

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) X

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 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12G) (d) 30-Day Post-Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 09 01 2008 through 09 30 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 01 14 2009

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

Table with 7 columns and 1 row for Office Use Only

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
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	9

D	D
3	0

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	38529.91									
(c) Total Receipts (from Line 19)	58071.27	579187.03								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	96601.18	692058.49								
7. Total Disbursements (from Line 31)	28706.46	624163.77								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	67894.72	67894.72								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	9

D	D
3	0

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	50540.15	535499.14
(i) Itemized (use Schedule A)	2531.12	34187.89
(ii) Unitemized	53071.27	569687.03
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	5000.00	7500.00
(c) Other Political Committees (such as PACs)	58071.27	577187.03
(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))	58071.27	579187.03
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	58071.27	579187.03

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	956.46	9470.13
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	956.46	9470.13
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	27750.00	610900.00
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.....	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	3793.64
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))..	28706.46	624163.77
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	28706.46	624163.77

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)	58071.27	577187.03
34. Total Contribution Refunds (from Line 28(d))	0.00	3793.64
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	58071.27	573393.39
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	956.46	9470.13
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	956.46	9470.13

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

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

FOR LINE NUMBER: PAGE 6 / 47
(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)
Dirk Anjewierden

Mailing Address 2180 So. 1300 E
Suite 445

City State Zip Code
Salt Lake City UT 84106

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

Name of Employer Occupation
Utah Health Care Assn. Executive Director

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
09 / 26 / 2008

Transaction ID: C503103

Amount of Each Receipt this Period
125.00

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

Mailing Address 8028 Ritchie Highway
Suite 118

City State Zip Code
Pasadena MD 21122-1069

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

Name of Employer Occupation
FutureCare Health & Mgmt. President

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
09 / 16 / 2008

Transaction ID: C499694

Amount of Each Receipt this Period
1250.00

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

Mailing Address 100 E San Marcos Blvd
Suite 200

City State Zip Code
San Marcos CA 92069

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

Name of Employer Occupation
Plum Healthcare Group Executive Assistant

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3750.00

Date of Receipt
MM / DD / YYYY
09 / 10 / 2008

Transaction ID: C497137

Amount of Each Receipt this Period
1250.00

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 7 / 47

(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)
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 ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 22 / 2008

Transaction ID: C503863

Amount of Each Receipt this Period
250.00

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 AHCA Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 04 / 2008

Transaction ID: C495092

Amount of Each Receipt this Period
20.00

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 ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 18 / 2008

Transaction ID: C501067

Amount of Each Receipt this Period
20.00

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 8 / 47
(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)
Lyn Bentley

Mailing Address 1201 L Street NW

City Washington State DC Zip Code 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 ▼ 400.00

Date of Receipt MM / DD / YYYY
09 / 30 / 2008

Transaction ID: C504455

Amount of Each Receipt this Period 40.00

B. Full Name (Last, First, Middle Initial)
Bretton J Bolt

Mailing Address 6937 Warfield Avenue

City Sykesville State MD Zip Code 21784

FEC ID number of contributing federal political committee. C

Name of Employer Nexion Health Care Occupation CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt MM / DD / YYYY
09 / 24 / 2008

Transaction ID: C504274

Amount of Each Receipt this Period 2500.00

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

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 AHCA Occupation Senior Director of Constituency Affair

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.76

Date of Receipt MM / DD / YYYY
09 / 04 / 2008

Transaction ID: C495093

Amount of Each Receipt this Period 11.54

SUBTOTAL of Receipts This Page (optional) 2551.54

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 9 / 47
(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 09 / 18 / 2008
Mailing Address 3614 Connecticut Ave NW Apt 22		Transaction ID: C501068
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 ▼ 230.76	

B.

Full Name (Last, First, Middle Initial) Julie Cheeka		Date of Receipt MM / DD / YYYY 09 / 30 / 2008
Mailing Address 3614 Connecticut Ave NW Apt 22		Transaction ID: C504456
City Washington	State DC	Zip Code 20008-2436
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 23.08
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 ▼ 230.76	

C.

Full Name (Last, First, Middle Initial) Deborah K. Choma		Date of Receipt MM / DD / YYYY 09 / 26 / 2008
Mailing Address 46 Indian Point Rd		Transaction ID: C503057
City Bomoseen	State VT	Zip Code 05732-9617
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Shard Villa	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	334.62
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 10 / 47
	<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) Robert M. Chur	Date of Receipt MM / DD / YYYY 09 / 24 / 2008
	Mailing Address Elderwood Senior Care 7 Limestone Drive	Transaction ID: C504275
	City Williamsville	State NY
	Zip Code 14221-7051	Amount of Each Receipt this Period 1250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Elderwood Affiliates Inc	Occupation President	
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) Paul Diaz	Date of Receipt MM / DD / YYYY 09 / 04 / 2008
	Mailing Address 680 S 4th St	Transaction ID: C495089
	City Louisville	State KY
	Zip Code 40202-2407	Amount of Each Receipt this Period 3000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Kindred HealthCare	Occupation Sr Vice President/CFO	
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) Jonathan P Dolan	Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address 236 Metro Drive	Transaction ID: C504480
	City Jefferson City	State MO
	Zip Code 65109-1103	Amount of Each Receipt this Period 2500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Missouri Health Care Association	Occupation Executive Director	
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)	6750.00
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 / 47
(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) Joseph Donchess		Date of Receipt MM / DD / YYYY 09 / 26 / 2008
Mailing Address Louisiana Nursing Home Association 7844 Office Park Boulevard		Transaction ID: C503060
City Baton Rouge	State LA	
Zip Code 70809-7603		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer Louisiana Nursing Home Association	Occupation Executive Director	
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 MM / DD / YYYY 09 / 04 / 2008
Mailing Address 1201 L Street NW		Transaction ID: C495094
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 ▼ 260.00	

C.

Full Name (Last, First, Middle Initial) Teresa Eyt		Date of Receipt MM / DD / YYYY 09 / 18 / 2008
Mailing Address 1201 L Street NW		Transaction ID: C501069
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 ▼ 260.00	

SUBTOTAL of Receipts This Page (optional)	540.00
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 / 47

(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)

Teresa Eyet

Mailing Address 1201 L Street NW

City State Zip Code
Washington DC 20001

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

Name of Employer Occupation
AHCA Education

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 260.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2008

Transaction ID: C504457

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Susan Feeney

Mailing Address 7005 Metropolitan PI

City State Zip Code
Falls Church VA 22043-2330

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

Name of Employer Occupation
American Health Care Association Vice President, Public Affairs

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 386.97

Date of Receipt

M M / D D / Y Y Y Y
09 / 04 / 2008

Transaction ID: C495095

Amount of Each Receipt this Period

19.24

C.

Full Name (Last, First, Middle Initial)

Susan Feeney

Mailing Address 7005 Metropolitan PI

City State Zip Code
Falls Church VA 22043-2330

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

Name of Employer Occupation
American Health Care Association Vice President, Public Affairs

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 386.97

Date of Receipt

M M / D D / Y Y Y Y
09 / 18 / 2008

Transaction ID: C501472

Amount of Each Receipt this Period

19.24

SUBTOTAL of Receipts This Page (optional) ▶

78.48

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 13 / 47
(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)
Susan Feeney
 Mailing Address 7005 Metropolitan PI
 City Falls Church State VA Zip Code 22043-2330
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Health Care Association Occupation Vice President, Public Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 386.97
 Date of Receipt 09 / 30 / 2008
Transaction ID: C504458
 Amount of Each Receipt this Period 38.48

B. Full Name (Last, First, Middle Initial)
E.M. Gil M. Harrington
 Mailing Address PO Box 699
 City Eastman State GA Zip Code 31023-0699
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pine Care Services Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00
 Date of Receipt 09 / 29 / 2008
Transaction ID: C504612
 Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
David Hebert
 Mailing Address 7605 Ridgecrest Drive
 City Alexandria State VA Zip Code 22308-1049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AHCA Occupation Senior Vice President of Advocacy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 687.10
 Date of Receipt 09 / 04 / 2008
Transaction ID: C495098
 Amount of Each Receipt this Period 38.46

SUBTOTAL of Receipts This Page (optional) ► 1076.94
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 47
(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 AHCA Occupation Senior Vice President of Advocacy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 687.10

Date of Receipt
MM / DD / YYYY
09 / 18 / 2008

Transaction ID: C501498

Amount of Each Receipt this Period
38.46

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 687.10

Date of Receipt
MM / DD / YYYY
09 / 30 / 2008

Transaction ID: C504460

Amount of Each Receipt this Period
76.92

C.

Full Name (Last, First, Middle Initial)
Matt Hilty

Mailing Address Avamere Health Services, Inc.
25117 SW Parkway

City State Zip Code
Wilsonville OR 97070

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

Name of Employer Avamere Health Services, Inc. Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
MM / DD / YYYY
09 / 26 / 2008

Transaction ID: C503058

Amount of Each Receipt this Period
900.00

SUBTOTAL of Receipts This Page (optional) ► **1015.38**

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 / 47
(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)
Brian Holloway

Mailing Address 1001 Center Street

City State Zip Code
Little Egg Harbor NJ 08087-1364

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

Name of Employer Occupation
Seacrest Village Owner/President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
09 / 26 / 2008

Transaction ID: C503044

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Jesse Johnson, Jr.

Mailing Address 1500 E. First St

City State Zip Code
Newberg OR 97132

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

Name of Employer Occupation
Newberg Care Home Administrator/Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
09 / 26 / 2008

Transaction ID: C503045

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 3801 Woodside Dr

City State Zip Code
Arlington TX 76016-3030

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

Name of Employer Occupation
Legacy Care Centers Inc. President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
MM / DD / YYYY
09 / 25 / 2008

Transaction ID: C504450

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **525.00**

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 16 / 47
(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 Kylo

Mailing Address 4621 28th Road South
PAYROLL DEDUCTION

City Arlington State VA Zip Code 22206

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

Name of Employer AHCA Occupation Director, Assisted Living

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 791.20

Date of Receipt MM / DD / YYYY
09 / 04 / 2008

Transaction ID: C495102

Amount of Each Receipt this Period 39.56

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

Mailing Address 4621 28th Road South
PAYROLL DEDUCTION

City Arlington State VA Zip Code 22206

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

Name of Employer AHCA Occupation Director, Assisted Living

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 791.20

Date of Receipt MM / DD / YYYY
09 / 18 / 2008

Transaction ID: C501526

Amount of Each Receipt this Period 39.56

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

Mailing Address 4621 28th Road South
PAYROLL DEDUCTION

City Arlington State VA Zip Code 22206

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

Name of Employer AHCA Occupation Director, Assisted Living

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 791.20

Date of Receipt MM / DD / YYYY
09 / 30 / 2008

Transaction ID: C504465

Amount of Each Receipt this Period 79.12

SUBTOTAL of Receipts This Page (optional) ► 158.24

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 17 / 47
(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)
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 ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2008

Transaction ID: C497129

Amount of Each Receipt this Period
1000.00

B.

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

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 Levering Management Inc. 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
09 / 18 / 2008

Transaction ID: C501065

Amount of Each Receipt this Period
1500.00

C.

Full Name (Last, First, Middle Initial)
Howard Lipschutz

Mailing Address 1304 Laurel Oak Rd

City State Zip Code
Voorhees NJ 08043-4310

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

Name of Employer Burnt Tavern Rehabilitation HealthCare Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 24 / 2008

Transaction ID: C504276

Amount of Each Receipt this Period
125.00

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 18 / 47
(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)
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 ▼ 450.00

Date of Receipt
MM / DD / YYYY
09 / 26 / 2008

Transaction ID: C503054

Amount of Each Receipt this Period
450.00

B.

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

Mailing Address 6061 South Brook Valley

City State Zip Code
Centennial CO 80121-3103

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

Name of Employer Occupation
Colorado Health Care Association State Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1829.25

Date of Receipt
MM / DD / YYYY
09 / 17 / 2008

Transaction ID: C500132

Amount of Each Receipt this Period
82.31

C.

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

Mailing Address 6061 South Brook Valley

City State Zip Code
Centennial CO 80121-3103

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

Name of Employer Occupation
Colorado Health Care Association State Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1829.25

Date of Receipt
MM / DD / YYYY
09 / 22 / 2008

Transaction ID: C503876

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1032.31**

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 19 / 47

(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)

Ned Morse

Mailing Address Massachusetts Extended Care Federa
2310 Washington Street

City State Zip Code
Newton Lower Falls MA 02462-1449

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

Name of Employer
MA Extended Care Federati-
on

Occupation
Executive Director

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 29 / 2008

Transaction ID: C504577

Amount of Each Receipt this Period

125.00

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
American Health Care Asso-
ciation

Occupation
Government Affairs

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
266.80

Date of Receipt

M M / D D / Y Y Y Y
09 / 04 / 2008

Transaction ID: C495099

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
American Health Care Asso-
ciation

Occupation
Government Affairs

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
266.80

Date of Receipt

M M / D D / Y Y Y Y
09 / 18 / 2008

Transaction ID: C501500

Amount of Each Receipt this Period

33.35

SUBTOTAL of Receipts This Page (optional) ►

191.70

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 20 / 47
(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)
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 ▼
266.80

Date of Receipt
MM / DD / YYYY
09 / 30 / 2008

Transaction ID: C504462

Amount of Each Receipt this Period
66.70

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

Mailing Address 415 Rogers Avenue

City State Zip Code
Fort Smith AR 72901-1903

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

Name of Employer Central Arkansas Nursing Centers
Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
09 / 22 / 2008

Transaction ID: C503872

Amount of Each Receipt this Period
1250.00

C. 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 ▼
1000.00

Date of Receipt
MM / DD / YYYY
09 / 22 / 2008

Transaction ID: C503867

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1566.70**

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 21 / 47

(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)
Robert Norton

Mailing Address Mangar USA
1111 Jupiter Road

City State Zip Code
Plano TX 75074

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

Name of Employer Occupation
Mangar USA Sales

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

Date of Receipt

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

Transaction ID: C497141

Amount of Each Receipt this Period

300.00

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 Occupation
Sr. Director of Congressional Affairs American Health Care Association

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	4		2	0	0	8

Transaction ID: C495100

Amount of Each Receipt this Period

20.00

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 Occupation
Sr. Director of Congressional Affairs American Health Care Association

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

Date of Receipt

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

Transaction ID: C501501

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

340.00

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 22 / 47
(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)
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 ▼
400.00

Date of Receipt: 09 / 30 / 2008
Transaction ID: C504463
 Amount of Each Receipt this Period: 40.00

B. Full Name (Last, First, Middle Initial)
Marvin Ostreicher

Mailing Address 184 Wildacre Avenue

City State Zip Code
Lawrence NY 11559-1413

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

Name of Employer: National Health Care Associates
Occupation: President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt: 09 / 30 / 2008
Transaction ID: C503859
 Amount of Each Receipt this Period: 5000.00

C. Full Name (Last, First, Middle Initial)
Genesis Health Care Political Action Com

Mailing Address 101 East State Street

City State Zip Code
Kennett Square PA 19348-3109

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 ▼
5000.00

Date of Receipt: 09 / 18 / 2008
Transaction ID: C501066
 Amount of Each Receipt this Period: 1500.00

SUBTOTAL of Receipts This Page (optional) ► **6540.00**

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 / 47

(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)
Genesis Health Care Political Action Com

Mailing Address 101 East State Street

City State Zip Code
Kennett Square PA 19348-3109

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 ▼ 5000.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2008

Transaction ID: C504518

Amount of Each Receipt this Period

1000.00

B.

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

Mailing Address 3939 S 92nd Street

City State Zip Code
Greenfield WI 53228-2140

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

Name of Employer Information Requested Occupation Information Requested
Clement Manor Inc. CEO

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 26 / 2008

Transaction ID: C503048

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Thomas G. Rau

Mailing Address 10503 Citation Drive

City State Zip Code
Brighton MI 48116

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

Name of Employer Information Requested Occupation Information Requested
Nexcare Health Systems, LLC Owner

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 26 / 2008

Transaction ID: C503047

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 47
(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 Reaves		Date of Receipt MM / DD / YYYY 09 / 10 / 2008
Mailing Address Green Hills Health & Rehabilitatio 3939 Hillsboro Circle		Transaction ID: C497135
City Nashville	State Zip Code TN 37215	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Green Hills Health & Rehabilitation	Occupation Administrator	Aggregate Year-to-Date 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Stephen Reissman		Date of Receipt MM / DD / YYYY 09 / 30 / 2008
Mailing Address 5120 W Goldleaf Circle Suite 400		Transaction ID: C503857
City Los Angeles	State Zip Code CA 90056-1297	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer Country Villa Health Services	Occupation President/CEO	Aggregate Year-to-Date 5000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Angelo S. Rotella		Date of Receipt MM / DD / YYYY 09 / 26 / 2008
Mailing Address Friendly Home 303 Rhodes Avenue		Transaction ID: C503051
City Woonsocket	State Zip Code RI 02895-2821	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1250.00
Name of Employer Friendly Home Inc	Occupation President/Admin	Aggregate Year-to-Date 3750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	4050.00
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 / 47

(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)
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 ▼ 2250.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 16 / 2008

Transaction ID: C499693

Amount of Each Receipt this Period

750.00

B.

Full Name (Last, First, Middle Initial)
Daniel Salmon

Mailing Address 85 Beaumont Dr

City State Zip Code
Northbridge MA 01534-1093

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

Name of Employer Occupation
Beaumont Nursing Home Administrator

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 29 / 2008

Transaction ID: C504582

Amount of Each Receipt this Period

125.00

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 Occupation
AHCA Director, Government Relations

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 235.04

Date of Receipt

M M / D D / Y Y Y Y
09 / 04 / 2008

Transaction ID: C495104

Amount of Each Receipt this Period

11.54

SUBTOTAL of Receipts This Page (optional) ▶

886.54

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 26 / 47

(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 Occupation
AHCA Director, Government Relations

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 235.04

Date of Receipt

M M / D D / Y Y Y Y
09 / 18 / 2008

Transaction ID: C501537

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 Occupation
AHCA Director, Government Relations

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 235.04

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2008

Transaction ID: C504468

Amount of Each Receipt this Period

23.08

C.

Full Name (Last, First, Middle Initial)
Floyd Schlossberg

Mailing Address 4200 W Peterson Ave
Ste 140

City State Zip Code
Chicago IL 60646-6819

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

Name of Employer Occupation
Alden Management Inc President

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 25 / 2008

Transaction ID: C504449

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)

1284.62

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 27 / 47
	<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) Ina Schlossberg	Date of Receipt MM / DD / YYYY 09 / 25 / 2008
	Mailing Address 4200 W Peterson Ave Ste 140	Transaction ID: C504448
	City Chicago State IL Zip Code 60646-6819	Amount of Each Receipt this Period 1250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Alden Enterprises Occupation Special Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3750.00	

B.	Full Name (Last, First, Middle Initial) Gerald Schroer, Jr.	Date of Receipt MM / DD / YYYY 09 / 26 / 2008
	Mailing Address 7235 Whipple Ave NW	Transaction ID: C503104
	City North Canton State OH Zip Code 44720-7137	Amount of Each Receipt this Period 1500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Altercare Occupation Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2250.00	

C.	Full Name (Last, First, Middle Initial) Louis Serra	Date of Receipt MM / DD / YYYY 09 / 22 / 2008
	Mailing Address 2525 Pennsylvania Ave	Transaction ID: C503873
	City Weirton State WV Zip Code 26062-3634	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Weirton Geriatric Center Occupation Owner/Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 47
(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)
Michael Shepard

Mailing Address 6810 South Hazel Street

City Pine Bluff State AR Zip Code 71603-7828

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

Name of Employer: Garden Point - Davis Life Care
Occupation: President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 09 / 2008
Transaction ID: C497147
 Amount of Each Receipt this Period: 500.00

B.

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

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: AHCA
Occupation: Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.76

Date of Receipt: 09 / 04 / 2008
Transaction ID: C495101
 Amount of Each Receipt this Period: 11.54

C.

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

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: AHCA
Occupation: Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.76

Date of Receipt: 09 / 18 / 2008
Transaction ID: C501525
 Amount of Each Receipt this Period: 11.54

SUBTOTAL of Receipts This Page (optional) ► **523.08**

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 29 / 47
(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)
Jennifer Shimer

Mailing Address 9507 Shelly Krasnow Ln

City State Zip Code
Fairfax VA 22031-4720

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

Name of Employer AHCA Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.76

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2008

Transaction ID: C504464

Amount of Each Receipt this Period
23.08

B.

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

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 American Health Care Association Occupation Director of Grassroots

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 396.62

Date of Receipt
M M / D D / Y Y Y Y
09 / 04 / 2008

Transaction ID: C495105

Amount of Each Receipt this Period
19.23

C.

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

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 American Health Care Association Occupation Director of Grassroots

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 396.62

Date of Receipt
M M / D D / Y Y Y Y
09 / 18 / 2008

Transaction ID: C501538

Amount of Each Receipt this Period
19.23

SUBTOTAL of Receipts This Page (optional) ▶ **61.54**

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 30 / 47
(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)
Matthew D. Smyth

Mailing Address 1201 L Street NW

City Washington State DC Zip Code 20005

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 ▼ 396.62

Date of Receipt 09 / 30 / 2008

Transaction ID: C504469

Amount of Each Receipt this Period 38.46

B.

Full Name (Last, First, Middle Initial)
Nicholas Thisse

Mailing Address 80 Access Rd

City Norwood State MA Zip Code 02062

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

Name of Employer Rehab Associates Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1900.00

Date of Receipt 09 / 17 / 2008

Transaction ID: C500133

Amount of Each Receipt this Period 900.00

C.

Full Name (Last, First, Middle Initial)
Travis Tomlinson

Mailing Address 513 East Whitaker Mill Road

City Raleigh State NC Zip Code 27608-2633

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

Name of Employer Mayview Conv Home Inc Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 29 / 2008

Transaction ID: C504611

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1438.46

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 31 / 47

(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)

Bill Ulrich

Mailing Address Consolidated Billing Services
104 South Freya

City State Zip Code
Spokane WA 99202

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

Name of Employer
Consolidated Billing Services

Occupation
Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 26 / 2008

Transaction ID: C503059

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

James Unverferth

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
HCF, Inc.

Occupation
President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 02 / 2008

Transaction ID: C495087

Amount of Each Receipt this Period

1250.00

C.

Full Name (Last, First, Middle Initial)

James Unverferth

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
HCF, Inc.

Occupation
President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 26 / 2008

Transaction ID: C503106

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)

2800.00

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 / 47
(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 A. Vinson		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 6 / 2 0 0 8
Mailing Address 329 Townepark Circle Suite 100		Transaction ID: C503056
City Louisville	State KY	Zip Code 40243
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Health Systems of Kentucky	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) Marilyn K. Weber		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 4 / 2 0 0 8
Mailing Address PO Box 386		Transaction ID: C503886
City Wellington	State OH	Zip Code 44090-0386
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Weber Health Care Center, Inc.	Occupation Superintendent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1650.00	

C.

Full Name (Last, First, Middle Initial) Dennis W. Wheeler		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 6 / 2 0 0 8
Mailing Address PO Box 1545		Transaction ID: C503052
City Mount Pleasant	State SC	Zip Code 29465-1545
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1250.00
Name of Employer Laurel Baye Healthcare	Occupation President/CEO	
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)	▶	2400.00
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 33 / 47
(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)
Adele Wilzack

Mailing Address 7135 Minstreal Way
Suite 104

City Columbia State MD Zip Code 21045

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

Name of Employer Health Facilities Assn of MD Occupation Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 23 / 2008
Transaction ID: C503879
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Douglas M Wright, Sr.

Mailing Address 2844 Traceland Drive

City Tupelo State MS Zip Code 38803-3667

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

Name of Employer Community Eldercare Services Occupation President/CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 26 / 2008
Transaction ID: C503053
Amount of Each Receipt this Period 300.00

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

Mailing Address 200 P Street
Apt F31

City Sacramento State CA Zip Code 95814-6259

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

Name of Employer AHCA Occupation CEO & President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4500.00

Date of Receipt 09 / 10 / 2008
Transaction ID: C497140
Amount of Each Receipt this Period 2000.00

SUBTOTAL of Receipts This Page (optional) ► 2800.00

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 34 / 47
(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)
Alecia Zaun

Mailing Address 920 8th Avenue S

City State Zip Code
Faulkton SD 57438

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

Name of Employer Occupation
Faulkton Healthcare Center Interim Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
305.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 09 / 2008

Transaction ID: C497145

Amount of Each Receipt this Period
305.00

SUBTOTAL of Receipts This Page (optional)	▶	305.00
TOTAL This Period (last page this line number only)	▶	50540.15

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 47
(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)
Kindred Healthcare Inc. Political Action Committee

Mailing Address 680 S 4th St

City	State	Zip Code
Louisville	KY	40202-2407

FEC ID number of contributing federal political committee. **C** C00242271

Name of Employer	Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: C606092

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	5000.00

**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 36 / 47

<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

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) BB & T CREDIT CARD	Transaction ID: D73242 Date of Disbursement
	Mailing Address 2200 Wilson Blvd Ste 200	<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City Arlington State VA Zip Code 22201-3324	Amount of Each Disbursement this Period
	Purpose of Disbursement CC Fees	<input type="text" value="744.34"/>
	Candidate Name	Category/Type
	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	Transaction ID: D73241 Date of Disbursement
	Mailing Address PO Box 819 Operations Center	<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City Wilson State NC Zip Code 27894-0819	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Fees	<input type="text" value="212.12"/>
	Candidate Name	Category/Type
	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) ▶

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) AMERICA WORKS COMMITTEE	Transaction ID: D71830
	Mailing Address 607 14th Street N.W. Suite 800	Date of Disbursement MM / DD / YYYY 09 / 15 / 2008
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period -2500.00
	Purpose of Disbursement Voided contribution	Category/ Type
	Candidate Name AMERICA WORKS COMMITTEE	
	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) ▼

B.	Full Name (Last, First, Middle Initial) Bright For Congress	Transaction ID: D72136
	Mailing Address PO Box 2106	Date of Disbursement MM / DD / YYYY 09 / 24 / 2008
	City Montgomery State AL Zip Code 36102-2106	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Mr Bobby Bright	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 02	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) DOLE LEADERSHIP TRUST	Transaction ID: D72242
	Mailing Address P.O. Box 510	Date of Disbursement MM / DD / YYYY 09 / 29 / 2008
	City Raleigh State NC Zip Code 27602	Amount of Each Disbursement this Period -5000.00
	Purpose of Disbursement Voided contribution	Category/ Type
	Candidate Name DOLE LEADERSHIP TRUST	
	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) ▼

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) DOLE LEADERSHIP TRUST Mailing Address P.O. Box 510 City Raleigh State NC Zip Code 27602 Purpose of Disbursement Contributions to Federal PACs/Committees Candidate Name DOLE LEADERSHIP TRUST 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:	Transaction ID: D71962 Date of Disbursement 09 / 19 / 2008 Amount of Each Disbursement this Period 5000.00
B.	Full Name (Last, First, Middle Initial) HAWKEYE PAC, THE Mailing Address PO Box 7255 City Des Moines State IA Zip Code 50309 Purpose of Disbursement Contributions to Federal PACs/Committees Candidate Name HAWKEYE PAC, THE 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:	Transaction ID: D71816 Date of Disbursement 09 / 15 / 2008 Amount of Each Disbursement this Period 1000.00
C.	Full Name (Last, First, Middle Initial) Leadership Circle PAC Mailing Address PO Box 2888 City Raleigh State NC Zip Code 27602 Purpose of Disbursement Contributions to Federal PACs/Committees Candidate Name Leadership Circle PAC 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:	Transaction ID: D72075 Date of Disbursement 09 / 23 / 2008 Amount of Each Disbursement this Period 5000.00

SUBTOTAL of Disbursements This Page (optional) ▶	11000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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<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) Stivers for Congress Mailing Address 81 S FIFTH STREET City Columbus State OH Zip Code 43215 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Mr. Steve Stivers Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D71825 Date of Disbursement 09 / 15 / 2008
	Amount of Each Disbursement this Period 2500.00

B. Full Name (Last, First, Middle Initial) NEBRASKA DEMOCRATIC STATE CENTRAL COMMITTEE Mailing Address 1327 H St Ste 200 City Lincoln State NE Zip Code 68508-3751 Purpose of Disbursement Contributions to Party Committee Candidate Name NEBRASKA DEMOCRATIC STATE CENTRAL COMMITTEE 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) ▼	Transaction ID: D72139 Date of Disbursement 09 / 24 / 2008
	Amount of Each Disbursement this Period 5000.00

C. Full Name (Last, First, Middle Initial) PAC TO THE FUTURE Mailing Address 430 S. Capitol St. SE 1st Flr. City Washington State DC Zip Code 20003 Purpose of Disbursement Voided contribution Candidate Name PAC TO THE FUTURE 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) ▼	Transaction ID: D72141 Date of Disbursement 09 / 24 / 2008
	Amount of Each Disbursement this Period -1500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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) Griffith for Congress	Transaction ID: D72137 Date of Disbursement 09 / 24 / 2008
	Mailing Address PO Box 2916	Amount of Each Disbursement this Period 1000.00
	City Huntsville State AL Zip Code 35804-2916	
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Mr Parker Griffith	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 05	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) PROSPERITY HELPS INSPIRE LIBERTY POLITICAL ACTION	Transaction ID: D71819 Date of Disbursement 09 / 15 / 2008
	Mailing Address 104 Hume Ave	Amount of Each Disbursement this Period 2500.00
	City Alexandria State VA Zip Code 22301-1015	
	Purpose of Disbursement Contributions to Federal PACs/ Committees	Category/ Type
	Candidate Name PROSPERITY HELPS INSPIRE LIBERTY POLITICAL ACTION	
	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) ANNA ESHOO FOR CONGRESS	Transaction ID: D72146 Date of Disbursement 09 / 24 / 2008
	Mailing Address PO Box 636	Amount of Each Disbursement this Period -1000.00
	City Annandale State VA Zip Code 22003-0636	
	Purpose of Disbursement Voided contribution	Category/ Type
	Candidate Name Rep. Anna Eshoo	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 14	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) CHRISTOPHER SHAYS FOR CONGRESS COMMITTEE	Transaction ID: D71822
	Mailing Address 98 East Avenue Rear Building	Date of Disbursement 09 / 15 / 2008
	City Norwalk State CT Zip Code 06851	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Christopher Shays	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT 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) FRIENDS OF DENNIS CARDOZA	Transaction ID: D72134
	Mailing Address PO Box 2749	Date of Disbursement 09 / 24 / 2008
	City Merced State CA Zip Code 95340	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Dennis Cardoza	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 18	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) CAZAYOUX FOR CONGRESS	Transaction ID: D72135
	Mailing Address POB 156	Date of Disbursement 09 / 24 / 2008
	City New Roads State LA Zip Code 70760	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Don Cazayoux	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 06	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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)

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<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) FRIENDS OF FRANK WOLF Mailing Address P. O. BOX 710235 City OAK HILL State VA Zip Code 20171 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Frank R. Wolf Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 10 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D71824 Date of Disbursement 09 / 15 / 2008 Amount of Each Disbursement this Period 2500.00
B.	Full Name (Last, First, Middle Initial) JOHN HALL FOR CONGRESS Mailing Address PO Box 274 City Hopewell Junction State NY Zip Code 12533-0274 Purpose of Disbursement Voided contribution Candidate Name Rep. John Hall Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 19 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D72142 Date of Disbursement 09 / 24 / 2008 Amount of Each Disbursement this Period -1000.00
C.	Full Name (Last, First, Middle Initial) COURTNEY FOR CONGRESS Mailing Address 38 Risley Road City Vernon State CT Zip Code 06066 Purpose of Disbursement Voided contribution Candidate Name Rep. Joseph Courtney Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 02 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D72143 Date of Disbursement 09 / 24 / 2008 Amount of Each Disbursement this Period -1000.00

SUBTOTAL of Disbursements This Page (optional) ▶	500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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) PEOPLE FOR ENGLISH	Transaction ID: D71818
	Mailing Address PO BOX 1940	Date of Disbursement 09 / 15 / 2008
	City ERIE State PA Zip Code 16507	Amount of Each Disbursement this Period 3000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Philip S. English	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 03	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) LEVIN FOR CONGRESS	Transaction ID: D72148
	Mailing Address 230 North Avenue	Date of Disbursement 09 / 24 / 2008
	City Mt. Clemens State MI Zip Code 48043	Amount of Each Disbursement this Period -1500.00
	Purpose of Disbursement Voided contribution	Category/ Type
	Candidate Name Rep. Sander M. Levin	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 12	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) BERKLEY FOR CONGRESS	Transaction ID: D72144
	Mailing Address PO Box 7397	Date of Disbursement 09 / 24 / 2008
	City Las Vegas State NV Zip Code 89125-7397	Amount of Each Disbursement this Period -1000.00
	Purpose of Disbursement Voided contribution	Category/ Type
	Candidate Name Rep. Shelley Berkley	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	500.00
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) SHELLEY MOORE CAPITO FOR CONGRESS</p> <p>Mailing Address P.O. Box 11519</p> <p>City Charleston State WV Zip Code 25339</p> <p>Purpose of Disbursement Voided contribution</p> <p>Candidate Name Rep. Shelley Moore Capito</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 02</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D72147 Date of Disbursement: 09 / 24 / 2008</p> <p>Amount of Each Disbursement this Period -1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) SHELLEY MOORE CAPITO FOR CONGRESS</p> <p>Mailing Address P.O. Box 11519</p> <p>City Charleston State WV Zip Code 25339</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Shelley Moore Capito</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 02</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D71821 Date of Disbursement: 09 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>C. Full Name (Last, First, Middle Initial) HOOSIERS SUPPORTING BUYER FOR CONGRESS</p> <p>Mailing Address 200 North Main St. P.O. Box 712</p> <p>City Monticello State IN Zip Code 47960</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Steve Buyer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 04</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D71817 Date of Disbursement: 09 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
THELMA DRAKE FOR CONGRESS

Mailing Address P.O. Box 61480

City Virginia Beach State VA Zip Code 23466

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Thelma D. Drake

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: VA District: 02

Transaction ID: D71820

Date of Disbursement

09 / 15 / 2008

Amount of Each Disbursement this Period

2500.00

B. Full Name (Last, First, Middle Initial)
Murphy for Congress

Mailing Address PO Box 11721

City Pittsburgh State PA Zip Code 15228-0721

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Timothy F. Murphy

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: PA District: 18

Transaction ID: D71823

Date of Disbursement

09 / 15 / 2008

Amount of Each Disbursement this Period

2500.00

C. Full Name (Last, First, Middle Initial)
ELIZABETH DOLE COMMITTEE INC

Mailing Address PO BOX 2918

City RALEIGH State NC Zip Code 27602

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Sen. Elizabeth Dole

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: NC District: 00

Transaction ID: D71960

Date of Disbursement

09 / 19 / 2008

Amount of Each Disbursement this Period

5000.00

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

<p>A. Full Name (Last, First, Middle Initial) JOHN KERRY FOR SENATE</p> <p>Mailing Address 10 G STREET NE</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement Voided contribution</p> <p>Candidate Name Sen. John F. Kerry</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 00</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D72149 Date of Disbursement 09 / 24 / 2008</p> <p>Amount of Each Disbursement this Period -5000.00</p>
<p>B. Full Name (Last, First, Middle Initial) FRIENDS OF MARY LANDRIEU INC</p> <p>Mailing Address 607 14TH STREET NW SUITE 800</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Sen. Mary Landrieu</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D72138 Date of Disbursement 09 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>C. Full Name (Last, First, Middle Initial) SHAFROTH FOR CONGRESS</p> <p>Mailing Address PO BOX 982</p> <p>City Boulder State CO Zip Code 80306</p> <p>Purpose of Disbursement Voided contribution</p> <p>Candidate Name WILLIAM G SHAFROTH</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 02</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D72145 Date of Disbursement 09 / 24 / 2008</p> <p>Amount of Each Disbursement this Period -250.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

-3250.00

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

27750.00

Image# 29930055986

Form/Schedule: **F3XA**

Transaction ID:

Due to incorrect data entry an amendment is being filed.
