-Date ▼		<input type="text" value="500.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="550.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 79
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

A.

Full Name (Last, First, Middle Initial)
John Derr

Mailing Address 2001 Piper Circle

City Anacortes State WA Zip Code 98221-3125

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

Name of Employer JD 7 Associates Enterprises Occupation Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 965.00

Date of Receipt: 10 / 20 / 2008
Transaction ID: C521468
Amount of Each Receipt this Period: 100.00

B.

Full Name (Last, First, Middle Initial)
John Derr

Mailing Address 2001 Piper Circle

City Anacortes State WA Zip Code 98221-3125

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

Name of Employer JD 7 Associates Enterprises Occupation Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 965.00

Date of Receipt: 11 / 18 / 2008
Transaction ID: C529211
Amount of Each Receipt this Period: 365.00

C.

Full Name (Last, First, Middle Initial)
Joseph Donchess

Mailing Address Louisiana Nursing Home Association
7844 Office Park Boulevard

City Baton Rouge State LA Zip Code 70809-7603

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

Name of Employer Louisiana Nursing Home Association Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt: 10 / 24 / 2008
Transaction ID: C523958
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ► **565.00**

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 19 / 79		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

A.	Full Name (Last, First, Middle Initial) William Dunn		Date of Receipt	
	Mailing Address 870 Bexley Ave		M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: C521572
	Marion	OH	43302-5463	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Marion Manor Nursing Hm Inc		Occupation Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

B.	Full Name (Last, First, Middle Initial) Teresa Eyt		Date of Receipt	
	Mailing Address 1201 L Street NW		M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: C521485
	Washington	DC	20001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		20.00	
Name of Employer AHCA		Occupation Education		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 340.00		

C.	Full Name (Last, First, Middle Initial) Teresa Eyt		Date of Receipt	
	Mailing Address 1201 L Street NW		M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: C528228
	Washington	DC	20001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		20.00	
Name of Employer AHCA		Occupation Education		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 340.00		

SUBTOTAL of Receipts This Page (optional)	▶	290.00
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 20 / 79
(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
							17

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

A.

Full Name (Last, First, Middle Initial) Teresa Eyet		Date of Receipt MM / DD / YYYY 11 / 21 / 2008	
Mailing Address 1201 L Street NW		Transaction ID: C593343	
City Washington	State DC	Zip Code 20001	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer AHCA	Occupation Education		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00		

B.

Full Name (Last, First, Middle Initial) Toni Fatone		Date of Receipt MM / DD / YYYY 10 / 20 / 2008	
Mailing Address 111 Founders Plaza		Transaction ID: C521523	
City East Hartford	State CT	Zip Code 06108	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Connecticut Association of HC Faciliti	Occupation Executive Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

C.

Full Name (Last, First, Middle Initial) Susan Feeney		Date of Receipt MM / DD / YYYY 10 / 20 / 2008	
Mailing Address 7005 Metropolitan PI		Transaction ID: C521488	
City Falls Church	State VA	Zip Code 22043-2330	Amount of Each Receipt this Period 19.24
FEC ID number of contributing federal political committee. C			
Name of Employer American Health Care Association	Occupation Vice President, Public Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 463.93		

SUBTOTAL of Receipts This Page (optional)	▶	139.24
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: PAGE 21 / 79
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Susan Feeney		Date of Receipt MM / DD / YYYY 11 / 07 / 2008
Mailing Address 7005 Metropolitan PI		Transaction ID: C528229
City Falls Church	State VA	Zip Code 22043-2330
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.24
Name of Employer American Health Care Association	Occupation Vice President, Public Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 463.93	

B.

Full Name (Last, First, Middle Initial) Susan Feeney		Date of Receipt MM / DD / YYYY 11 / 21 / 2008
Mailing Address 7005 Metropolitan PI		Transaction ID: C593347
City Falls Church	State VA	Zip Code 22043-2330
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.24
Name of Employer American Health Care Association	Occupation Vice President, Public Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 463.93	

C.

Full Name (Last, First, Middle Initial) Lowell Feldman		Date of Receipt MM / DD / YYYY 11 / 14 / 2008
Mailing Address 163 West Kingsbridge Road		Transaction ID: C529209
City Bronx	State NY	Zip Code 10463
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Terrace Healthcare Center, Inc	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	1038.48
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 22 / 79
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Sandra Ferguson		Date of Receipt MM / DD / YYYY 10 / 16 / 2008
Mailing Address Hilltop Care Center 1912 Zenith Avenue		Transaction ID: C520278
City Spirit Lake	State IA	Zip Code 51360
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1320.00
Name of Employer Hilltop Care Center	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1320.00	

B.

Full Name (Last, First, Middle Initial) Jim Giardina		Date of Receipt MM / DD / YYYY 10 / 22 / 2008
Mailing Address 312 Solley Dr Rear		Transaction ID: C521732
City Ballwin	State MO	Zip Code 63021-5248
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Community Care Centers	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

C.

Full Name (Last, First, Middle Initial) James Gomez		Date of Receipt MM / DD / YYYY 11 / 10 / 2008
Mailing Address 2201 K Street		Transaction ID: C526667
City Sacramento	State CA	Zip Code 95816-4922
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer CA Association of Health Facilities	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	1770.00
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 23 / 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Don Gormly
Mailing Address 1685 Shaffer Rd
City Atwater State CA Zip Code 95301-4456
FEC ID number of contributing federal political committee. **C**
Name of Employer Anberry Rehab Hosp Occupation Owner
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00
Date of Receipt 11 / 05 / 2008
Transaction ID: C526245
Amount of Each Receipt this Period 1250.00

B. Full Name (Last, First, Middle Initial)
Ronald Goux
Mailing Address 2045 Highway 59 PO Box 1429
City Mandeville State LA Zip Code 70448-1909
FEC ID number of contributing federal political committee. **C**
Name of Employer Gulf South Medical Enterprises Occupation President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2000.00
Date of Receipt 10 / 22 / 2008
Transaction ID: C521867
Amount of Each Receipt this Period 2000.00

C. Full Name (Last, First, Middle Initial)
Howard Groff
Mailing Address 9031 Penn Avenue S
City Bloomington State MN Zip Code 55431-2225
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 11 / 20 / 2008
Transaction ID: C597579
Amount of Each Receipt this Period 1250.00

SUBTOTAL of Receipts This Page (optional) ► 4500.00
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 24 / 79

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Merrilee Hawk

Mailing Address Nexion -- McKinney Healthcare
215 Enterprise Drive

City State Zip Code
McKinney TX 75069

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

Name of Employer Occupation
Nexion -- McKinney Health-care Administrator

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
440.00

Date of Receipt

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

Transaction ID: C521907

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)

Merrilee Hawk

Mailing Address Nexion -- McKinney Healthcare
215 Enterprise Drive

City State Zip Code
McKinney TX 75069

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

Name of Employer Occupation
Nexion -- McKinney Health-care Administrator

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
440.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 5 / 2 0 0 8

Transaction ID: C526268

Amount of Each Receipt this Period
340.00

C.

Full Name (Last, First, Middle Initial)

Mary Haynes

Mailing Address Nazareth Home
2000 Newburg

City State Zip Code
Louisville KY 40205

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

Name of Employer Occupation
Nazareth Home Information Requested

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
365.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 8

Transaction ID: C520285

Amount of Each Receipt this Period
265.00

SUBTOTAL of Receipts This Page (optional) ▶

705.00

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 25 / 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 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

A. Full Name (Last, First, Middle Initial)
Mary Haynes

Mailing Address Nazareth Home
2000 Newburg

City State Zip Code
Louisville KY 40205

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

Name of Employer Nazareth Home Occupation Information Requested

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 365.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 8

Transaction ID: C522509

Amount of Each Receipt this Period
100.00

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

Mailing Address 7605 Ridgecrest Drive

City State Zip Code
Alexandria VA 22308-1049

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

Name of Employer AHCA Occupation Senior Vice President of Advocacy

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 840.94

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: C521494

Amount of Each Receipt this Period
38.46

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

Mailing Address 7605 Ridgecrest Drive

City State Zip Code
Alexandria VA 22308-1049

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

Name of Employer AHCA Occupation Senior Vice President of Advocacy

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 840.94

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 7 / 2 0 0 8

Transaction ID: C528232

Amount of Each Receipt this Period
38.46

SUBTOTAL of Receipts This Page (optional) ► **176.92**

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 26 / 79

(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

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

A.

Full Name (Last, First, Middle Initial)

David Hebert

Mailing Address 7605 Ridgecrest Drive

City State Zip Code
Alexandria VA 22308-1049

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

Name of Employer Occupation
AHCA Senior Vice President of Advocacy

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 840.94

Date of Receipt

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

Transaction ID: C593350

Amount of Each Receipt this Period

38.46

B.

Full Name (Last, First, Middle Initial)

Dave Helmsin

Mailing Address 1717 I St

City State Zip Code
Sacramento CA 95811-3001

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

Name of Employer Occupation
Capitol Advocacy Partner

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

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: C526234

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Richard Herrick

Mailing Address 33 Elk Street
300

City State Zip Code
Albany NY 12207

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

Name of Employer Occupation
NYS Health Facilities Association President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt

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

Transaction ID: C521859

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

388.46

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 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Jane Hibbard-Merrill	Date of Receipt MM / DD / YYYY 10 / 21 / 2008
	Mailing Address Gulford St PO Box 159	Transaction ID: C521599
	City State Zip Code Dover-Foxcroft ME 04426	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Hibbard Nsg Hm Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) Robin L. Hillier	Date of Receipt MM / DD / YYYY 11 / 05 / 2008
	Mailing Address RLH Consulting 1161 Green Knoll	Transaction ID: C526269
	City State Zip Code Westerville OH 43081-7043	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation RLH Consulting Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

C.	Full Name (Last, First, Middle Initial) Matt Hilty	Date of Receipt MM / DD / YYYY 11 / 05 / 2008
	Mailing Address Avamere Health Services, Inc. 25117 SW Parkway	Transaction ID: C526267
	City State Zip Code Wilsonville OR 97070	Amount of Each Receipt this Period 510.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Avamere Health Services, Inc. President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1410.00	

SUBTOTAL of Receipts This Page (optional)	785.00
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 / 79
(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

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

A.

Full Name (Last, First, Middle Initial) Eric Holland		Date of Receipt MM / DD / YYYY 10 / 20 / 2008
Mailing Address 1677 Highway 9 North		Transaction ID: C521326
City Pontotoc	State MS	Zip Code 38865
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Sunshine Health Care, Inc.	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

B.

Full Name (Last, First, Middle Initial) Norm Hyatt		Date of Receipt MM / DD / YYYY 10 / 24 / 2008
Mailing Address 5102 Scenic Dr		Transaction ID: C523959
City Yakima	State WA	Zip Code 98908-2229
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 375.00
Name of Employer Hyatt Management Corp.	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.

Full Name (Last, First, Middle Initial) Douglas Johnson		Date of Receipt MM / DD / YYYY 10 / 20 / 2008
Mailing Address 1501 42nd Street Suite 230		Transaction ID: C521291
City West Des Moines	State IA	Zip Code 50266-1005
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Hawkeye Care Centers, Inc.	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

SUBTOTAL of Receipts This Page (optional)	▶	575.00
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 29 / 79
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Brent Jones

Mailing Address 6737 West 5700 South

City State Zip Code
Hooper UT 84315

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

Name of Employer Occupation
Daywest Health Care CEO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

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

Transaction ID: C593338

Amount of Each Receipt this Period
400.00

B.

Full Name (Last, First, Middle Initial)
Richard Kase

Mailing Address 5125 Pine Rocklands Avenue

City State Zip Code
Lithia FL 33547

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

Name of Employer Occupation
Cypress Healthcare President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1100.00

Date of Receipt

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

Transaction ID: C521288

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Richard Kase

Mailing Address 5125 Pine Rocklands Avenue

City State Zip Code
Lithia FL 33547

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

Name of Employer Occupation
Cypress Healthcare President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 5 / 2 0 0 8

Transaction ID: C526246

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶

750.00

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 30 / 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Bruce Kelly

Mailing Address 323 Highland

City Natchez State MS Zip Code 39120

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

Name of Employer Senior Living Centers Occupation Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 27 / 2008

Transaction ID: C523960

Amount of Each Receipt this Period 2500.00

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

Mailing Address 10331 E Highway 39

City Huntsville State UT Zip Code 84317-9670

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

Name of Employer Mission Health Services Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 23 / 2008

Transaction ID: C522580

Amount of Each Receipt this Period 100.00

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

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 10 / 24 / 2008

Transaction ID: C524252

Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional) ► 2625.00

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

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

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

FOR LINE NUMBER: PAGE 31 / 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Joel Kirchick

Mailing Address 100 High Meadow Ln

City State Zip Code
Wakefield RI 02879-7653

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 ▼ 1100.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: C524813

Amount of Each Receipt this Period
1100.00

B. Full Name (Last, First, Middle Initial)
Jody Knox

Mailing Address 1905 West Pierce Street

City State Zip Code
Carlsbad NM 88220-4025

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

Name of Employer Lakeview Christian Home of the Southwe Occupation Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 8

Transaction ID: C522511

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Debra Kriner

Mailing Address D. Kriner & Associates
7608 Shadywood Lane

City State Zip Code
Sylvania OH 43560-1841

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

Name of Employer D. Kriner & Associates Occupation RN Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 8

Transaction ID: C522492

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **1300.00**

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 32 / 79
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) David Kylo		Date of Receipt MM / DD / YYYY 10 / 20 / 2008
Mailing Address 4621 28th Road South PAYROLL DEDUCTION		Transaction ID: C521498
City Arlington	State VA	Zip Code 22206
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 39.56
Name of Employer AHCA	Occupation Director, Assisted Living	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 949.44	

B.

Full Name (Last, First, Middle Initial) David Kylo		Date of Receipt MM / DD / YYYY 11 / 07 / 2008
Mailing Address 4621 28th Road South PAYROLL DEDUCTION		Transaction ID: C528236
City Arlington	State VA	Zip Code 22206
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 39.56
Name of Employer AHCA	Occupation Director, Assisted Living	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 949.44	

C.

Full Name (Last, First, Middle Initial) David Kylo		Date of Receipt MM / DD / YYYY 11 / 21 / 2008
Mailing Address 4621 28th Road South PAYROLL DEDUCTION		Transaction ID: C593759
City Arlington	State VA	Zip Code 22206
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 39.56
Name of Employer AHCA	Occupation Director, Assisted Living	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 949.44	

SUBTOTAL of Receipts This Page (optional)	▶	118.68
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 33 / 79
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Larry Lane

Mailing Address 101 E State St

City State Zip Code
Kennett Square PA 19348-3109

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

Name of Employer Genesis Occupation Sr VP, Regulatory Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 11 / 03 / 2008
Transaction ID: C526375
Amount of Each Receipt this Period: 500.00

B.

Full Name (Last, First, Middle Initial)
Theodore Lee

Mailing Address 700 Hanover St

City State Zip Code
Manchester NH 03104-5309

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

Name of Employer Hanover Hill Health Care Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt: 10 / 22 / 2008
Transaction ID: C521721
Amount of Each Receipt this Period: 100.00

C.

Full Name (Last, First, Middle Initial)
Cindy Luxem

Mailing Address 117 SW 6th Street Suite 200

City State Zip Code
Topeka KS 66606

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

Name of Employer Kansas Health Care Association Occupation State Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 10 / 22 / 2008
Transaction ID: C521868
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ► 700.00

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 34 / 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Terry Mace		Date of Receipt
	Mailing Address 609 Highline Drive		<input type="text" value="10"/> / <input type="text" value="27"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	East Wenatchee	WA	98802-5603
	FEC ID number of contributing federal political committee. C		Transaction ID: C525639
Name of Employer Triple C Healthcare Services		Occupation Administrator	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="1000.00"/>
		<input type="text" value="1000.00"/>	

B.	Full Name (Last, First, Middle Initial) Michael McBride		Date of Receipt
	Mailing Address 101 Grace Dr		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Easley	SC	29640-9088
	FEC ID number of contributing federal political committee. C		Transaction ID: C526247
Name of Employer Health Management Resources		Occupation President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="1250.00"/>
		<input type="text" value="5000.00"/>	

C.	Full Name (Last, First, Middle Initial) Karen McCormack		Date of Receipt
	Mailing Address 209 N Beaver St		<input type="text" value="10"/> / <input type="text" value="16"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	York	PA	17401-5321
	FEC ID number of contributing federal political committee. C		Transaction ID: C520276
Name of Employer Wilmac Corp		Occupation President/CEO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="495.00"/>
		<input type="text" value="2076.94"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="2745.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 79

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Karen McCormack

Mailing Address 209 N Beaver St

City State Zip Code
York PA 17401-5321

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

Name of Employer Occupation
Wilmac Corp President/CEO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2076.94

Date of Receipt

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

Transaction ID: C521869

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)
Cecile Menard

Mailing Address 22 Hunt St

City State Zip Code
Nashua NH 03060-4426

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

Name of Employer Occupation
Courville at Nashua Administrator

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 550.00

Date of Receipt

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

Transaction ID: C521720

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)
Rick Mendlen

Mailing Address 1810 Gillespie Ways
Suite 212

City State Zip Code
El Cajon CA 92020-0921

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

Name of Employer Occupation
Kennon S. Shea & Associates Consultant

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2100.00

Date of Receipt

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

Transaction ID: C521733

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

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 36 / 79
	<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

A.	Full Name (Last, First, Middle Initial) Rick Mendlen	Date of Receipt MM / DD / YYYY 11 / 05 / 2008
	Mailing Address 1810 Gillespie Ways Suite 212	Transaction ID: C526248
	City State Zip Code El Cajon CA 92020-0921	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Kennon S. Shea & Associates Occupation Consultant Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2100.00

B.	Full Name (Last, First, Middle Initial) Arlene Miles	Date of Receipt MM / DD / YYYY 10 / 23 / 2008
	Mailing Address 6061 South Brook Valley	Transaction ID: C522371
	City State Zip Code Centennial CO 80121-3103	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Colorado Health Care Association Occupation State Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2029.25

C.	Full Name (Last, First, Middle Initial) Michaela Miller	Date of Receipt MM / DD / YYYY 11 / 05 / 2008
	Mailing Address 20023 SW Corrine Street	Transaction ID: C526252
	City State Zip Code Beaverton OR 97007-8637	Amount of Each Receipt this Period 1250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Avamere Health Services Occupation Shareholder Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00

SUBTOTAL of Receipts This Page (optional)	1950.00
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 37 / 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Richard Miller	Date of Receipt MM / DD / YYYY 11 / 05 / 2008
	Mailing Address 3611 Glenfield Ct	Transaction ID: C526249
	City State Zip Code Louisville KY 40241-2513	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Golden Ventures	Occupation Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Rick Miller	Date of Receipt MM / DD / YYYY 11 / 05 / 2008
	Mailing Address 25117 SW Parkway Avenue Suite F	Transaction ID: C526251
	City State Zip Code Wilsonville OR 97070-9697	Amount of Each Receipt this Period 1250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Avamere Health Services, NC	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

C.	Full Name (Last, First, Middle Initial) V. Richard Miller	Date of Receipt MM / DD / YYYY 11 / 05 / 2008
	Mailing Address 3594 East US Highway 30	Transaction ID: C526250
	City State Zip Code Warsaw IN 46580-6720	Amount of Each Receipt this Period 1250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer MMM Invest Inc	Occupation CEO/CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 79
(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
							17

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

A.

Full Name (Last, First, Middle Initial)
Paula Mitchell

Mailing Address 1100 Monroe

City State Zip Code
Globe AZ 85501

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

Name of Employer Occupation
Copper Mountain Inn Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
MM / DD / YYYY
10 / 20 / 2008

Transaction ID: C521297

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Cynthia Klisz Morton

Mailing Address 4609 Overbrook Road

City State Zip Code
Bethesda MD 20816

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

Name of Employer Occupation
American Health Care Association Government Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.20

Date of Receipt
MM / DD / YYYY
10 / 20 / 2008

Transaction ID: C521495

Amount of Each Receipt this Period
33.35

C.

Full Name (Last, First, Middle Initial)
Cynthia Klisz Morton

Mailing Address 4609 Overbrook Road

City State Zip Code
Bethesda MD 20816

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

Name of Employer Occupation
American Health Care Association Government Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.20

Date of Receipt
MM / DD / YYYY
10 / 23 / 2008

Transaction ID: C522581

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **233.35**

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 39 / 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 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

A. Full Name (Last, First, Middle Initial)
Cynthia Klisz Morton

Mailing Address 4609 Overbrook Road

City State Zip Code
Bethesda MD 20816

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

Name of Employer American Health Care Association Occupation Government Affairs

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.20

Date of Receipt
MM / DD / YYYY
11 / 07 / 2008

Transaction ID: C528233

Amount of Each Receipt this Period
33.35

B. Full Name (Last, First, Middle Initial)
Cynthia Klisz Morton

Mailing Address 4609 Overbrook Road

City State Zip Code
Bethesda MD 20816

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

Name of Employer American Health Care Association Occupation Government Affairs

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.20

Date of Receipt
MM / DD / YYYY
11 / 21 / 2008

Transaction ID: C593364

Amount of Each Receipt this Period
33.35

C. Full Name (Last, First, Middle Initial)
Jay Moskowitz

Mailing Address 2932 Fenton Street

City State Zip Code
Wheat Ridge CO 80214-8116

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

Name of Employer Quality Life Management Occupation Administrator

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
11 / 20 / 2008

Transaction ID: C597578

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **316.70**

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 40 / 79
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Steve Mulder

Mailing Address 7300 Del Pardo Street

City State Zip Code
Boca Raton FL 33433

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

Name of Employer Whitehall Boca Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: C521278

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Michael A Newton

Mailing Address 1430 Progress Way Ste 108

City State Zip Code
Eldersburg MD 21784-6484

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

Name of Employer Nexion Health Occupation Director of Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 8

Transaction ID: C522502

Amount of Each Receipt this Period
100.00

C.

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

Mailing Address 4005 Nellie Custis Dr

City State Zip Code
Arlington VA 22207-5107

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: C521496

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► 220.00

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 41 / 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 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

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

Mailing Address 4005 Nellie Custis Dr

City State Zip Code
Arlington VA 22207-5107

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt: 11 / 07 / 2008
Transaction ID: C528234
 Amount of Each Receipt this Period: 20.00

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

Mailing Address 4005 Nellie Custis Dr

City State Zip Code
Arlington VA 22207-5107

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt: 11 / 21 / 2008
Transaction ID: C593756
 Amount of Each Receipt this Period: 20.00

C. Full Name (Last, First, Middle Initial)
Tony E Oglesby

Mailing Address PO Box 350

City State Zip Code
Benton TN 37307-0350

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

Name of Employer: SavaSenior Care
Occupation: President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 11 / 05 / 2008
Transaction ID: C526253
 Amount of Each Receipt this Period: 2500.00

SUBTOTAL of Receipts This Page (optional) ► 2540.00

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 42 / 79
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Delbert Ousley		Date of Receipt MM / DD / YYYY 11 / 06 / 2008
Mailing Address 300 Provider Court		Transaction ID: C528222
City Richmond	State KY	Zip Code 40475-8488
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer PMD Corporation	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.

Full Name (Last, First, Middle Initial) Kirk Parsons		Date of Receipt MM / DD / YYYY 10 / 21 / 2008
Mailing Address Preferred Care Partners Management 7725 John Carroll Drive		Transaction ID: C521597
City Abilene	State TX	Zip Code 79606
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Preferred Care Partners Management Gro	Occupation Regional Director of Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

C.

Full Name (Last, First, Middle Initial) Kirk Parsons		Date of Receipt MM / DD / YYYY 11 / 20 / 2008
Mailing Address Preferred Care Partners Management 7725 John Carroll Drive		Transaction ID: C529220
City Abilene	State TX	Zip Code 79606
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Preferred Care Partners Management Gro	Occupation Regional Director of Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional)	300.00
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 43 / 79
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
William J. Pascocello

Mailing Address 822 Cedar Avenue

City State Zip Code
Niagara Falls NY 14301

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

Name of Employer Occupation
Niagara Nursing and Rehabilitation Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 855.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 8

Transaction ID: C522510

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Rich Pell

Mailing Address 21 Greystone Drive

City State Zip Code
Shepherdstown WV 25443-4075

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

Name of Employer Occupation
Genesis SR VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 8

Transaction ID: C520274

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
Douglas Pendergras

Mailing Address 11608 Scott Simpson Dr

City State Zip Code
El Paso TX 79936-6210

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

Name of Employer Occupation
Convalescent Enterprises, Inc. President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: C521321

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ▶ **500.00**

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 44 / 79

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Joe Perkin

Mailing Address 20641 West 220th Street

City State Zip Code
Spring Hill KS 66083

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

Name of Employer Occupation
Midwest Health Management Vice President of Operations

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 8

Transaction ID: C522500

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)
Charles Perry

Mailing Address Nevada Health Care Association
4550 West Oakey Boulevard

City State Zip Code
Las Vegas NV 89102-1599

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

Name of Employer Occupation
Nevada Health Care Assn. Executive Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 5 / 2 0 0 8

Transaction ID: C526254

Amount of Each Receipt this Period

1250.00

C.

Full Name (Last, First, Middle Initial)
Wade Peterson

Mailing Address MedCenter One Care Center
201 14th Street NW

City State Zip Code
Mandan ND 58554-2063

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

Name of Employer Occupation
MedCenter One Care Center Administrator

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt

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

Transaction ID: C521870

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

1450.00

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 45 / 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Fonda Potts

Mailing Address Shady Rest Care Pavilion, Inc.
2310 North Airport Road

City State Zip Code
Fort Myers FL 33907

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

Name of Employer Shady Rest Care Pavilion, Inc. Occupation CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 8

Transaction ID: C520282

Amount of Each Receipt this Period
150.00

B. Full Name (Last, First, Middle Initial)
Fonda Potts

Mailing Address Shady Rest Care Pavilion, Inc.
2310 North Airport Road

City State Zip Code
Fort Myers FL 33907

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

Name of Employer Shady Rest Care Pavilion, Inc. Occupation CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: C521319

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Teddy Rae Price

Mailing Address PO Box 1438

City State Zip Code
Winnfield LA 71483-1438

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

Name of Employer Central Management Company Occupation President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 0 8

Transaction ID: C524284

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional) ► **5250.00**

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 46 / 79

(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Neil L. Pruitt, Jr.		Date of Receipt MM / DD / YYYY 11 / 05 / 2008		
	Mailing Address UHS-Pruitt Corporation, Inc. 1626 Jeurgens Court		Transaction ID: C526255		
	City Norcross	State GA	Zip Code 30093	Amount of Each Receipt this Period 1250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer UHS-Pruitt Corporation, Inc.	Occupation President & CEO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00			

B.	Full Name (Last, First, Middle Initial) Eileen Ramage		Date of Receipt MM / DD / YYYY 11 / 07 / 2008		
	Mailing Address 11108 Post House Ct		Transaction ID: C528225		
	City Potomac	State MD	Zip Code 20854-2534	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AHCA	Occupation VP			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

C.	Full Name (Last, First, Middle Initial) Richard Rau		Date of Receipt MM / DD / YYYY 10 / 23 / 2008		
	Mailing Address 3939 S 92nd Street		Transaction ID: C522503		
	City Greenfield	State WI	Zip Code 53228-2140	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Clement Manor Inc.	Occupation CEO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00			

SUBTOTAL of Receipts This Page (optional)	▶	2350.00
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 47 / 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address Green Hills Health & Rehabilitatio
3939 Hillsboro Circle

City Nashville State TN Zip Code 37215

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

Name of Employer Green Hills Health & Reha-
bilitation Occupation Administrator

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1825.00

Date of Receipt M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 0 8

Transaction ID: C521595

Amount of Each Receipt this Period 1325.00

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

Mailing Address Green Hills Health & Rehabilitatio
3939 Hillsboro Circle

City Nashville State TN Zip Code 37215

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

Name of Employer Green Hills Health & Reha-
bilitation Occupation Administrator

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1825.00

Date of Receipt M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 8

Transaction ID: C522372

Amount of Each Receipt this Period 200.00

C. Full Name (Last, First, Middle Initial)
Lucy Rogers

Mailing Address 213 3rd Street

City Macon State GA Zip Code 31201-3309

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

Name of Employer Ethica Health & Retirement
Communities Occupation Administrator

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 335.00

Date of Receipt M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 8

Transaction ID: C520277

Amount of Each Receipt this Period 285.00

SUBTOTAL of Receipts This Page (optional) ► 1810.00

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 48 / 79

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Frank Romano

Mailing Address 57 Summer Street

City State Zip Code
Rowley MA 01969-1835

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

Name of Employer Occupation
Essex Group CEO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 5 / 2 0 0 8

Transaction ID: C526256

Amount of Each Receipt this Period

1250.00

B.

Full Name (Last, First, Middle Initial)

Gerald Romano

Mailing Address 7 Creek Ln

City State Zip Code
Bristol RI 02809-2401

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

Name of Employer Occupation
Silver Creek Manor Administrator

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: C524250

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Robert Rotolo

Mailing Address 17441 W Muirfield Dr

City State Zip Code
Baton Rouge LA 70810-5962

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

Name of Employer Occupation
Harahan Guest House Owner

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 8

Transaction ID: C522515

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

2350.00

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 49 / 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 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

A. Full Name (Last, First, Middle Initial)
Leonard Russ

Mailing Address 40 Keogh Lane

City State Zip Code
New Rochelle NY 10805-1308

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

Name of Employer Occupation
Bayberry Nursing Home Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3100.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 2 / 2 0 0 8

Transaction ID: C521726

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Leonard Russ

Mailing Address 40 Keogh Lane

City State Zip Code
New Rochelle NY 10805-1308

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

Name of Employer Occupation
Bayberry Nursing Home Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3100.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 5 / 2 0 0 8

Transaction ID: C526257

Amount of Each Receipt this Period
750.00

C. Full Name (Last, First, Middle Initial)
Shelley Sabo

Mailing Address 6360 Tisbury Dr
PAYROLL DEDUCTION

City State Zip Code
Burke VA 22015-4061

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

Name of Employer Occupation
NCAL Director Assisted Living

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: C521499

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional) ► **860.00**

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 50 / 79
(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

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

A.

Full Name (Last, First, Middle Initial) Shelley Sabo		Date of Receipt MM / DD / YYYY 11 / 07 / 2008
Mailing Address 6360 Tisbury Dr PAYROLL DEDUCTION		Transaction ID: C528237
City Burke	State VA	Zip Code 22015-4061
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer NCAL	Occupation Director Assisted Living	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

B.

Full Name (Last, First, Middle Initial) Shelley Sabo		Date of Receipt MM / DD / YYYY 11 / 21 / 2008
Mailing Address 6360 Tisbury Dr PAYROLL DEDUCTION		Transaction ID: C593760
City Burke	State VA	Zip Code 22015-4061
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer NCAL	Occupation Director Assisted Living	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

C.

Full Name (Last, First, Middle Initial) Jesse Samples		Date of Receipt MM / DD / YYYY 10 / 22 / 2008
Mailing Address 110 Association Dr		Transaction ID: C521873
City Charleston	State WV	Zip Code 25311-1217
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer West Virginia Health Care Association	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1280.00	

SUBTOTAL of Receipts This Page (optional)	▶	220.00
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 51 / 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Jesse Samples

Mailing Address 110 Association Drive

City State Zip Code
Charleston WV 25311

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

Name of Employer: West Virginia Health Care Association
Occupation: CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 11 / 20 / 2008
Transaction ID: C529213
 Amount of Each Receipt this Period: 1000.00

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

Mailing Address 9200 Sunset Boulevard Suite 1100

City State Zip Code
West Hollywood CA 90069

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

Name of Employer: SNF Management/ Windsor
Occupation: President/ CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 11 / 05 / 2008
Transaction ID: C526258
 Amount of Each Receipt this Period: 1250.00

C. Full Name (Last, First, Middle Initial)
Maryanne Sapio

Mailing Address 1324 South Kenmore Circle

City State Zip Code
Arlington VA 22204

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

Name of Employer: AHCA
Occupation: Director, Government Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 281.20

Date of Receipt: 10 / 20 / 2008
Transaction ID: C521500
 Amount of Each Receipt this Period: 11.54

SUBTOTAL of Receipts This Page (optional) ► 2261.54

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 52 / 79
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
Maryanne Sapio

Mailing Address 1324 South Kenmore Circle

City State Zip Code
Arlington VA 22204

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

Name of Employer AHCA Occupation Director, Government Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 281.20

Date of Receipt
MM / DD / YYYY
11 / 07 / 2008

Transaction ID: C528238

Amount of Each Receipt this Period
11.54

B.

Full Name (Last, First, Middle Initial)
Maryanne Sapio

Mailing Address 1324 South Kenmore Circle

City State Zip Code
Arlington VA 22204

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

Name of Employer AHCA Occupation Director, Government Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 281.20

Date of Receipt
MM / DD / YYYY
11 / 21 / 2008

Transaction ID: C593761

Amount of Each Receipt this Period
11.54

C.

Full Name (Last, First, Middle Initial)
Michael Scharfenberger

Mailing Address 7265 Kenwood Road Suite 300

City State Zip Code
Cincinnati OH 45236-4414

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

Name of Employer Nursing Care Management Occupation Exec Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt
MM / DD / YYYY
10 / 22 / 2008

Transaction ID: C521736

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **123.08**

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 53 / 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Gerald Schroer, Jr.
Mailing Address 7235 Whipple Ave NW
City North Canton State OH Zip Code 44720-7137
FEC ID number of contributing federal political committee. **C**
Name of Employer Altercare Occupation Administrator
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2450.00
Date of Receipt 10 / 20 / 2008
Transaction ID: C521507
Amount of Each Receipt this Period 200.00

B. Full Name (Last, First, Middle Initial)
Mark Schryver
Mailing Address 12075 E 45th Ave Ste 600
City Denver State CO Zip Code 80239-3136
FEC ID number of contributing federal political committee. **C**
Name of Employer Schryver Medical Occupation Owner
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 745.00
Date of Receipt 10 / 16 / 2008
Transaction ID: C520281
Amount of Each Receipt this Period 545.00

C. Full Name (Last, First, Middle Initial)
Mark Schryver
Mailing Address 12075 E 45th Ave Ste 600
City Denver State CO Zip Code 80239-3136
FEC ID number of contributing federal political committee. **C**
Name of Employer Schryver Medical Occupation Owner
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 745.00
Date of Receipt 10 / 23 / 2008
Transaction ID: C522512
Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional) ► 945.00
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 54 / 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Shawn Scott

Mailing Address Medline Industries
One Medline Place

City State Zip Code
Mundelein IL 60060

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

Name of Employer Occupation
Medline Industries VP, Healthcare Corporate

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 5 / 2 0 0 8

Transaction ID: C526259

Amount of Each Receipt this Period
75.00

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

Mailing Address New Mexico Health Care Association
2329 Wisconsin Street NE

City State Zip Code
Albuquerque NM 87110

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

Name of Employer Occupation
New Mexico Health Care Association Executive Director

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: C521279

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Dion Sena

Mailing Address 1301 NE 104th Street

City State Zip Code
Miami Shores FL 33138-2661

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

Name of Employer Occupation
Mandarin Health Group, LLC Owner

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1850.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: C521520

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **275.00**

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 55 / 79

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
John Kennon Shea

Mailing Address 1810 Gillespie Way
Suite 212

City State Zip Code
El Cajon CA 92020-0921

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

Name of Employer Occupation
Kennon S. Shea and Associates President/CEO

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 5 / 2 0 0 8

Transaction ID: C526260

Amount of Each Receipt this Period

1250.00

B.

Full Name (Last, First, Middle Initial)
Jennifer Shimer

Mailing Address 9507 Shelly Krasnow Ln

City State Zip Code
Fairfax VA 22031-4720

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

Name of Employer Occupation
AHCA Vice President

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 276.92

Date of Receipt

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

Transaction ID: C521497

Amount of Each Receipt this Period

11.54

C.

Full Name (Last, First, Middle Initial)
Jennifer Shimer

Mailing Address 9507 Shelly Krasnow Ln

City State Zip Code
Fairfax VA 22031-4720

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

Name of Employer Occupation
AHCA Vice President

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 276.92

Date of Receipt

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

Transaction ID: C528235

Amount of Each Receipt this Period

11.54

SUBTOTAL of Receipts This Page (optional) ▶

1273.08

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 56 / 79
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Jennifer Shimer	Date of Receipt MM / DD / YYYY 11 / 21 / 2008
	Mailing Address 9507 Shelly Krasnow Ln	Transaction ID: C593757
	City State Zip Code Fairfax VA 22031-4720	Amount of Each Receipt this Period 11.54
	FEC ID number of contributing federal political committee. C	
	Name of Employer AHCA Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 276.92	

B.	Full Name (Last, First, Middle Initial) Mario Sinicariello	Date of Receipt MM / DD / YYYY 11 / 07 / 2008
	Mailing Address TransCon Builders 25250 Rockside Road	Transaction ID: C526538
	City State Zip Code Bedford OH 44146	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer TransCon Builders Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Matthew D. Smyth	Date of Receipt MM / DD / YYYY 10 / 20 / 2008
	Mailing Address 1201 L Street NW	Transaction ID: C521501
	City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 19.23
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Health Care Association Occupation Director of Grassroots Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 473.54	

SUBTOTAL of Receipts This Page (optional)	530.77
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 57 / 79
(check only one)

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

A.	Full Name (Last, First, Middle Initial) Matthew D. Smyth	Date of Receipt MM / DD / YYYY 11 / 07 / 2008
	Mailing Address 1201 L Street NW	Transaction ID: C528239
	City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 19.23
	FEC ID number of contributing federal political committee. C	
Name of Employer American Health Care Association	Occupation Director of Grassroots	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 473.54	

B.	Full Name (Last, First, Middle Initial) Matthew D. Smyth	Date of Receipt MM / DD / YYYY 11 / 21 / 2008
	Mailing Address 1201 L Street NW	Transaction ID: C593762
	City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 19.23
	FEC ID number of contributing federal political committee. C	
Name of Employer American Health Care Association	Occupation Director of Grassroots	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 473.54	

C.	Full Name (Last, First, Middle Initial) Janet Snipes	Date of Receipt MM / DD / YYYY 10 / 20 / 2008
	Mailing Address 6000 E Iliff Avenue	Transaction ID: C521294
	City State Zip Code Denver CO 80222-5721	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Holly Heights Nursing Center	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	138.46
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 58 / 79
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

A.

Full Name (Last, First, Middle Initial) Dean Solden		Date of Receipt MM / DD / YYYY 10 / 27 / 2008
Mailing Address 12005 Scio Church Road		Transaction ID: C523336
City Chelsea	State MI	Zip Code 48118-9612
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Solden Development Company LLC	Occupation President & Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

B.

Full Name (Last, First, Middle Initial) David Stallard		Date of Receipt MM / DD / YYYY 11 / 05 / 2008
Mailing Address 1305 West Causeway Approach #212		Transaction ID: C526261
City Mandeville	State LA	Zip Code 70471
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer Covington Suites	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

C.

Full Name (Last, First, Middle Initial) Jeffrey Steggerda		Date of Receipt MM / DD / YYYY 10 / 23 / 2008
Mailing Address 6750 Westown Pkwy		Transaction ID: C522497
City West Des Moines	State IA	Zip Code 50266-7726
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Iowa Health Care Association	Occupation Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	

SUBTOTAL of Receipts This Page (optional)	▶	2700.00
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 59 / 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 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

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

Mailing Address 411 North Dillard Street

City State Zip Code
Winter Garden FL 34787-2816

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

Name of Employer Health Central Park Occupation Senior VP

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	3	/	2	0	0	8

Transaction ID: C522429

Amount of Each Receipt this Period
100.00

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

Mailing Address 411 North Dillard Street

City State Zip Code
Winter Garden FL 34787-2816

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

Name of Employer Health Central Park Occupation Senior VP

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	5	/	2	0	0	8

Transaction ID: C526262

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dixie Taylor-Huff

Mailing Address 932 East Baddour Parkway

City State Zip Code
Lebanon TN 37087-3707

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

Name of Employer Quality Care Health Center Occupation Administrator/Owner

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 5000.00

Date of Receipt

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

Transaction ID: C526666

Amount of Each Receipt this Period
1250.00

SUBTOTAL of Receipts This Page (optional) ► **1600.00**

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 60 / 79
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Jan Thayer		Date of Receipt MM / DD / YYYY 10 / 27 / 2008
Mailing Address 404 Woodland Drive		Transaction ID: C525638
City Grand Island	State NE	Zip Code 68801
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1250.00
Name of Employer Excel Development Group	Occupation Chair/CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

B.

Full Name (Last, First, Middle Initial) Travis Tomlinson		Date of Receipt MM / DD / YYYY 10 / 20 / 2008
Mailing Address 513 East Whitaker Mill Road		Transaction ID: C521332
City Raleigh	State NC	Zip Code 27608-2633
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Mayview Conv Home Inc	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2200.00	

C.

Full Name (Last, First, Middle Initial) Travis Tomlinson		Date of Receipt MM / DD / YYYY 10 / 20 / 2008
Mailing Address 513 East Whitaker Mill Road		Transaction ID: C521455
City Raleigh	State NC	Zip Code 27608-2633
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Mayview Conv Home Inc	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2200.00	

SUBTOTAL of Receipts This Page (optional)	▶	1450.00
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 61 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Michael Torgan	Date of Receipt MM / DD / YYYY 11 / 05 / 2008
	Mailing Address 5120 West Goldleaf Circle Suite 400	Transaction ID: C526263
	City State Zip Code Los Angeles CA 90056-1297	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Country Villa Health Services Occupation Vice President, Customer Services Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1070.00	

B.	Full Name (Last, First, Middle Initial) Michael Torgan	Date of Receipt MM / DD / YYYY 11 / 05 / 2008
	Mailing Address 5120 West Goldleaf Circle Suite 400	Transaction ID: C526264
	City State Zip Code Los Angeles CA 90056-1297	Amount of Each Receipt this Period 70.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Country Villa Health Services Occupation Vice President, Customer Services Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1070.00	

C.	Full Name (Last, First, Middle Initial) Jack Vetter	Date of Receipt MM / DD / YYYY 11 / 03 / 2008
	Mailing Address 5020 South 118th Street	Transaction ID: C526377
	City State Zip Code Omaha NE 68137-2209	Amount of Each Receipt this Period 1250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Vetter Health Services Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	1570.00
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 62 / 79
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Yrene Waldron		Date of Receipt MM / DD / YYYY 10 / 23 / 2008
Mailing Address Delaware Health Care Facilities As 726 Loveville Road		Transaction ID: C522506
City Hockessin	State DE	Zip Code 19707-1536
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Delaware Health Care Facilities Associ	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

B.

Full Name (Last, First, Middle Initial) Anne Wantz		Date of Receipt MM / DD / YYYY 10 / 16 / 2008
Mailing Address Pennsylvania Health Care Associati 315 North 2nd Street		Transaction ID: C520284
City Harrisburg	State PA	Zip Code 17101
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer Pennsylvania Health Care Association	Occupation Interim CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

C.

Full Name (Last, First, Middle Initial) Andrew S Weisman		Date of Receipt MM / DD / YYYY 10 / 20 / 2008
Mailing Address 5310 NW 33rd Ave Ste 211		Transaction ID: C524093
City Fort Lauderdale	State FL	Zip Code 33309-6319
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1250.00
Name of Employer NuVision Management	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	1700.00
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 63 / 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Judy White	Date of Receipt MM / DD / YYYY 10 / 23 / 2008
	Mailing Address 932 E Baddour Parkway	Transaction ID: C522579
	City State Zip Code Lebanon TN 37087-3707	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Quality of Care Executive Assistant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

B.	Full Name (Last, First, Middle Initial) Cathy Williams	Date of Receipt MM / DD / YYYY 10 / 23 / 2008
	Mailing Address 826 W Desmond St	Transaction ID: C522434
	City State Zip Code Winslow AZ 86047-2321	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Winslow Campus of Care COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

C.	Full Name (Last, First, Middle Initial) Adele Wilzack	Date of Receipt MM / DD / YYYY 10 / 20 / 2008
	Mailing Address 7135 Minstrel Way Suite 104	Transaction ID: C521471
	City State Zip Code Columbia MD 21045	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Health Facilities Assn of MD Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

SUBTOTAL of Receipts This Page (optional)	▶	300.00
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 64 / 79
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

A.

Full Name (Last, First, Middle Initial) Chris Wright		Date of Receipt MM / DD / YYYY 10 / 20 / 2008
Mailing Address iCare Management 341 Bidwell Street		Transaction ID: C521476
City Manchester	State CT	Zip Code 06040-6470
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer iCare Management, LLC	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

B.

Full Name (Last, First, Middle Initial) Bruce Yarwood		Date of Receipt MM / DD / YYYY 11 / 05 / 2008
Mailing Address 200 P Street Apt F31		Transaction ID: C526265
City Sacramento	State CA	Zip Code 95814-6259
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer AHCA	Occupation CEO & President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

C.

Full Name (Last, First, Middle Initial) Margaretta Yarwood		Date of Receipt MM / DD / YYYY 10 / 28 / 2008
Mailing Address 2637 Marcey Rd		Transaction ID: C524282
City Arlington	State VA	Zip Code 22207-5231
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer United	Occupation Flight Attendant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	850.00
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 65 / 79	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Alan Zuccari		Date of Receipt																					
	Mailing Address 7712 Carlton Place		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	7	/	2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1	/	0	7	/	2	0	0	8														
	City	State	Zip Code	Transaction ID: C526602																				
	Mclean	VA	22102	Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		C	1250.00																					
Name of Employer Hamilton Insurance Agency		Occupation Insurance Representative																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00																						

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	76463.38

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 66 / 79
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
TIM JOHNSON FOR SOUTH DAKOTA INC

Mailing Address PO BOX 1859

City	State	Zip Code
SIOUX FALLS	SD	57101

FEC ID number of contributing federal political committee. **C** C00201533

Name of Employer	Occupation

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: C524286

Amount of Each Receipt this Period

2000.00

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

**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

A.	Full Name (Last, First, Middle Initial) BB & T CREDIT CARD	Transaction ID: D74802 Date of Disbursement 11 / 24 / 2008
	Mailing Address 2200 Wilson Blvd Ste 200	Amount of Each Disbursement this Period 1250.59
	City Arlington State VA Zip Code 22201-3324	
	Purpose of Disbursement CC Fees	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) BB & T CREDIT CARD	Transaction ID: D74943 Date of Disbursement 10 / 31 / 2008
	Mailing Address 2200 Wilson Blvd Ste 200	Amount of Each Disbursement this Period 346.70
	City Arlington State VA Zip Code 22201-3324	
	Purpose of Disbursement Bank Fees	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) BB & T	Transaction ID: D74801 Date of Disbursement 11 / 24 / 2008
	Mailing Address PO Box 819 Operations Center	Amount of Each Disbursement this Period 246.92
	City Wilson State NC Zip Code 27894-0819	
	Purpose of Disbursement Bank Fees	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ►

1844.21

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

1844.21

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Bluegrass Cmte</p> <p>Mailing Address 400 N Capitol St NW #585 #585</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Contributions to Federal PACs/Committees</p> <p>Candidate Name Bluegrass Cmte</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D73754 Date of Disbursement 10 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) CHAMBLISS VICTORY COMMITTEE</p> <p>Mailing Address 425 Second Street NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Contributions to Federal Committees</p> <p>Candidate Name CHAMBLISS VICTORY COMMITTEE</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Runoff</p>	<p>Transaction ID: D73931 Date of Disbursement 11 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 15000.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) PINGREE FOR CONGRESS</p> <p>Mailing Address PO Box 17613</p> <p>City Portland State ME Zip Code 04112</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Ms. Chellie M. Pingree</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 01</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D73545 Date of Disbursement 10 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

21000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) CITIZENS FOR CALLAHAN	Transaction ID: D73752
	Mailing Address PO BOX 9458	Date of Disbursement 10 / 24 / 2008
	City Peoria State IL Zip Code 61612	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Ms. Colleen Callahan	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 18	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FRIENDS OF DAN MAFFEI	Transaction ID: D73542
	Mailing Address PO Box 74	Date of Disbursement 10 / 21 / 2008
	City Syracuse State NY Zip Code 13214	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Mr. Daniel B. Maffei	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 25	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Dina Titus for Congress	Transaction ID: D74051
	Mailing Address 3711 East Sunset Road Suite C5	Date of Disbursement 11 / 18 / 2008
	City Las Vegas State NV Zip Code 89120	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Debt Retirement Contribution for Federal Candidate	Category/ Type
	Candidate Name Ms. Dina Titus	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Debt Retirement Cont

SUBTOTAL of Disbursements This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) HAWKEYE PAC, THE	Transaction ID: D73750 Date of Disbursement 10 / 24 / 2008	
	Mailing Address PO Box 7255		
	City Des Moines State IA Zip Code 50309	Amount of Each Disbursement this Period	4000.00
	Purpose of Disbursement Contributions to Federal Candidates		
	Candidate Name HAWKEYE PAC, THE	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		
B.	Full Name (Last, First, Middle Initial) FLEMING FOR CONGRESS	Transaction ID: D74074 Date of Disbursement 11 / 18 / 2008	
	Mailing Address P.O. Box 1236 Box 281		
	City Minden State LA Zip Code 71058	Amount of Each Disbursement this Period	1000.00
	Purpose of Disbursement Contributions to Federal Candidates		
	Candidate Name Mr. John Calvin Fleming, III	Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
	State: LA District: 04	Runoff	
C.	Full Name (Last, First, Middle Initial) Judy Feder For Congress	Transaction ID: D73535 Date of Disbursement 10 / 21 / 2008	
	Mailing Address 1514 Hardwood Ln		
	City McLean State VA Zip Code 22101-2514	Amount of Each Disbursement this Period	1000.00
	Purpose of Disbursement Contributions to Federal Candidates		
	Candidate Name Judy Feder	Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: VA District: 10		

SUBTOTAL of Disbursements This Page (optional)	6000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) PAC TO THE FUTURE</p> <p>Mailing Address 430 S. Capitol St. SE 1st Flr.</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Contributions to Federal PACs/Committees</p> <p>Candidate Name PAC TO THE FUTURE</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D73534 Date of Disbursement 10 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Griffith for Congress</p> <p>Mailing Address PO Box 2916</p> <p>City Huntsville State AL Zip Code 35804-2916</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Mr Parker Griffith</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 05</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D73544 Date of Disbursement 10 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) BEN CHANDLER FOR CONGRESS</p> <p>Mailing Address P. O. Box 12678</p> <p>City Lexington State KY Zip Code 40508</p> <p>Purpose of Disbursement Voided Contribution</p> <p>Candidate Name Rep. Ben Chandler</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 06</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D73912 Date of Disbursement 11 / 04 / 2008</p> <p>Amount of Each Disbursement this Period -3000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) LOT OF PEOPLE FOR DAVE OBEY	Transaction ID: D74783 Date of Disbursement 11 / 24 / 2008
	Mailing Address 932 Ross Ave	Amount of Each Disbursement this Period -1500.00
	City WAUSAU State WI Zip Code 54403-6721	
	Purpose of Disbursement Voided Contribution	Category/ Type
	Candidate Name Rep. David R. Obey	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 07	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) LOT OF PEOPLE FOR DAVE OBEY	Transaction ID: D74784 Date of Disbursement 11 / 24 / 2008
	Mailing Address 932 Ross Ave	Amount of Each Disbursement this Period -500.00
	City WAUSAU State WI Zip Code 54403-6721	
	Purpose of Disbursement Voided contribution	Category/ Type
	Candidate Name Rep. David R. Obey	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 07	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) DEVIN NUNES CAMPAIGN COMMITTEE	Transaction ID: D73543 Date of Disbursement 10 / 21 / 2008
	Mailing Address PO BOX 6545	Amount of Each Disbursement this Period 5000.00
	City VISALIA State CA Zip Code 93290	
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Devin Nunes	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 21	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) CAZAYOUX FOR CONGRESS</p> <p>Mailing Address POB 156</p> <p>City New Roads State LA Zip Code 70760</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Don Cazayoux</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: LA District: 06</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D73746 Date of Disbursement 10 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) CANTOR FOR CONGRESS</p> <p>Mailing Address P. O. Box 17813</p> <p>City Richmond State VA Zip Code 23226</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Eric I. Cantor</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: VA District: 07</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D73547 Date of Disbursement 10 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>C. Full Name (Last, First, Middle Initial) PALLONE FOR CONGRESS</p> <p>Mailing Address PO BOX 3176</p> <p>City LONG BRANCH State NJ Zip Code 07740</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Frank Pallone, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NJ District: 06</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D73748 Date of Disbursement 10 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
JIM GERLACH FOR CONGRESS COMMITTEE

Mailing Address 911 Welsh Ayres Way

City State Zip Code
Downingtown PA 19335-1689

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Jim Gerlach

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: PA District: 06

Transaction ID: D73537

Date of Disbursement

10 / 21 / 2008

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
JOE DONNELLY FOR CONGRESS

Mailing Address P.O. Box 1961

City State Zip Code
South Bend IN 46634

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Joe Donnelly

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: IN District: 02

Transaction ID: D73546

Date of Disbursement

10 / 21 / 2008

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
JOHN SHADEGGS FRIENDS

Mailing Address PO BOX 45444

City State Zip Code
Phoenix AZ 85064

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. John B. Shadegg

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: AZ District: 03

Transaction ID: D73538

Date of Disbursement

10 / 21 / 2008

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
JOHN D. DINGELL FOR CONGRESS COMMITTEE

Mailing Address 607 14th Street N.W.

City Washington State DC Zip Code 20005

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. John D. Dingell

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: MI District: 15

Transaction ID: D73741

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
MARK UDALL FOR CONGRESS INC.

Mailing Address 8690 Wolff Court #200

City Westminster State CO Zip Code 80031

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Mark E Udall

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: CO District: 02

Transaction ID: D73743

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
MARK UDALL FOR CONGRESS INC.

Mailing Address 8690 Wolff Court #200

City Westminster State CO Zip Code 80031

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Mark E Udall

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: CO District: 02

Transaction ID: D73840

Date of Disbursement

/ /

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)

PAGE 76 / 79

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

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

A.	Full Name (Last, First, Middle Initial) MIKE ROSS FOR CONGRESS COMMITTEE	Transaction ID: D73548
	Mailing Address PO Box 360	Date of Disbursement 10 / 21 / 2008
	City Prescott State AR Zip Code 71857	Amount of Each Disbursement this Period 3000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Mike Ross	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 04	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) NANCY PELOSI FOR CONGRESS	Transaction ID: D73533
	Mailing Address 235 Montgomery Street	Date of Disbursement 10 / 21 / 2008
	City San Francisco State CA Zip Code 94104	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Nancy Pelosi	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 08	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL)	Transaction ID: D73744
	Mailing Address POST OFFICE BOX 711	Date of Disbursement 10 / 24 / 2008
	City ROCKWALL State TX Zip Code 75087	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Ralph M. Hall	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 04	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

10000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial)
RICHARD E NEAL FOR CONGRESS COMMITTEE

Mailing Address 76 MAGNOLIA TERRACE

City SPRINGFIELD State MA Zip Code 01108

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Richard E. Neal

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: MA District: 02

Transaction ID: D73839

Date of Disbursement

10 / 30 / 2008

Amount of Each Disbursement this Period

5000.00

B. Full Name (Last, First, Middle Initial)
KING FOR CONGRESS

Mailing Address 532 First Ave Suite 312

City Council Bluffs State IA Zip Code 51458

Purpose of Disbursement
Voided Contribution

Candidate Name
Rep. Steve King

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: IA District: 05

Transaction ID: D74785

Date of Disbursement

11 / 24 / 2008

Amount of Each Disbursement this Period

-1000.00

C. Full Name (Last, First, Middle Initial)
TOM ALLEN FOR CONGRESS COMMITTEE

Mailing Address P.O. Box 17766

City Portland State ME Zip Code 04112

Purpose of Disbursement
Voided Contribution

Candidate Name
Rep. Thomas H. Allen

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: ME District: 01

Transaction ID: D73402

Date of Disbursement

10 / 17 / 2008

Amount of Each Disbursement this Period

-2000.00

SUBTOTAL of Disbursements This Page (optional) ►

2000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) MCCONNELL SENATE COMMITTEE '08 <hr/> Mailing Address 1930 Bishop Ln <hr/> City Louisville State KY Zip Code 40218-1929 <hr/> Purpose of Disbursement Contributions to Federal Candidates Candidate Name Sen. Mitch McConnell <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 00 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D73753 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 3000.00
	Category/ Type
B. Full Name (Last, First, Middle Initial) To Organize a Majority PAC <hr/> Mailing Address PO BOX 752 <hr/> City DES MOINES State IA Zip Code 50303 <hr/> Purpose of Disbursement Contributions to Federal PACs/Committees Candidate Name To Organize a Majority PAC <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D73536 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 5000.00
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ►

8000.00

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

7500.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 79 / 79

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

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

A.

Full Name (Last, First, Middle Initial)
CITIZENS FOR HARKIN

Mailing Address P O BOX 811

City State Zip Code
DES MOINES IA 50304

Purpose of Disbursement
Refund from Party Committee

Candidate Name
Sen. Tom Harkin

Office Sought: House
 Senate
 President
State: IA District: 00

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: D74942

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)