

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (In full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

American Health Care Association Political Action Committee

ADDRESS (number and street)

1201 L Street, NW

Check if different than previously reported. (ACC)

Washington

DC

20005

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00006090

3. IS THIS REPORT

X

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Quarterly Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12) (Non-Election Year Only)

X Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

(c) 12-Day

PRE-Election Report for the:

Primary (12P)

Convention (12C)

General (12G)

Special (12S)

Runoff (12R)

Election on

in the State of

(d) 30-Day

Post-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

03

01

2005

through

03

31

2005

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Anna Lee-Assl. Treasurer

Signature of Treasurer

Electronically Filed by Anna Lee-Assl. Treasurer

Date

04

14

2005

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

Office Use Only

**FEC FORM 3X**  
(Rev. 02/2003)

**SUMMARY PAGE**

**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period: From: <sup>M</sup>03 <sup>D</sup>01 <sup>Y</sup>2005 To: <sup>M</sup>03 <sup>D</sup>31 <sup>Y</sup>2005

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>Y</sup> 2005		168941.11
(b) Cash on Hand at Beginning of Reporting Period .....	284173.58	
(c) Total Receipts (from Line 19) .....	57763.07	222376.53
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	341936.65	391317.64
<hr/>		
7. Total Disbursements (from Line 31) .....	68171.86	117552.85
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	273764.79	273764.79
<hr/>		
9. Debts and Obligations owed <b>TO</b> the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> 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**

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Page 3

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period: From: <sup>M</sup>03 <sup>-</sup>01 <sup>-</sup>2005 To: <sup>M</sup>03 <sup>-</sup>31 <sup>-</sup>2005

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	52856.65	207986.40
(ii) Unitemized .....	4906.42	14390.13
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	57763.07	222376.53
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	57763.07	222376.53
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)) .....	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	57763.07	222376.53
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	57763.07	222376.53

**DETAILED SUMMARY PAGE**

of Disbursements

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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.....	1171.86	2702.85
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1171.86	2702.85
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	67000.00	113600.00
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	1250.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0.00	1250.00
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 ActMty (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))..	68171.86	117552.85
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31).....	68171.86	117552.85

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	57763.07	222376.53
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	1250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	57763.07	221126.53
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1171.86	2702.85
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1171.86	2702.85

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

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

FOR LINE NUMBER: PAGE 6 / 42

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

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Brad Moorhouse</b>		Date of Receipt M / D / Y 03 / 01 / 2005
Mailing Address 1501 E. Greenville St. PO Box 1327		Transaction ID: 21124562
City Anderson	State SC	Zip Code 29621-2004
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer National Health Corp.	Occupation Administrator	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mr. John Den</b>		Date of Receipt M / D / Y 03 / 01 / 2005
Mailing Address 1320 North Veibach Street Apt 920 PAYROLL DEDUCTION		Transaction ID: 21124543
City Arlington	State VA	Zip Code 22201-6214
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 84.25
Name of Employer AHCA	Occupation Director, Strat. Action Group	Aggregate Year-to-Date ▼ 337.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mr. John Den</b>		Date of Receipt M / D / Y 03 / 01 / 2005
Mailing Address 1320 North Veibach Street Apt 920 PAYROLL DEDUCTION		Transaction ID: 21124590
City Arlington	State VA	Zip Code 22201-6214
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 84.25
Name of Employer AHCA	Occupation Director, Strat. Action Group	Aggregate Year-to-Date ▼ 421.25
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	<b>1168.50</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:        PAGE 7 / 42  
(check only one)  
 11a     11b     11c     12  
           13       14       15       16       17

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

Full Name (Last, First, Middle Initial) <b>A. Mr. James B. Smith</b>		Date of Receipt M / D / Y 03 / 01 / 2005
Mailing Address 1201 L St NW PAYROLL DEDUCTION		Transaction ID: 21124553
City	State	Zip Code
Washington	DC	20005-4024
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 192.31
Name of Employer American Health Care Association	Occupation Sr. VP	
Receipt For: Primary           General Other (specify) ▼	Aggregate Year-to-Date ▼ 384.62	

Full Name (Last, First, Middle Initial) <b>B. Mr. James B. Smith</b>		Date of Receipt M / D / Y 03 / 01 / 2005
Mailing Address 1201 L St NW PAYROLL DEDUCTION		Transaction ID: 21124806
City	State	Zip Code
Washington	DC	20005-4024
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 192.31
Name of Employer American Health Care Association	Occupation Sr. VP	
Receipt For: Primary           General Other (specify) ▼	Aggregate Year-to-Date ▼ 578.93	

Full Name (Last, First, Middle Initial) <b>C. Mr. Hal Daub</b>		Date of Receipt M / D / Y 03 / 01 / 2005
Mailing Address 1201 L Street, NW		Transaction ID: 21124542
City	State	Zip Code
Washington	DC	20005-4024
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 454.50
Name of Employer American Health Care Association	Occupation President & CEO	
Receipt For: Primary           General Other (specify) ▼	Aggregate Year-to-Date ▼ 1818.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>839.12</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 8 / 42

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Hal Daub</b>		Date of Receipt M / D / Y 03 / 01 / 2005
Mailing Address 1201 L Street, NW		Transaction ID: 21124565
City Washington	State DC	Zip Code 20005-4024
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>454.50</b>
Name of Employer American Health Care Association	Occupation President & CEO	Aggregate Year-to-Date ▼ <b>2272.50</b>
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mr J Craig Souza</b>		Date of Receipt M / D / Y 03 / 03 / 2005
Mailing Address 5109 Bur Oak Cir		Transaction ID: 21148007
City Raleigh	State NC	Zip Code 27612-3101
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>1000.00</b>
Name of Employer North Carolina Health Care Fac	Occupation Executive Director	Aggregate Year-to-Date ▼ <b>1000.00</b>
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mr Bill Phelan</b>		Date of Receipt M / D / Y 03 / 03 / 2005
Mailing Address 307 Westpark Ave.		Transaction ID: 21148009
City Tallahassee	State FL	Zip Code 32301-1457
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>1000.00</b>
Name of Employer Florida Health Care Assn	Occupation Executive Director	Aggregate Year-to-Date ▼ <b>1000.00</b>
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2454.50</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER: PAGE 9 / 42

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Ms Adele Wilbeck</b>		Date of Receipt M / D / Y 03 / 03 / 2005
Mailing Address 7080 Oakland Mills Road Suite M		Transaction ID: 21148008
City Columbia	State MD	Zip Code 21046-1684
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Health Facilities Assn of MD	Occupation Executive Director	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Ms Tori Falone</b>		Date of Receipt M / D / Y 03 / 03 / 2005
Mailing Address 99 East River Drive 8th Floor		Transaction ID: 21148128
City East Hartford	State CT	Zip Code 06108-3288
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Connecticut Association of HC Facility	Occupation Executive Vice President	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mr J Randal Lee</b>		Date of Receipt M / D / Y 03 / 03 / 2005
Mailing Address 178 Laurelhurst Ave.		Transaction ID: 21148128
City Columbia	State SC	Zip Code 29210-3824
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer South Carolina Hth Care Assn	Occupation Executive Vice President	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>2000.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 42  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Kenneth Greiner</b>		Date of Receipt M / D / Y Y Y Y 03 / 03 / 2005
Mailing Address 435D Will Rogers Pkwy Ste 300		Transaction ID: 21152544
City	State	Zip Code
Oklahoma City	OK	73108-1839
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Grace Living Center	Occupation President	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mr. Christopher J Urban</b>		Date of Receipt M / D / Y Y Y Y 03 / 03 / 2005
Mailing Address PO Box 75		Transaction ID: 21147696
City	State	Zip Code
Solana Beach	CA	92075-0075
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Health Care REIT, Inc.	Occupation Relationship manager	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Howard Groff</b>		Date of Receipt M / D / Y Y Y Y 03 / 04 / 2005
Mailing Address 9031 Penn. Ave. South		Transaction ID: 21147753
City	State	Zip Code
Bloomington	MN	55431-2225
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1250.00
Name of Employer Teahood Care Centers Inc	Occupation President	Aggregate Year-to-Date ▼ 1250.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>2500.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 11 / 42  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial) <b>A. Mr Gary M. Riffe</b>		Date of Receipt M / D / Y Y Y Y 03 / 04 / 2005
Mailing Address 1300 Second Place NE		Transaction ID: 21147754
City	State	Zip Code
Jamestown	ND	58401-3799
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer HI-Acres Manor Nursing Center	Occupation Administrator/President	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mr Richard Brockman</b>		Date of Receipt M / D / Y Y Y Y 03 / 04 / 2005
Mailing Address 815 Euclid Avenue		Transaction ID: 21155506
City	State	Zip Code
Birmingham	AL	35213
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Camden Nursing Facility	Occupation Administrator	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mr Thomas Moore</b>		Date of Receipt M / D / Y Y Y Y 03 / 04 / 2005
Mailing Address 121 S Pinckney St #500		Transaction ID: 21147748
City	State	Zip Code
Madison	WI	53703-5114
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Wisconsin Health Care Assoc	Occupation Executive Director	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1300.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 12 / 42

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Terri Byers</b>		Date of Receipt M / D / Y 03 / 04 / 2005
Mailing Address 1548 Akake Place		Transaction ID: 21147750
City Kailua	State HI	Zip Code 96734-4209
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 700.00
Name of Employer Healthcare Association of Hawaii	Occupation VP	Aggregate Year-to-Date ▼ 700.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mr. Paul Hubbard</b>		Date of Receipt M / D / Y 03 / 04 / 2005
Mailing Address 100 East San Marcos Blvd. Ste. 100		Transaction ID: 21147751
City San Marcos	State CA	Zip Code 92069-2586
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 4500.00
Name of Employer Plum Healthcare Group LLC	Occupation Owner	Aggregate Year-to-Date ▼ 5000.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mr. Mark Ballif</b>		Date of Receipt M / D / Y 03 / 04 / 2005
Mailing Address 100 E. San Marcos Ste. 200		Transaction ID: 21147878
City San Marcos	State CA	Zip Code 92069-2587
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 4500.00
Name of Employer Plum Healthcare Group LLC	Occupation Manager	Aggregate Year-to-Date ▼ 5000.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ..... ► **9700.00**

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

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

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

FOR LINE NUMBER: PAGE 13 / 42  
(check only one)  
 11a     11b     11c     12  
           13        14        15        16        17

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

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Frank Belinger</b>		Date of Receipt M / D / Y Y Y Y 03 / 04 / 2005
Mailing Address 3215 East Cheyenne Ave.		Transaction ID: 21147747
City	State	Zip Code
North Las Vegas	NV	89030-4215
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer North Las Vegas Care Center	Occupation President	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary          General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mr. Rich Kose</b>		Date of Receipt M / D / Y Y Y Y 03 / 04 / 2005
Mailing Address 5124 Pine Rockland Avenue		Transaction ID: 21147749
City	State	Zip Code
Lithia	FL	33547-5009
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Cypress Health Care Management	Occupation President	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary          General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mr. Jack Vetter</b>		Date of Receipt M / D / Y Y Y Y 03 / 07 / 2005
Mailing Address 5020 South 118th St		Transaction ID: 21165328
City	State	Zip Code
Omaha	NE	68137-2223
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1250.00
Name of Employer Vetter Health Services	Occupation President	Aggregate Year-to-Date ▼ 1250.00
Receipt For: Primary          General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 14 / 42

(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Douglas Burr</b>		Date of Receipt M / D / Y 03 / 07 / 2005
Mailing Address 1185 Wilde Run Court		Transaction ID: 21151392
City Roswell	State GA	Zip Code 30075-7160
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Cypress Healthcare Management	Occupation VP Finance	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mr. Norman Estes</b>		Date of Receipt M / D / Y 03 / 08 / 2005
Mailing Address 931 Fairfax Park		Transaction ID: 21200499
City Northport	State AL	Zip Code 35406-2805
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1250.00
Name of Employer Northport Health Services Inc.	Occupation President	Aggregate Year-to-Date ▼ 1250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mrs. Rebecca Estes</b>		Date of Receipt M / D / Y 03 / 08 / 2005
Mailing Address 931 Fairfax Park		Transaction ID: 21200007
City Tuscaloosa	State AL	Zip Code 35408
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1250.00
Name of Employer Northport Health Services Inc.	Occupation Owner	Aggregate Year-to-Date ▼ 1250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>3000.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 15 / 42  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Terry Kuzman</b>		Date of Receipt M / D / Y Y Y Y 03 / 09 / 2005
Mailing Address 1157 Enfield St		Transaction ID: 21155318
City	State	Zip Code
Enfield	CT	06082-4398
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Kindred Healthcare	Occupation Administrator	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mr. Alan Rosenbloom</b>		Date of Receipt M / D / Y Y Y Y 03 / 09 / 2005
Mailing Address 315 N. 2nd St.		Transaction ID: 21188518
City	State	Zip Code
Harrisburg	PA	17101-1305
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Pennsylvania Health Care Assn.	Occupation President	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mr. Steve Akeron</b>		Date of Receipt M / D / Y Y Y Y 03 / 10 / 2005
Mailing Address 6750 Westown Parkway #100		Transaction ID: 21184272
City	State	Zip Code
West Des Moines	IA	50266-7728
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Iowa Health Care Assn.	Occupation Executive Vice President	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 16 / 42

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Thomas H. Keim, Jr.</b>		Date of Receipt M / D / Y 03 / 10 / 2005
Mailing Address PD Box 5398		Transaction ID: 21184273
City Spartanburg	State SC	Zip Code 29304-5398
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Edwards Belard	Occupation Administrator	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mr Ira Alpert</b>		Date of Receipt M / D / Y 03 / 14 / 2005
Mailing Address 295 South Street Suite J		Transaction ID: 21204436
City San Luis Obispo	State CA	Zip Code 93401-5037
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 125.00
Name of Employer Wilshire Foundation Inc	Occupation President	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mr. Barry Lazarus</b>		Date of Receipt M / D / Y 03 / 14 / 2005
Mailing Address 333 N. Summit Street		Transaction ID: 21202818
City Toledo	State OH	Zip Code 43604-1531
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer HCR Manor Care	Occupation Vice President	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	925.00
TOTAL This Period (last page this line number only) .....	▶	



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

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

FOR LINE NUMBER: PAGE 17 / 42

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Brent BaracloUGH</b>		Date of Receipt M / D / Y 03 / 14 / 2005
Mailing Address P.O. Box 3849		Transaction ID: 21202818
City Salem	State OR	Zip Code 97302-0849
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer IDL Services, Inc.	Occupation President	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Charles J. Harman</b>		Date of Receipt M / D / Y 03 / 14 / 2005
Mailing Address One Seagate, Suite 1500		Transaction ID: 21202857
City Toledo	State OH	Zip Code 43604-1500
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Health Care REIT, Inc.	Occupation VP & Chief Investment Officer	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Louis E. Cottrel, Jr.</b>		Date of Receipt M / D / Y 03 / 15 / 2005
Mailing Address 4156 Carmichael Road		Transaction ID: 21201190
City Montgomery	State AL	Zip Code 36108-2888
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Alabama Nursing Home Assn.	Occupation Administrator	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1250.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 18 / 42

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Michael A Newton</b>		Date of Receipt M / D / Y 03 / 16 / 2005
Mailing Address 143D Progress Way #10B		Transaction ID: 21222098
City Eldersburg	State MD	Zip Code 21784-6484
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Nedon Health	Occupation Director of Human Resources	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. William Dunn</b>		Date of Receipt M / D / Y 03 / 17 / 2005
Mailing Address 195 Executive Dr		Transaction ID: 21251132
City Marion	State OH	Zip Code 43302-6391
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Marion Manor Nursing Hm Inc	Occupation Administrator	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Ms Penny Prue</b>		Date of Receipt M / D / Y 03 / 18 / 2005
Mailing Address 1201 L Street, NW PAYROLL DEDUCTION		Transaction ID: 21250728
City Washington	State DC	Zip Code 20005-4024
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 38.47
Name of Employer AHCA	Occupation Vice President, Administration	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.82	

SUBTOTAL of Receipts This Page (optional) .....	<b>1038.47</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 10 / 42

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Mr. John Derr</b>		Date of Receipt M / D / Y 03 / 18 / 2005
Mailing Address 1320 North Veitch Street Apt B20 PAYROLL DEDUCTION		Transaction ID: 21250700
City Arlington	State VA	Zip Code 22201-6214
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 84.25
Name of Employer AHCA	Occupation Director, Strat. Action Group	Aggregate Year-to-Date ▼ 505.50
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Ms. Catharine Wisniski-Broyles</b>		Date of Receipt M / D / Y 03 / 18 / 2005
Mailing Address 18831 Van Karman #400		Transaction ID: 21220176
City Irvine	State CA	Zip Code 92612-1537
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Sun Healthcare Group, Inc.	Occupation VP, Resource Development	Aggregate Year-to-Date ▼ 375.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mr. James B. Smith</b>		Date of Receipt M / D / Y 03 / 18 / 2005
Mailing Address 1201 L St NW PAYROLL DEDUCTION		Transaction ID: 21250878
City Washington	State DC	Zip Code 20005-4024
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 192.31
Name of Employer American Health Care Association	Occupation Sr. VP	Aggregate Year-to-Date ▼ 789.24
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	<b>576.58</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:        PAGE 20 / 42  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Hal Daub</b>		Date of Receipt M / D / Y 03 / 18 / 2005
Mailing Address 1201 L Street, NW		Transaction ID: 21250649
City Washington	State DC	Zip Code 20005-4024
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>454.50</b>
Name of Employer American Health Care Association	Occupation President & CEO	
Receipt For: Primary          General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>2727.00</b>	

Full Name (Last, First, Middle Initial) <b>B. Mr. Russell V Peterson</b>		Date of Receipt M / D / Y 03 / 18 / 2005
Mailing Address 5281 Ventures Drive		Transaction ID: 21251130
City Fremont	State NE	Zip Code 68025-9779
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>500.00</b>
Name of Employer Nya Senior Living	Occupation Regional Vice President	
Receipt For: Primary          General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>500.00</b>	

Full Name (Last, First, Middle Initial) <b>C. Ms. Sheila Smith</b>		Date of Receipt M / D / Y 03 / 18 / 2005
Mailing Address 1132 Meridian Manor		Transaction ID: 21251129
City Waterbury	State CT	Zip Code 06705
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>250.00</b>
Name of Employer Meridian Manor	Occupation Owner	
Receipt For: Primary          General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>250.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1204.50</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 21 / 42  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Bretton J. Bolt</b>		Date of Receipt M / D / Y Y Y Y 03 / 18 / 2005
Mailing Address 143D Progress Way Suite 108		Transaction ID: 21220179
City Eldersburg	State MD	Zip Code 21784-6484
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Nexdon Health Care	Occupation CFO	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Ms Jan Thayer</b>		Date of Receipt M / D / Y Y Y Y 03 / 21 / 2005
Mailing Address 404 Woodland Dr		Transaction ID: 21298734
City Grand Island	State NE	Zip Code 68801-8857
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1250.00
Name of Employer Riverside Lodge	Occupation Owner/Administrator	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

Full Name (Last, First, Middle Initial) <b>C. Ms Gail Jemigan</b>		Date of Receipt M / D / Y Y Y Y 03 / 21 / 2005
Mailing Address 2425 25th St SE		Transaction ID: 21298733
City Washington	State DC	Zip Code 20020-5483
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Washington Nursing Facility	Occupation Administrator	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>2050.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 22 / 42

(check only one)

11a  11b  11c  12  
13 14 15 16 17

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

Full Name (Last, First, Middle Initial) <b>A. Mr James Unverferth</b>		Date of Receipt M / D / Y 03 / 23 / 2005
Mailing Address 1100 Shawnee Road		Transaction ID: 21368917
City Lima	State OH	Zip Code 45805-3583
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1250.00
Name of Employer HCF, Inc.	Occupation President	Aggregate Year-to-Date ▼ 1250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mr Don Chensvold</b>		Date of Receipt M / D / Y 03 / 24 / 2005
Mailing Address 408D 1st Ave NE #103 PO Box 542B		Transaction ID: 21368919
City Cedar Rapids	State IA	Zip Code 52402-3160
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Health Care of Iowa Inc	Occupation Vice President	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Ms. Deborah S. Eisey</b>		Date of Receipt M / D / Y 03 / 24 / 2005
Mailing Address 220 S 8th Street #1000		Transaction ID: 21301880
City Minneapolis	State MN	Zip Code 55402-4500
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Larson Allen Health Care	Occupation Principal	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	<b>2050.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 23 / 42  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Sheryl B Rosenfield</b>		Date of Receipt M / D / Y Y Y Y 03 / 24 / 2005
Mailing Address 4008 Highway B South		Transaction ID: 21302026
City	State	Zip Code
Morganville	NJ	07751-1577
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Zimmer HealthCare Services	Occupation Principal	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mr Steven Bandstra</b>		Date of Receipt M / D / Y Y Y Y 03 / 29 / 2005
Mailing Address 1600 S. Beacon Blvd. #200		Transaction ID: 21370682
City	State	Zip Code
Grand Haven	MI	49417-2620
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 5000.00
Name of Employer Community Care Group	Occupation President	Aggregate Year-to-Date ▼ 5000.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mr Robert Van Dyk</b>		Date of Receipt M / D / Y Y Y Y 03 / 29 / 2005
Mailing Address 304 South Van Dien		Transaction ID: 21370693
City	State	Zip Code
Ridgewood	NJ	07450-5200
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1250.00
Name of Employer Van Dyk Health Care	Occupation President/CEO	Aggregate Year-to-Date ▼ 1250.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	<b>6750.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 24 / 42  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Barton D. Weisman</b>		Date of Receipt M / D / Y Y Y Y 03 / 29 / 2005
Mailing Address 531 D NW 33rd Ave #211		Transaction ID: 21370685
City	State	Zip Code
Ft Lauderdale	FL	33309-6319
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer HBA Corporation	Occupation President	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Ms. Kathryn Bandstra</b>		Date of Receipt M / D / Y Y Y Y 03 / 29 / 2005
Mailing Address 1600 S. Beacon Blvd. #200		Transaction ID: 21370646
City	State	Zip Code
Grand Haven	MI	49417-2654
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 5000.00
Name of Employer Community Care Group	Occupation Co-owner	Aggregate Year-to-Date ▼ 5000.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Ms. Christine K. Boldt</b>		Date of Receipt M / D / Y Y Y Y 03 / 29 / 2005
Mailing Address 1534 Roving Hills Drive		Transaction ID: 21370645
City	State	Zip Code
Red Wing	MN	55068-7144
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Benedictine Health Systems	Occupation VP Operations	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>5750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER: PAGE 25 / 42

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Ms Sally Rapp</b>		Date of Receipt M / D / Y 03 / 30 / 2005
Mailing Address 330B Ocean Blvd Suite 280		Transaction ID: 21376293
City Corona Del Mar	State CA	Zip Code 92625-3256
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1250.00
Name of Employer SR Management Svcs. Inc.	Occupation CEO	Aggregate Year-to-Date ▼ 1250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mr. Al Braswell</b>		Date of Receipt M / D / Y 03 / 30 / 2005
Mailing Address 3674 Pacific Ave.		Transaction ID: 21376322
City Riverside	State CA	Zip Code 92506
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1250.00
Name of Employer Vista Pacifica Enterprises	Occupation Owner	Aggregate Year-to-Date ▼ 1250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mr. Russell Daughan</b>		Date of Receipt M / D / Y 03 / 30 / 2005
Mailing Address 202 Enon Springs Rd E		Transaction ID: 21376319
City Smyrna	State TN	Zip Code 37167-5011
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 400.00
Name of Employer Peachtree Center	Occupation Executive Director	Aggregate Year-to-Date ▼ 400.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts TN's Page (optional) .....	▶	<b>2800.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 26 / 42  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Ms Gail Clarkson</b>		Date of Receipt M / D / Y 03 / 31 / 2005
Mailing Address 1387 Club Drive		Transaction ID: 21406638
City Bloomfield Hills	State MI	Zip Code 48302-0823
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer The Medlodge Group	Occupation Vice President	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Michael Cole</b>		Date of Receipt M / D / Y 03 / 31 / 2005
Mailing Address PO Box 100129 2809 Foster Ave		Transaction ID: 21406639
City Nashville	State TN	Zip Code 37224-0129
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Tennessee Healthcare Association	Occupation Senior Vice President	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts TN's Page (optional) .....	▶	<b>1500.00</b>
TOTAL This Period (last page this line number only) .....	▶	<b>52856.65</b>

**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 27 / 42

<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
	27		28a		28b		28c		29		30b

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

A. Full Name (Last, First, Middle Initial)  
American Health Care Assoc PAC

Mailing Address 1201 L Street NW

City Washington State DC Zip Code 20005

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

001  
Category/  
Type

Transaction ID: 21432B16  
Date of Disbursement  
03 / 31 / 2005

Amount of Each Disbursement this Period  
1056.85

B. Full Name (Last, First, Middle Initial)  
American Health Care Assoc PAC

Mailing Address 1201 L Street NW

City Washington State DC Zip Code 20005

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

001  
Category/  
Type

Transaction ID: 21432B26  
Date of Disbursement  
03 / 31 / 2005

Amount of Each Disbursement this Period  
115.01

SUBTOTAL of Disbursements This Page (optional) .....	▶	<b>1171.86</b>
TOTAL This Period (last page this line number only) .....	▶	<b>1171.86</b>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 28 / 42

<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)  
American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends of Sam Johnson

Mailing Address 1912 Avenue K, Suite 206

City Plano State TX Zip Code 75075

Purpose of Disbursement  
Void - Friends of Sam Johnson

Candidate Name  
Mr. Sam Johnson

Office Sought:  House  
Senate  
President  
State: TX District 3

Disbursement For: 2004  
Primary General  
 Other (specify) ▼  
2004 General

011  
Category/  
Type

Transaction ID: 21152569

Date of Disbursement

03 / 08 / 2005

Amount of Each Disbursement this Period

-5000.00

Void - Friends of Sam Johnson

Full Name (Last, First, Middle Initial)

B. Re-elect Nancy Johnson to Congress Cmte.

Mailing Address POB 1986.

City New Britain State CT Zip Code 06050

Purpose of Disbursement

Candidate Name  
Ms. Nancy Johnson

Office Sought:  House  
Senate  
President  
State: CT District 6

Disbursement For: 2006  
 Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 21152569

Date of Disbursement

03 / 08 / 2005

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Re-elect Nancy Johnson to Congress Cmte.

Mailing Address POB 1986.

City New Britain State CT Zip Code 06050

Purpose of Disbursement

Candidate Name  
Ms. Nancy Johnson

Office Sought:  House  
Senate  
President  
State: CT District 6

Disbursement For: 2006  
Primary  General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 21152561

Date of Disbursement

03 / 08 / 2005

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 29 / 42

<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)  
American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)  
A. John D. Dingell for Congress Committee

Mailing Address 19855 W. Outer Drive #103 A-E

City Dearborn State MI Zip Code 48124

Purpose of Disbursement

Candidate Name  
Mr. John Dingell

Office Sought:  House  
Senate  
President  
State: MI District 16

Disbursement For: 2006  
 Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 21152563  
Date of Disbursement

03 / 08 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)  
B. Friends of Roger Wicker

Mailing Address PO Box 874

City Tupelo State MS Zip Code 38802

Purpose of Disbursement  
Void - Friends of Roger Wicker

Candidate Name  
Mr. Roger Wicker

Office Sought:  House  
Senate  
President  
State: MS District 1

Disbursement For: 2004  
Primary General  
 Other (specify) ▼  
2004 General

011  
Category/  
Type

Transaction ID: 21388685  
Date of Disbursement

03 / 08 / 2005

Amount of Each Disbursement this Period

-3000.00

Void - Friends of Roger  
Wicker

Full Name (Last, First, Middle Initial)  
C. Nelson for Senate

Mailing Address 110-B East Broad Street

City Falls Church State FL Zip Code 22048

Purpose of Disbursement

Candidate Name  
Mr. Bill Nelson

Office Sought: House  
 Senate  
President  
State: FL District 2

Disbursement For: 2006  
 Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 21152710  
Date of Disbursement

03 / 08 / 2005

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

-1000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 30 / 42

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

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

Full Name (Last, First, Middle Initial)

**A. People with Hart**

Mailing Address PO Box 435

City Wexford State PA Zip Code 15090

Purpose of Disbursement

Candidate Name  
Ms. Melissa Hart

Office Sought:  House  
Senate  
President  
State: PA District 4

Disbursement For: 2006  
 Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 21152565

Date of Disbursement

03 / 08 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Glacier PAC**

Mailing Address 203 G St, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement

Candidate Name

Office Sought: House  
Senate  
President  
State: District

Disbursement For:  
Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 21152546

Date of Disbursement

03 / 08 / 2005

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. Cantor for Congress**

Mailing Address PO Box 28537

City Richmond State VA Zip Code 23222

Purpose of Disbursement

Candidate Name  
Mr. Eric Cantor

Office Sought:  House  
Senate  
President  
State: VA District 7

Disbursement For: 2006  
 Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 21152555

Date of Disbursement

03 / 08 / 2005

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 31 / 42

<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)  
American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)  
Chocola for Congress

Mailing Address P.O.Box 6728

City South Bend State IN Zip Code 46600

Purpose of Disbursement

Candidate Name Mr. Chris Chocola

Office Sought:  House  Senate  President  
State: IN District 2

Disbursement For: 2006  
 Primary  General  
Other (specify) ▼

Transaction ID: 21152551  
Date of Disbursement  
03 / 08 / 2005

Amount of Each Disbursement this Period  
1000.00

011  
Category/  
Type

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

Mailing Address PO Box 324

City Manchester State IA Zip Code 52057

Purpose of Disbursement

Candidate Name Mr. Jim Nussle

Office Sought:  House  Senate  President  
State: IA District 2

Disbursement For: 2006  
 Primary  General  
Other (specify) ▼

Transaction ID: 21188570  
Date of Disbursement  
03 / 14 / 2005

Amount of Each Disbursement this Period  
1000.00

011  
Category/  
Type

C. Full Name (Last, First, Middle Initial)  
Levin for Congress Cmte

Mailing Address 438 New Jersey Ave SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name Mr. Sander Levin

Office Sought:  House  Senate  President  
State: MI District 12

Disbursement For: 2006  
 Primary  General  
Other (specify) ▼

Transaction ID: 21188534  
Date of Disbursement  
03 / 14 / 2005

Amount of Each Disbursement this Period  
1000.00

011  
Category/  
Type

SUBTOTAL of Disbursements This Page (optional) ▶ 3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 32 / 42

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

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

Full Name (Last, First, Middle Initial)  
A. John Spratt for Congress

Mailing Address PO Box 036

City Annandale State VA Zip Code 22003

Purpose of Disbursement

Candidate Name  
Mr John Spratt

Office Sought:  House  
Senate  
President  
State: SC District 5

Disbursement For: 2006  
 Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 21188578  
Date of Disbursement

03 / 14 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)  
B. Wally Herger for Congress Cmte

Mailing Address 3881 Benatar Way  
2433 Rayburn House Ofc Bldg

City Chico State CA Zip Code 05028

Purpose of Disbursement

Candidate Name  
Mr. Wally Herger

Office Sought:  House  
Senate  
President  
State: CA District 2

Disbursement For: 2006  
 Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 21188533  
Date of Disbursement

03 / 14 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)  
C. Ben Cardin for Congress

Mailing Address 711 W. 40th St.  
Ste. 330

City Baltimore State MD Zip Code 21211

Purpose of Disbursement

Candidate Name  
Mr. Benjamin Cardin

Office Sought:  House  
Senate  
President  
State: MD District 3

Disbursement For: 2006  
 Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 21188567  
Date of Disbursement

03 / 14 / 2005

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 33 / 42

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

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

Full Name (Last, First, Middle Initial)  
A. Lewis for Congress Committee

Mailing Address 1150 Brookside Ave.

City Redlands State CA Zip Code 92373

Purpose of Disbursement

Candidate Name  
Mr. Jerry Lewis

Office Sought:  House  
Senate  
President  
State: CA District: 40

Disbursement For: 2006  
 Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 21188581

Date of Disbursement

03 / 14 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)  
B. Citizens for Olympia Snowe

Mailing Address P.O. Box 441  
493 Russell SOB

City Portland State ME Zip Code 04112

Purpose of Disbursement

Candidate Name  
Ms. Olympia Snowe

Office Sought: House  
 Senate  
President  
State: ME District: 2

Disbursement For: 2006  
 Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 21188586

Date of Disbursement

03 / 14 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)  
C. Friends of Max Baucus

Mailing Address PO Box 216  
203 C Street NE Washington, DC 200

City Helena State MT Zip Code 59624

Purpose of Disbursement

Candidate Name  
Senator Max Baucus

Office Sought: House  
 Senate  
President  
State: MT District: 1

Disbursement For: 2006  
 Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 21188588

Date of Disbursement

03 / 14 / 2005

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 34 / 42

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

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

Full Name (Last, First, Middle Initial)  
A. Jim Ramstad Volunteer Cmte.

Mailing Address 8120 Penn Ave., S., #156-A  
322 Cannon House Ofc Bldg

City Bloomington State MN Zip Code 55431

Purpose of Disbursement

Candidate Name  
Mr. Jim Ramstad

Office Sought:  House  Senate  President  
State: MN District 3

Disbursement For: 2006  
 Primary  General  
Other (specify) ▼

Transaction ID: 21188578  
Date of Disbursement  
03 / 14 / 2005

Amount of Each Disbursement this Period  
1000.00

011  
Category/  
Type

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

Mailing Address 340 East Gay St

City Columbus State OH Zip Code 43215

Purpose of Disbursement

Candidate Name  
Ms. Deborah Pryce

Office Sought:  House  Senate  President  
State: OH District 15

Disbursement For: 2006  
 Primary  General  
Other (specify) ▼

Transaction ID: 21188583  
Date of Disbursement  
03 / 14 / 2005

Amount of Each Disbursement this Period  
1000.00

011  
Category/  
Type

Full Name (Last, First, Middle Initial)  
C. Nathan Deal for Congress

Mailing Address 4775 Clarks Bridge Road

City Gainesville State GA Zip Code 30508

Purpose of Disbursement

Candidate Name  
Mr. Nathan Deal

Office Sought:  House  Senate  President  
State: GA District 9

Disbursement For: 2006  
 Primary  General  
Other (specify) ▼

Transaction ID: 21188532  
Date of Disbursement  
03 / 14 / 2005

Amount of Each Disbursement this Period  
1000.00

011  
Category/  
Type

SUBTOTAL of Disbursements This Page (optional) ▶ 3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 35 / 42

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

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

Full Name (Last, First, Middle Initial)  
A. Friends of Patrick Kennedy

Mailing Address P.O. Box 1356  
1505 Longworth HOB

City Providence State RI Zip Code 02901

Purpose of Disbursement

Candidate Name  
Mr. Patrick Kennedy

Office Sought:  House  
Senate  
President

State: RI District 1

Disbursement For: 2006  
 Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 21188582  
Date of Disbursement

03 / 14 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)  
B. Friends of Mark Foley

Mailing Address P.O. Box 10536

City West Palm Beach State FL Zip Code 33416

Purpose of Disbursement

Candidate Name  
Mr. Mark Foley

Office Sought:  House  
Senate  
President

State: FL District 16

Disbursement For: 2006  
 Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 21188573  
Date of Disbursement

03 / 14 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)  
C. People for English

Mailing Address 1528 South Shore Dr.

City Erie State PA Zip Code 16505

Purpose of Disbursement

Candidate Name  
Mr. Philip English

Office Sought:  House  
Senate  
President

State: PA District 21

Disbursement For: 2006  
 Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 21188585  
Date of Disbursement

03 / 14 / 2005

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

Use separate schedule(s)  
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(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

Full Name (Last, First, Middle Initial)  
A. Ben Nelson for US Senate

Mailing Address 2912 South 84th Street  
Suite B

City Omaha State NE Zip Code 68124

Purpose of Disbursement

Candidate Name  
Mr. Ben Nelson

Office Sought: House  
 Senate  
President  
State: NE District

Disbursement For: 2006  
Primary  General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 21188568  
Date of Disbursement

03 / 14 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)  
B. Marion Berry for Cong Cmt

Mailing Address PO Box 8084

City Jonesboro State AR Zip Code 72055

Purpose of Disbursement

Candidate Name  
Mr. Marion Berry

Office Sought:  House  
Senate  
President  
State: AR District 1

Disbursement For: 2006  
 Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 21188537  
Date of Disbursement

03 / 14 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)  
C. Volunteers for Shimkus

Mailing Address PO Box 2776

City Arlington State VA Zip Code 22202

Purpose of Disbursement

Candidate Name  
Mr John Shimkus

Office Sought:  House  
Senate  
President  
State: IL District 20

Disbursement For: 2006  
 Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 21188520  
Date of Disbursement

03 / 14 / 2005

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

**SCHEDULE B (FEC Form 3X)  
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NAME OF COMMITTEE (In Full)  
American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)  
A. LEE TERRY FOR CONGRESS

Mailing Address 1107 So. 119th Street

City Omaha State NE Zip Code 68144

Purpose of Disbursement

Candidate Name  
Mr. Lee Terry

Office Sought:  House  
Senate  
President  
State: NE District 2

Disbursement For: 2006  
 Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 21188565  
Date of Disbursement

03 / 14 / 2005

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)  
B. Friends of Lois Capps

Mailing Address 38 Ivy Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name  
Ms. Lois Capps

Office Sought:  House  
Senate  
President  
State: CA District 22

Disbursement For: 2006  
 Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 21188571  
Date of Disbursement

03 / 14 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)  
C. People with Hart

Mailing Address PO Box 435

City Wexford State PA Zip Code 15090

Purpose of Disbursement

Candidate Name  
Ms. Melissa Hart

Office Sought:  House  
Senate  
President  
State: PA District 4

Disbursement For: 2006  
 Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 21188536  
Date of Disbursement

03 / 14 / 2005

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

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

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

**A. Capito for Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 11519

City Charleston State WV Zip Code 26339

Purpose of Disbursement

Candidate Name  
Ms. Shelly Moore Capito

Office Sought:  House  Senate  President  
State: WV District 2

Disbursement For: 2006  
 Primary  General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 21188530  
Date of Disbursement  
03 / 14 / 2005

Amount of Each Disbursement this Period  
1000.00

**B. Mike Ross for Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address 411 S. Victory #206

City Little Rock State AR Zip Code 72201

Purpose of Disbursement

Candidate Name  
Mr. Mike Ross

Office Sought:  House  Senate  President  
State: AR District 4

Disbursement For: 2006  
 Primary  General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 21188529  
Date of Disbursement  
03 / 14 / 2005

Amount of Each Disbursement this Period  
1000.00

**C. Jim Gerlach for Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address B11 Welsh Ayres Way

City Downingtown State PA Zip Code 19335

Purpose of Disbursement

Candidate Name  
Mr. James Gerlach

Office Sought:  House  Senate  President  
State: PA District 6

Disbursement For: 2006  
 Primary  General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 21188579  
Date of Disbursement  
03 / 14 / 2005

Amount of Each Disbursement this Period  
1000.00

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

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

**3000.00**

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

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

**A.** Full Name (Last, First, Middle Initial)  
Hawkeye PAC

Mailing Address PO Box 7255

City Des Moines State IA Zip Code 50309

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

011  
Category/  
Type

Transaction ID: 21188519  
Date of Disbursement  
03 / 14 / 2005

Amount of Each Disbursement this Period  
1000.00

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

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 77401

Purpose of Disbursement

Candidate Name  
Mr. Frank Pallone

Office Sought:  House Senate President State: NJ District B

Disbursement For: 2006  
 Primary General Other (specify) ▼

011  
Category/  
Type

Transaction ID: 21188580  
Date of Disbursement  
03 / 14 / 2005

Amount of Each Disbursement this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Mike Dewine For Us Senate

Mailing Address PO Box 340188

City Columbus State OH Zip Code 43234

Purpose of Disbursement

Candidate Name  
Sen. Mike DeWine

Office Sought: House Senate President State: OH District 1

Disbursement For: 2006  
 Primary General Other (specify) ▼

011  
Category/  
Type

Transaction ID: 21188575  
Date of Disbursement  
03 / 14 / 2005

Amount of Each Disbursement this Period  
1000.00

**SUBTOTAL** of Disbursements This Page (optional) ▶ **3000.00**

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

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

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for each category of the  
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NAME OF COMMITTEE (In Full)  
American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)  
**A. America's Majority Trust**

Mailing Address 1331 H St. NW  
12th Flr.

City Washington State DC Zip Code 20005

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: Primary General Other (specify) ▼

011  
Category/  
Type

Transaction ID: 21188604  
Date of Disbursement  
03 / 14 / 2005

Amount of Each Disbursement this Period  
1000.00

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

Mailing Address PO Box 2776

City Arlington State VA Zip Code 22202

Purpose of Disbursement

Candidate Name  
Mr. Phil Gingrey

Office Sought:  House Senate President  
State: GA District 11

Disbursement For: 2006  
 Primary General Other (specify) ▼

011  
Category/  
Type

Transaction ID: 21188581  
Date of Disbursement  
03 / 14 / 2005

Amount of Each Disbursement this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**C. Jeff Fortenberry for US Congress**

Mailing Address PO Box 30265

City Lincoln State NE Zip Code 68503-0265

Purpose of Disbursement

Candidate Name  
Mr. Jeff Fortenberry

Office Sought:  House Senate President  
State: NE District 1

Disbursement For: 2006  
 Primary General Other (specify) ▼

011  
Category/  
Type

Transaction ID: 21188574  
Date of Disbursement  
03 / 14 / 2005

Amount of Each Disbursement this Period  
1000.00

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

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

**3000.00**



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

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

Full Name (Last, First, Middle Initial)  
A. Friends of Bobby Jindal

Mailing Address PO Box 8628

City Metairie State LA Zip Code 70011

Purpose of Disbursement

Candidate Name  
Mr. Bobby Jindal

Office Sought:  House  
Senate  
President  
State: LA District 1

Disbursement For: 2006  
 Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 21188588  
Date of Disbursement

03 / 14 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)  
B. Sandhills PAC

Mailing Address 1310 G St NW #600

City Washington State DC Zip Code 20005

Purpose of Disbursement

Candidate Name

Office Sought: House  
Senate  
President  
State: District

Disbursement For:  
Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 21188584  
Date of Disbursement

03 / 14 / 2005

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)  
C. Tom Feeney for Congress

Mailing Address 1420 Alafaya Trail Suite 103

City Oviedo State FL Zip Code 32765

Purpose of Disbursement

Candidate Name  
Mr. Tom Feeney

Office Sought:  House  
Senate  
President  
State: FL District 24

Disbursement For: 2006  
 Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 21188528  
Date of Disbursement

03 / 14 / 2005

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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

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

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

Full Name (Last, First, Middle Initial)  
A. National Republican Congressional Committee

Mailing Address 320 First St., S.E.

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: Primary General Other (specify) ▼

011  
Category/  
Type

Transaction ID: 21202323  
Date of Disbursement

03 / 16 / 2005

Amount of Each Disbursement this Period

15000.00

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

Mailing Address 1501 Lee Highway  
Suite 201

City Arlington State VA Zip Code 22208

Purpose of Disbursement

Candidate Name  
Mr. Vito Fossella

Office Sought:  House Senate President  
State: NY District 13

Disbursement For: 2006  
 Primary General Other (specify) ▼

011  
Category/  
Type

Transaction ID: 21202322  
Date of Disbursement

03 / 16 / 2005

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

16000.00

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

67000.00