

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Health Care Association Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2011"/>		110057.22
(b) Cash on Hand at Beginning of Reporting Period.....	316405.49	
(c) Total Receipts (from Line 19)	63211.66	914059.93
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	379617.15	1024117.15
7. Total Disbursements (from Line 31).....	27500.00	672000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	352117.15	352117.15
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Health Care Association Political Action Committee

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	59862.46	813498.24
(ii) Unitemized	3349.20	76274.69
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	63211.66	889772.93
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	24287.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	63211.66	914059.93
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	63211.66	914059.93
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	63211.66	914059.93

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	27500.00	672000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	27500.00	672000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	27500.00	672000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	63211.66	914059.93
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	63211.66	914059.93
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 OF 37
(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

Full Name (Last, First, Middle Initial)
A. John T Accomando

Mailing Address 6850 Rufe Snow Drive

City State Zip Code
 Watauga TX 76148

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

Name of Employer Occupation
 Green Valley Health Care and Rehabilitt Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2011
Transaction ID : C1503977

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
B. Stacie Aman

Mailing Address 5124 27th Rd N

City State Zip Code
 Arlington VA 22207-1723

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

Name of Employer Occupation
 American Health Care Association Senior Director, Politcal Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 718.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2011
Transaction ID : C1511451

Amount of Each Receipt this Period
 284.00

Full Name (Last, First, Middle Initial)
C. Alan Anderson

Mailing Address 17 N. La Senda Drive

City State Zip Code
 Laguna Beach CA 92651

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

Name of Employer Occupation
 South Coast Healthcare Management President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2011
Transaction ID : C1501441

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1784.00

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 7 OF 37
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Michael Anderson		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 22 / 2011 Transaction ID : C1513038
Mailing Address 284 Halleck Road		Amount of Each Receipt this Period 5000.00
City Fairmont	State WV	Zip Code 26554
FEC ID number of contributing federal political committee. C		
Name of Employer National Health Care	Occupation Independent owner/Administrator/Region	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. Dirk Anjewierden		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2011 Transaction ID : C1498566
Mailing Address 2180 So. 1300 E		Amount of Each Receipt this Period 412.50
City Salt Lake City	State UT	Zip Code 84106
FEC ID number of contributing federal political committee. C		
Name of Employer Utah 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 ▼ 550.00	

Full Name (Last, First, Middle Initial) C. Mark Ballif		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 07 / 2011 Transaction ID : C1501469
Mailing Address 100 E San Marcos Blvd Suite 200		Amount of Each Receipt this Period 2500.00
City San Marcos	State CA	Zip Code 92069
FEC ID number of contributing federal political committee. C		
Name of Employer Plum Healthcare Group	Occupation Partner	
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).....▶	7912.50
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 37
	<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. Steve Bellone
Full Name (Last, First, Middle Initial)

Mailing Address 921 East Fort Avenue

City Baltimore State MD Zip Code 21230

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

Name of Employer White Oak Healthcare, LLC Occupation President/ CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2200.00

Date of Receipt 11 / 17 / 2011
Transaction ID : C1509031

Amount of Each Receipt this Period 2200.00

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

Mailing Address 2212 Hidden Valley Ln

City Silver Spring State MD Zip Code 20904-5240

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

Name of Employer American Health Care Association Occupation Director, Regulatory

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 11 / 04 / 2011
Transaction ID : C1501446

Amount of Each Receipt this Period 20.00

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

Mailing Address 2212 Hidden Valley Ln

City Silver Spring State MD Zip Code 20904-5240

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

Name of Employer American Health Care Association Occupation Director, Regulatory

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 11 / 17 / 2011
Transaction ID : C1509537

Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2240.00

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 9 OF 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 2212 Hidden Valley Ln

City Silver Spring State MD Zip Code 20904-5240

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

Name of Employer American Health Care Association Occupation Director, Regulatory

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 22 / 2011

Transaction ID : C1515023

Amount of Each Receipt this Period
200.00

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

Mailing Address Extencicare, Inc.
111 West Michigan Street

City Milwaukee State WI Zip Code 53202

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

Name of Employer Extencicare, Inc. Occupation VP Extencicare

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **366.66**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 17 / 2011

Transaction ID : C1509032

Amount of Each Receipt this Period
200.00

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

Mailing Address 14 Donna Court

City Bristol State RI Zip Code 02809

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

Name of Employer Orchard View Manor and Rehab Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1636.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 11 / 2011

Transaction ID : C1503987

Amount of Each Receipt this Period
598.50

SUBTOTAL of Receipts This Page (optional).....▶	818.50
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 10 OF 37
<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. Steven E. Chies
Full Name (Last, First, Middle Initial)

Mailing Address 7651 Old Central Avenue NE

City Fridley	State MN	Zip Code 55433
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FEC ID number of contributing federal political committee. **C**

Name of Employer North Cities Health Care	Occupation Director
----------------------------------------------	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1175.34**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	09	/	2011

Transaction ID : C1503117

Amount of Each Receipt this Period

333.00

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

Mailing Address 5103 Gardner Drive

City Alexandria	State VA	Zip Code 22304
--------------------	-------------	-------------------

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

Name of Employer AHCA	Occupation Vice President, Public Affairs
--------------------------	----------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	14	/	2011

Transaction ID : C1504679

Amount of Each Receipt this Period

800.00

C. Michael D'Arcangelo
Full Name (Last, First, Middle Initial)

Mailing Address 200 Dryden Road, Suite 3100

City Dresher	State PA	Zip Code 19025
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FEC ID number of contributing federal political committee. **C**

Name of Employer Complete Healthcare Resources	Occupation Senior Executive Vice President
---------------------------------------------------	-----------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	14	/	2011

Transaction ID : C1506253

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional).....▶	3633.00
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 11 OF 37
<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. Mark Davis
Full Name (Last, First, Middle Initial)

Mailing Address 52 West 8th St.

City Parsons	State TN	Zip Code 38363
-----------------	-------------	-------------------

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

Name of Employer Tennessee Health Mgmt.	Occupation Chief Operating Officer
--------------------------------------------	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	03	/	2011

Transaction ID : C1498657

Amount of Each Receipt this Period

500.00

B. Joseph DeMattos
Full Name (Last, First, Middle Initial)

Mailing Address 18 Chasemount Ct

City Baltimore	State MD	Zip Code 21209
-------------------	-------------	-------------------

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

Name of Employer Health Facilities Association of Maryl	Occupation President
------------------------------------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	22	/	2011

Transaction ID : C1513125

Amount of Each Receipt this Period

200.00

C. Judith Dicker
Full Name (Last, First, Middle Initial)

Mailing Address 18215 Hillside Avenue

City Jamaica	State NY	Zip Code 11432
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FEC ID number of contributing federal political committee. **C**

Name of Employer Hillside Manor	Occupation Executive Director
------------------------------------	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	02	/	2011

Transaction ID : C1498565

Amount of Each Receipt this Period

1250.00

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 12 OF 37
	<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. Stanley Dicker
Full Name (Last, First, Middle Initial)

Mailing Address 18215 Hillside Ave

City State Zip Code
Jamaica NY 11432

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

Name of Employer Occupation
Hillside Manor Rehab Ctr 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 Y Y
11 / 02 / 2011
Transaction ID : C1498564

Amount of Each Receipt this Period
2500.00

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

Mailing Address 15703 NW Fair Acres Drive

City State Zip Code
Vancouver WA 98685

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

Name of Employer Occupation
Avamere Health Services, Inc. President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 10 / 2011
Transaction ID : C1503975

Amount of Each Receipt this Period
5000.00

C. Greg Dowdy
Full Name (Last, First, Middle Initial)

Mailing Address 1015 Starmount Ave. NW

City State Zip Code
Roanoke VA 24019

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

Name of Employer Occupation
American HealthCare LLC Regional VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 14 / 2011
Transaction ID : C1505235

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	7750.00
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 13 OF 37
	<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	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Gregory J. Elliot

Mailing Address 240 Capitol Street

City Charleston State WV Zip Code 25301-2297

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

Name of Employer AMFM, Inc. Occupation IT Coordinator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **4583.34**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 14 / 2011

Transaction ID : C1506256

Amount of Each Receipt this Period
416.66

Full Name (Last, First, Middle Initial)
B. Teresa Eyt

Mailing Address 10009 Dallas Ave

City Takoma Park State MD Zip Code 20901-2240

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

Name of Employer American Health Care Association Occupation Director, Education

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **630.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 04 / 2011

Transaction ID : C1501449

Amount of Each Receipt this Period
20.00

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

Mailing Address 10009 Dallas Ave

City Takoma Park State MD Zip Code 20901-2240

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

Name of Employer American Health Care Association Occupation Director, Education

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **630.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 17 / 2011

Transaction ID : C1509539

Amount of Each Receipt this Period
95.00

SUBTOTAL of Receipts This Page (optional).....▶	531.66
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 14 OF 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 10009 Dallas Ave

City Takoma Park State MD Zip Code 20901-2240

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

Name of Employer American Health Care Association Occupation Director, Education

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **630.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 22 / 2011

Transaction ID : C1515024

Amount of Each Receipt this Period
95.00

Full Name (Last, First, Middle Initial)
B. Larry Florio

Mailing Address 3735 Rose Rock Circle

City Pleasanton State CA Zip Code 94588

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

Name of Employer Kronos Occupation Director, LTC Division

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 15 / 2011

Transaction ID : C1506274

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. 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 ▼ **2700.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 14 / 2011

Transaction ID : C1508941

Amount of Each Receipt this Period
1650.00

SUBTOTAL of Receipts This Page (optional).....▶	2245.00
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 15 OF 37
	<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	<input type="checkbox"/> 17

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

A. Bill Hartung
Full Name (Last, First, Middle Initial)

Mailing Address 1210 Massachusetts Avenue, NW
#407

City Washington State DC Zip Code 20005

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

Name of Employer American Health Care Association Occupation Vice President, Research

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
11 / 04 / 2011
Transaction ID : C1501454

Amount of Each Receipt this Period
10.00

B. Bill Hartung
Full Name (Last, First, Middle Initial)

Mailing Address 1210 Massachusetts Avenue, NW
#407

City Washington State DC Zip Code 20005

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

Name of Employer American Health Care Association Occupation Vice President, Research

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
11 / 17 / 2011
Transaction ID : C1509541

Amount of Each Receipt this Period
10.00

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

Mailing Address 1210 Massachusetts Avenue, NW
#407

City Washington State DC Zip Code 20005

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

Name of Employer American Health Care Association Occupation Vice President, Research

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
11 / 22 / 2011
Transaction ID : C1515030

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 30.00

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 16 OF 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Bruce Kelly		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2011 Transaction ID : C1498569
Mailing Address 323 Highland		Amount of Each Receipt this Period 625.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) B. Cheryl Killian		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 25 / 2011 Transaction ID : C1519726
Mailing Address 3801 Woodside Dr		Amount of Each Receipt this Period 25.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) C. Jennifer Knorr		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2011 Transaction ID : C1501456
Mailing Address 900 N Randolph St Apt 1927		Amount of Each Receipt this Period 4.40
City Arlington	State VA	Zip Code 22203-4082
FEC ID number of contributing federal political committee. C		
Name of Employer American Health Care Association	Occupation Manager, Political Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 470.00	

SUBTOTAL of Receipts This Page (optional).....▶	654.40
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 37
	<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	<input type="checkbox"/> 17

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

A. Jennifer Knorr
Full Name (Last, First, Middle Initial)

Mailing Address 900 N Randolph St
Apt 1927

City Arlington State VA Zip Code 22203-4082

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

Name of Employer American Health Care Association Occupation Manager, Political Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 470.00

Date of Receipt
11 / 21 / 2011
Transaction ID : C1511453

Amount of Each Receipt this Period
191.00

B. Jennifer Knorr
Full Name (Last, First, Middle Initial)

Mailing Address 900 N Randolph St
Apt 1927

City Arlington State VA Zip Code 22203-4082

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

Name of Employer American Health Care Association Occupation Manager, Political Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 470.00

Date of Receipt
11 / 22 / 2011
Transaction ID : C1515032

Amount of Each Receipt this Period
4.40

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

Mailing Address 4621 28th Road South

City Arlington State VA Zip Code 22206

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

Name of Employer National Center for Assisted Living Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1049.44

Date of Receipt
11 / 04 / 2011
Transaction ID : C1501457

Amount of Each Receipt this Period
39.56

SUBTOTAL of Receipts This Page (optional)..... ▶ 234.96

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 18 OF 37
	<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. David Kylo
Full Name (Last, First, Middle Initial)

Mailing Address 4621 28th Road South

City State Zip Code
Arlington VA 22206

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

Name of Employer Occupation
National Center for Assisted Living Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1049.44

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 17 / 2011
Transaction ID : C1509544

Amount of Each Receipt this Period
 39.56

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

Mailing Address 4621 28th Road South

City State Zip Code
Arlington VA 22206

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

Name of Employer Occupation
National Center for Assisted Living Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1049.44

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 22 / 2011
Transaction ID : C1515033

Amount of Each Receipt this Period
 39.56

C. William Levering
Full Name (Last, First, Middle Initial)

Mailing Address 201 North Main Street

City State Zip Code
Mount Vernon OH 43050

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

Name of Employer Occupation
Levering Management Inc. 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 Y Y
 11 / 28 / 2011
Transaction ID : C1519727

Amount of Each Receipt this Period
 3000.00

SUBTOTAL of Receipts This Page (optional).....▶	3079.12
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 37
	<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. Lance Long
Full Name (Last, First, Middle Initial)
Mailing Address 10885 Cosby Mill Road
City State Zip Code
Quinton VA 23141
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
American HealthCare, LLC Registered Nurse and LNHA
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 07 / 2011
Transaction ID : C1501402
Amount of Each Receipt this Period
250.00

B. R. Peter Madel Jr.
Full Name (Last, First, Middle Initial)
Mailing Address 108 8th St NW
City State Zip Code
Waseca MN 56093-1912
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Lake Shore Inn Nursing Home CEO
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
1100.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 08 / 2011
Transaction ID : C1503982
Amount of Each Receipt this Period
275.00

C. Chris Mallett
Full Name (Last, First, Middle Initial)
Mailing Address 3905 Obelen Ave.
City State Zip Code
Logan OH 44053
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Sprenger Enterprises Administrator
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 28 / 2011
Transaction ID : C1515012
Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1525.00
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 20 OF 37
	<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. Anthony Marshall
Full Name (Last, First, Middle Initial)

Mailing Address 4600 Forest Ridge Dr.

City Tallahassee State FL Zip Code 32309

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

Name of Employer Florida Health Care Association Occupation Sr. Director of Reimbursement

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 09 / 2011
Transaction ID : C1503118

Amount of Each Receipt this Period 250.00

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

Mailing Address 27 Brand Ave

City Faribault State MN Zip Code 55021-6411

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

Name of Employer Pleasant Manor Inc Occupation Social Services Dir

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 14 / 2011
Transaction ID : C1508943

Amount of Each Receipt this Period 82.50

C. Arlene Miles
Full Name (Last, First, Middle Initial)

Mailing Address 6061 S. Brook Valley Way

City Centennial State CO Zip Code 80121

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

Name of Employer Colorado Health Care Association Occupation President/CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 11 / 16 / 2011
Transaction ID : C1507556

Amount of Each Receipt this Period 600.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 932.50

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 21 OF 37
<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. Gregory Miller
Full Name (Last, First, Middle Initial)

Mailing Address 11573 Stablewatch Court

City Cincinnati State OH Zip Code 45249

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

Name of Employer Health Care Management Group Occupation VP of Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 16 / 2011
Transaction ID : C1508918

Amount of Each Receipt this Period
 750.00

B. Timothy F Nicholson
Full Name (Last, First, Middle Initial)

Mailing Address 15 Ocean Harbour Cir

City Ocean Ridge State FL Zip Code 33435-6207

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

Name of Employer Lyric Health Care Occupation President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2011
Transaction ID : C1503574

Amount of Each Receipt this Period
 1250.00

C. Julie Painter
Full Name (Last, First, Middle Initial)

Mailing Address 3614 Connecticut Ave NW Apt 22

City Washington State DC Zip Code 20008-2436

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

Name of Employer American Health Care Association Occupation Senior Director of Constituency Affair

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 276.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2011
Transaction ID : C1501458

Amount of Each Receipt this Period
 11.54

SUBTOTAL of Receipts This Page (optional)..... ▶ 2011.54

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: (check only one)	PAGE 22 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Julie Painter		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 17 / 2011 Transaction ID : C1509546
Mailing Address 3614 Connecticut Ave NW Apt 22		Amount of Each Receipt this Period 11.54
City Washington State DC Zip Code 20008-2436	FEC ID number of contributing federal political committee. C	
Name of Employer American Health Care Association	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 ▼ 276.96	

Full Name (Last, First, Middle Initial) B. Julie Painter		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 22 / 2011 Transaction ID : C1515035
Mailing Address 3614 Connecticut Ave NW Apt 22		Amount of Each Receipt this Period 11.54
City Washington State DC Zip Code 20008-2436	FEC ID number of contributing federal political committee. C	
Name of Employer American Health Care Association	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 ▼ 276.96	

Full Name (Last, First, Middle Initial) C. Jeffrey Parrish		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 21 / 2011 Transaction ID : C1514995
Mailing Address 11156 Sardis-Scotts Hill Road		Amount of Each Receipt this Period 412.50
City Scotts Hill State TN Zip Code 38374	FEC ID number of contributing federal political committee. C	
Name of Employer Tennessee Health Management	Occupation General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

SUBTOTAL of Receipts This Page (optional).....▶	435.58
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 23 OF 37
	<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	<input type="checkbox"/> 17

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

A. Shelly Peterson
Full Name (Last, First, Middle Initial)
Mailing Address 6420 Fox Meadow Dr
City Bismarck State ND Zip Code 58503
FEC ID number of contributing federal political committee. **C**
Name of Employer North Dakota LTC Association Occupation President
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **300.00**

Date of Receipt **11 / 02 / 2011**
Transaction ID : C1510396
Amount of Each Receipt this Period **100.00**

B. Sharon Purvis
Full Name (Last, First, Middle Initial)
Mailing Address 7805 Sycamore Drive
City Falls Church State VA Zip Code 22042
FEC ID number of contributing federal political committee. **C**
Name of Employer American Health Care Association Occupation Senior Director, Vendor Relations
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **230.88**

Date of Receipt **11 / 04 / 2011**
Transaction ID : C1501460
Amount of Each Receipt this Period **9.62**

c. Sharon Purvis
Full Name (Last, First, Middle Initial)
Mailing Address 7805 Sycamore Drive
City Falls Church State VA Zip Code 22042
FEC ID number of contributing federal political committee. **C**
Name of Employer American Health Care Association Occupation Senior Director, Vendor Relations
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **230.88**

Date of Receipt **11 / 17 / 2011**
Transaction ID : C1509548
Amount of Each Receipt this Period **9.62**

SUBTOTAL of Receipts This Page (optional)..... **119.24**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 37
	<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. Sharon Purvis
Full Name (Last, First, Middle Initial)

Mailing Address 7805 Sycamore Drive

City Falls Church State VA Zip Code 22042

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

Name of Employer American Health Care Association Occupation Senior Director, Vendor Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.88**

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 22 / 2011

Transaction ID : C1515037

Amount of Each Receipt this Period
9.62

B. Clinton Robertson
Full Name (Last, First, Middle Initial)

Mailing Address 7112 S 21556

City Salt Lake City State UT Zip Code 84124

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

Name of Employer 24-7 Long Term Care Occupation Owner CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 09 / 2011

Transaction ID : C1503095

Amount of Each Receipt this Period
3750.00

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

Mailing Address Birmingham Green

City Manassas State VA Zip Code 20110

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

Name of Employer Birmingham Green Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 29 / 2011

Transaction ID : C1518321

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional).....▶	3909.62
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 25 OF 37
	<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	<input type="checkbox"/> 17

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

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

Mailing Address 6360 Tisbury Dr

City State Zip Code
Burke VA 22015-4061

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

Name of Employer Occupation
National Center for Assisted Living Director Assisted Living

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 04 / 2011
Transaction ID : C1501461

Amount of Each Receipt this Period
10.00

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

Mailing Address 6360 Tisbury Dr

City State Zip Code
Burke VA 22015-4061

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

Name of Employer Occupation
National Center for Assisted Living Director Assisted Living

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 17 / 2011
Transaction ID : C1509549

Amount of Each Receipt this Period
10.00

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

Mailing Address 6360 Tisbury Dr

City State Zip Code
Burke VA 22015-4061

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

Name of Employer Occupation
National Center for Assisted Living Director Assisted Living

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 22 / 2011
Transaction ID : C1515038

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 30.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 37
	<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. Dion Sena
Full Name (Last, First, Middle Initial)

Mailing Address 1301 NorthEast 104th Street

City Miami Shores State FL Zip Code 33138

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

Name of Employer Stellar Health Propeties LLC Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 16 / 2011
Transaction ID : C1508460

Amount of Each Receipt this Period
 2750.00

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

Mailing Address 1810 Gillespie Way Suite 212

City El Cajon State CA Zip Code 92020

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

Name of Employer Kennon S. Shea & Associates Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2011
Transaction ID : C1515217

Amount of Each Receipt this Period
 5000.00

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

Mailing Address 9507 Shelly Krasnow Ln

City Fairfax State VA Zip Code 22031-4720

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

Name of Employer American Health Care Association Occupation COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 276.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2011
Transaction ID : C1501462

Amount of Each Receipt this Period
 11.54

SUBTOTAL of Receipts This Page (optional)..... ▶ 7761.54

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: (check only one)	PAGE 27 OF 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 9507 Shelly Krasnow Ln

City State Zip Code
Fairfax VA 22031-4720

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

Name of Employer Occupation
American Health Care Association COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
276.96

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 17 / 2011
Transaction ID : C1509551

Amount of Each Receipt this Period
11.54

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

Mailing Address 9507 Shelly Krasnow Ln

City State Zip Code
Fairfax VA 22031-4720

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

Name of Employer Occupation
American Health Care Association COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
276.96

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 22 / 2011
Transaction ID : C1515039

Amount of Each Receipt this Period
11.54

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

Mailing Address 2405 I St NW

City State Zip Code
Washington DC 20037-2206

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

Name of Employer Occupation
American Health Care Association Director of Grassroots

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
461.76

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 04 / 2011
Transaction ID : C1501463

Amount of Each Receipt this Period
19.24

SUBTOTAL of Receipts This Page (optional).....▶	42.32
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 37
	<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	<input type="checkbox"/> 17

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

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

Mailing Address 2405 I St NW

City Washington State DC Zip Code 20037-2206

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

Name of Employer American Health Care Association Occupation Director of Grassroots

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **461.76**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 17 / 2011

Transaction ID : C1509552

Amount of Each Receipt this Period
19.24

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

Mailing Address 2405 I St NW

City Washington State DC Zip Code 20037-2206

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

Name of Employer American Health Care Association Occupation Director of Grassroots

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **461.76**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 22 / 2011

Transaction ID : C1515040

Amount of Each Receipt this Period
19.24

Full Name (Last, First, Middle Initial)
C. Scott Sprenger

Mailing Address 3905 Oberlin Avenue

City Lorain State OH Zip Code 44053-2838

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

Name of Employer Anchor Lodge Retirement Center Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1100.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 28 / 2011

Transaction ID : C1515013

Amount of Each Receipt this Period
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: (check only one)	PAGE 29 OF 37
<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. Jan Thayer
Full Name (Last, First, Middle Initial)
Mailing Address 2307 Stagecoach Rd.
City Grand Island State NE Zip Code 68801
FEC ID number of contributing federal political committee. **C**
Name of Employer Riverside Lodge Retirement Complex Occupation Chair/CEO
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **5000.00**

Date of Receipt **11 / 10 / 2011**
Transaction ID : C1508940
Amount of Each Receipt this Period **1250.00**

B. Jerry R. Tretwold
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 829
City Brewster State WA Zip Code 98812-0829
FEC ID number of contributing federal political committee. **C**
Name of Employer Harmony House Health Care Center Occupation Owner/ Administrator
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **11 / 17 / 2011**
Transaction ID : C1509535
Amount of Each Receipt this Period **100.00**

C. Bill Ulrich
Full Name (Last, First, Middle Initial)
Mailing Address 104 S Freya, Suite 119
City Spokane State WA Zip Code 99202
FEC ID number of contributing federal political committee. **C**
Name of Employer Consolidated Billing Services Occupation President
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1000.00**

Date of Receipt **11 / 14 / 2011**
Transaction ID : C1508944
Amount of Each Receipt this Period **1000.00**

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: (check only one)	PAGE 30 OF 37
	<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. James Unverferth
Full Name (Last, First, Middle Initial)

Mailing Address 1100 Shawnee Road

City State Zip Code
Lima OH 45805-3583

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

Name of Employer Occupation
HCF Management, Inc. President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3332.66

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 15 / 2011
Transaction ID : C1506272

Amount of Each Receipt this Period
1666.00

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

Mailing Address 44 Hogan Road

City State Zip Code
Bangor ME 04401

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

Name of Employer Occupation
Maine Veterans' Homes Adminsitrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 08 / 2011
Transaction ID : C1501529

Amount of Each Receipt this Period
250.00

C. Peter Van Runkle
Full Name (Last, First, Middle Initial)

Mailing Address 7460 Tottenham Pl

City State Zip Code
New Albany OH 43054-9443

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

Name of Employer Occupation
Ohio 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 Y Y
11 / 11 / 2011
Transaction ID : C1503986

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional).....▶	2041.00
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 31 OF 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Robert Wehner

Mailing Address 5155 North High Street

City	State	Zip Code
Columbus	OH	43214

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

Name of Employer	Occupation
Wesley Glen	Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **955.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	14	/	2011

Transaction ID : C1508942

Amount of Each Receipt this Period

137.50

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

Mailing Address 5155 North High Street

City	State	Zip Code
Columbus	OH	43214

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

Name of Employer	Occupation
Wesley Glen	Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **955.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	28	/	2011

Transaction ID : C1518333

Amount of Each Receipt this Period

405.00

Full Name (Last, First, Middle Initial)
C. Greg Wells

Mailing Address 4138 Golden Maple Court

City	State	Zip Code
Owensboro	KY	42303

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

Name of Employer	Occupation
Wells Health Systems, Inc.	Vice President of Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	21	/	2011

Transaction ID : C1514994

Amount of Each Receipt this Period

55.00

SUBTOTAL of Receipts This Page (optional).....▶	597.50
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 32 OF 37
<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. Jean Wells
Full Name (Last, First, Middle Initial)
Mailing Address 725 Harvard Drive
City Owensboro State KY Zip Code 42301-6185
FEC ID number of contributing federal political committee. **C**
Name of Employer Wells Health Systems Occupation Owner, Legislative Chair
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **11 / 02 / 2011**
Transaction ID : C1501443
Amount of Each Receipt this Period **300.00**

B. Shamika White
Full Name (Last, First, Middle Initial)
Mailing Address 12777 Beechnut St
City Houston State TX Zip Code 77072-3820
FEC ID number of contributing federal political committee. **C**
Name of Employer Nexion Health Occupation Administrator
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **350.00**

Date of Receipt **11 / 01 / 2011**
Transaction ID : C1498568
Amount of Each Receipt this Period **5.00**

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

Date of Receipt **11 / 17 / 2011**
Transaction ID : C1509536
Amount of Each Receipt this Period **25.00**

SUBTOTAL of Receipts This Page (optional)..... **330.00**
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 33 OF 37
<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. Kim Zimmerman
Full Name (Last, First, Middle Initial)

Mailing Address 6797 Colby Crossing Way

City Falls Church State VA Zip Code 22046

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

Name of Employer American Health Care Association Occupation Senior Director, Government Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 04 / 2011
Transaction ID : C1499278

Amount of Each Receipt this Period
 2000.00

B. Alan Zuccari
Full Name (Last, First, Middle Initial)

Mailing Address 7712 Carlton Place

City Mclean State VA Zip Code 22102

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

Name of Employer Hamilton Insurance Agency Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 28 / 2011
Transaction ID : C1515011

Amount of Each Receipt this Period
 1875.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	3875.00
TOTAL This Period (last page this line number only).....▶	59862.46

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. FRIENDS OF CHRIS MURPHY

Mailing Address PO BOX 127

City Cheshire State CT Zip Code 06410

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name

Chris Murphy

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CT District:

Date of Disbursement

MM / DD / YYYY
11 / 15 / 2011

Transaction ID : D121536

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Elect Clark Hall

Mailing Address PO Box 276

City Marvell State AR Zip Code 72366

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name

Clark Hall

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: AR District: 01

Date of Disbursement

MM / DD / YYYY
11 / 15 / 2011

Transaction ID : D121537

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. BILL CASSIDY FOR CONGRESS

Mailing Address 8550 United Plaza Blvd.

City Baton Rouge State LA Zip Code 70809

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name

Rep. Bill Cassidy

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: LA District: 06

Date of Disbursement

MM / DD / YYYY
11 / 10 / 2011

Transaction ID : D121447

Amount of Each Disbursement this Period

5000.00

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

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

12500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. BRALEY FOR CONGRESS

Mailing Address PO Box 390

City Waterloo State IA Zip Code 50704

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name

Rep. Bruce Braley

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IA District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2011			

Transaction ID : D121535

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF CONGRESSMAN GEORGE MILLER

Mailing Address P.O. Box 5864

City Concord State CA Zip Code 94524

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name

Rep. George Miller

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			10			2011			

Transaction ID : D121445

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. CASTOR FOR CONGRESS

Mailing Address 301 W. Platt Street #385

City Tampa State FL Zip Code 33606

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name

Rep. Kathy Castor

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: FL District: 11

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			10			2011			

Transaction ID : D121446

Amount of Each Disbursement this Period

2500.00

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

7000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. LYNN JENKINS FOR CONGRESS

Mailing Address P.O. Box 1441

City Topeka State KS Zip Code 66601

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Lynn Jenkins

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			18			2011			

Transaction ID : D121628

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. 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

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2011			

Transaction ID : D121534

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. TOM REED FOR CONGRESS

Mailing Address 99 W 1st Street

City Corning State NY Zip Code 14830

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Tom Reed

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: NY District: 29

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			22			2011			

Transaction ID : D121665

Amount of Each Disbursement this Period

500.00

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

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

7000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. TIM JOHNSON FOR SOUTH DAKOTA INC

Mailing Address PO BOX 1536

City SIOUX FALLS State SD Zip Code 57101

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Sen. Tim Johnson

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: SD District: 00

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 18 / 2011

Transaction ID : D121632

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

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

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

1000.00

27500.00