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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Health Care Association Political Action Committee 1201 L Street, NW ADDRESS (number and street) Check if different than previously DC 20005 Washington reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE 🛋 CITY A IS THIS NEW **AMENDED** C00006080 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 07 0 1 2008 07 3 1 2008 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Ms. Gail Clarkson Type or Print Name of Treasurer Electronically Filed by Ms. Gail Clarkson 08 15 2008 Signature of Treasurer Date 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 **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

FEC Form 3X (Rev. 02/2003)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name American Health Care Association Political Action Committee D D D 0.7 0.7 0 1 2008 3 1 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 2008 112871.46 January 1 (b) Cash on Hand at 69046.80 Begining of Reporting Period 72707.40 492897.76 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 141754.20 605769.22 6(a) and 6(c) for Column B) 114525.69 578540.71 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 27228.51 27228.51 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

American Health Care Association Political Action Committee

0 1 м м 0 7 2008 м м 0 7 3^D1 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 458553.99 69661.78 (i) Itemized (use Schedule A) 3045.62 29843.77 (ii) Unitemized (iii) TOTAL (add 72707.40 488397.76 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 2500.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 72707.40 490897.76 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 2000.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (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)). 19. Total Receipts (add Lines 11(d), 72707.40 492897.76 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 72707.40 492897.76 (subtract Line 18(c) from Line 19)

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS

of Disbursements Page 4 COLUMN A COLUMN B

II. DISBURSEMENTS	Total This Period	Calendar Year-to-Date
21. Operating Expenditures: (a) Shared Federal/Non-Federal		
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share		
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	725.69	7197.07
Expenditures(c) Total Operating Expenditures	725.00	7107.07
(add 21(a)(i), (a)(ii) and (b))	725.69	7197.07
22. Transfers to Affiliated/Other Party	0.00	0.00
Committees23. Contributions to	0.00	0.00
Federal Candidates/Committeesand Other Political Committees	113800.00	567550.00
24. Independent Expenditure	0.00	0.00
(use Schedule E)	0.00	0.00
Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
	0.00	0.00
6. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To: (a) Individuals/Persons Other		0700.01
Than Political Committees	0.00	3793.64
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	3793.64
(
9. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity		
(from Schedule H6)	0.00	0.00
(i) Federal Share		0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely	0.00	0.00
With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))		
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	114525.69	578540.71
22. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	114525.69	578540.71
	111020.00	373310.71

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)	72707.40	490897.76
34.	Total Contribution Refunds (from Line 28(d))	0.00	3793.64
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	72707.40	487104.12
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	725.69	7197.07
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	725.69	7197.07

FE6AN026

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 60 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Health Care Association P	Statements may not be sold or used by any persone name and address of any political committee to olitical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Steve Ackerson Mailing Address 6750 Westown Pkwy Ste 100 City West Des Moines FEC ID number of contributing federal political committee. Name of Employer lowa Health Care Assn.	State Zip Code IA 50266-7716 C Occupation	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) ▼	Executive Director Aggregate Year-to-Date ▼ 3700.00	
Full Name (Last, First, Middle Initial) Ira Alpert Mailing Address 285 South St Ste J City San Luis Obispo FEC ID number of contributing federal political committee. Name of Employer Wilshire Foundation Inc Receipt For: Primary General Other (specify)	State Zip Code CA 93401-5037 C Occupation President Aggregate Year-to-Date ▼ 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y O 7 3 0 2 0 0 8 Transaction ID: C468074 Amount of Each Receipt this Period 375.00
Full Name (Last, First, Middle Initial) Dirk Anjewierden Mailing Address 2180 So. 1300 E Suite 445 City Salt Lake City FEC ID number of contributing federal political committee. Name of Employer Utah Health Care Assn. Receipt For: Primary General Other (specify)	State Zip Code UT 84106 C Occupation Executive Director Aggregate Year-to-Date 375.00	Date of Receipt O 7
SUBTOTAL of Receipts This Page (optional)		3200.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 60 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Health Care Association	nd Statements may not be sold or used by any per g the name and address of any political committee Political Action Committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Gary Attman Mailing Address 8028 Ritchie Highv Suite 118	·	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code MD 21122-1069	Transaction ID: C437320
Pasadena FEC ID number of contributing federal political committee.	MD 21122-1069	Amount of Each Receipt this Period
Name of Employer FutureCare Health & Mgmt. Receipt For: Primary General Other (specify) ▼	Occupation President Aggregate Year-to-Date 3750.00	
Full Name (Last, First, Middle Initial) Cecil Barcelo Mailing Address 411 Alabama Ave		Date of Receipt 0 7 2 1 2 0 0 8
City	State Zip Code	Transaction ID: C465697
League City	TX 77573-2615	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Baywind Village	Occupation Administrator	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) David Beck		Date of Receipt
Mailing Address 1250 H Street, NW Suite 555	1	07 24 2008
City	State Zip Code	Transaction ID: C465873
Washington	DC 20005-3965	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer Golden Living	Occupation Government Relations	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	
	al)	1625.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 60 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements ma name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Health Care Association Pol	itical Action	Committee	
Α.	Full Name (Last, First, Middle Initial) Brad B Bedell Mailing Address PO Box 1210			Date of Receipt
	731 North Main			07 31 7 2008
	City Sikeston	State MO	Zip Code 63801-1210	Transaction ID: C465957 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	000011210	1250.00
	Name of Employer Health Facilities Managem- ent	Occupation Presiden		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 3750.00	
Б.	Full Name (Last, First, Middle Initial) Don C. C Bedell			Date of Receipt
	Mailing Address 731 North Main Street PO Box 1210			07 31 2008
	City Sikeston	State MO	Zip Code 63801	Transaction ID: C465959
	FEC ID number of contributing federal political committee.	C	03001	Amount of Each Receipt this Period 1250.00
	Name of Employer Health Facilities Mgmt Co- rp	Occupation Presiden		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 3750.00	
- С.	Full Name (Last, First, Middle Initial) Ken Beebe, Jr.			Date of Receipt
	Mailing Address 571 Highway 51 Ste H			07 11 2008
	City Ridgeland	State MS	Zip Code 39157-2597	Transaction ID: C440612 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	09107-2097	250.00
	Name of Employer Legacy Care	Occupation Owner	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)	1		2750.00
	TOTAL This Period (last page this line number		<u> </u>	

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 60 (check only one) X 11a
A	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	ly not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Health Care Association Po	litical Action	ı Committee	
Α.	Full Name (Last, First, Middle Initial) Steve Bellone Mailing Address 921 Fast Fort Avenue			Date of Receipt
	Suite 240		7's Oads	07 14 2008
	City Baltimore	State MD	Zip Code 21230	Transaction ID: C437874 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer White Oak Healthcare, LLC	Occupation Presider		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2000.00	
В.	Full Name (Last, First, Middle Initial) Lyn Bentley Mailing Address 1201 L Street NW			Date of Receipt
	Mailing Address 1201 L Street NW			07 01 7 2008
	City Washington	State DC	Zip Code 20005	Transaction ID: C433102 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20003	20.00
	Name of Employer AHCA	Occupation Director	on	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 320.00	
—).	Full Name (Last, First, Middle Initial) Lyn Bentley			Date of Receipt
	Mailing Address 1201 L Street NW			07 29 2008
	City Washington	State DC	Zip Code 20005	Transaction ID: C467270
	FEC ID number of contributing federal political committee.	C	20005	Amount of Each Receipt this Period 20.00
	Name of Employer AHCA	Occupation Director	on	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 320.00	
	SUBTOTAL of Receipts This Page (optional)			1040.00
T,	FOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form : ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 60 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Health Care Association	and Statements may not be sold or used by any persoing the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Lyn Bentley		Date of Receipt
Mailing Address 1201 L Street NV	V	07 29 2008
City	State Zip Code	Transaction ID: C467289
Washington	DC 20005	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer AHCA	Occupation Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	
Full Name (Last, First, Middle Initial) Lyn Bentley		Date of Receipt
Mailing Address 1201 L Street NV	V	0 7 3 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C466158
Washington	DC 20005	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer AHCA	Occupation Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	
Full Name (Last, First, Middle Initial) Linda Black-Kurek	I	Date of Receipt
Mailing Address 7445 Liberty Woo	ods Lane	0 7 3 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Dayton	State Zip Code OH 45459-3911	Transaction ID: C468403 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer LBK Healthcare, Inc.	Occupation President	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optic	onal)	540.00

	LE A (FEC Form 3X) D RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 60 (check only one) X 11a
or for commer	cial purposes, other than using the COMMITTEE (In Full)	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Health Care Association Po	illicai Action	Committee	
Timothy J E	· ·			Date of Receipt
Mailing Ad	dress 4412 Applewood Aver	nue		07 31 2008
City <u>Sioux Ci</u> t	v	State IA	Zip Code 51106-3602	Transaction ID: C465960 Amount of Each Receipt this Period
FEC ID nu	mber of contributing tical committee.	C	31100-3002	1250.00
Name of E Care Cent	mployer er Mgmt Co	Occupation Chief Or	n erating Officer	
Receipt Fo		, '	e Year-to-Date ▼ 3750.00	
Full Name Steve Boyn	(Last, First, Middle Initial) nel			Date of Receipt
Mailing Ad	Mailing Address 12100 Reed Hartman Highway			07 25 2008
City		State	Zip Code	Transaction ID: C465876
<u>Cincinna</u>		OH	45241-6036	Amount of Each Receipt this Period
	mber of contributing tical committee.	С		250.00
Name of E Brookwood unity	mployer I Retirement Comm-	Occupatio Owner/A	n dministrator	
Receipt Fo		Aggregate	e Year-to-Date ▼ 750.00	
Full Name Christophe	(Last, First, Middle Initial)			Date of Receipt
Mailing Ad	dress 1626 Jeurgens Court			07 31 2008
City		State	Zip Code	Transaction ID: C465964
Norcross		GA	30096	Amount of Each Receipt this Period
	mber of contributing tical committee.	C		125.00
Name of E UHS-Pruit Inc.	mployer t Corporation,	Occupation Chief Op	n erating Officer	
Receipt Fo		Aggregate	e Year-to-Date ▼ 625.00	
SUBTOTAL	of Receipts This Page (optional)	1		1625.00

SCHEDULE A (FEC		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 60 (check only one) X 11a
or for commercial purposes, o NAME OF COMMITTEE (ther than using the name and a In Full)	ddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Association Political Action	n Committee	
Full Name (Last, First, Mid Douglas Burr Mailing Address 1185 V	,		Date of Receipt 0 7 2 4 2 0 0 8
City Roswell	State GA	Zip Code 30075	Transaction ID: C442746 Amount of Each Receipt this Period
FEC ID number of contributed rederal political committee.	uting C		125.00
Name of Employer Cypress Administrative Se rvices, LLC	VP FINA	ance	
Receipt For: Primary Ge Other (specify) ▼	Aggrega eneral	te Year-to-Date ▼ 375.00	
Full Name (Last, First, Mid Scott Carlson			Date of Receipt
Mailing Address 994 Sh	naron Lane		07 24 2008
City	State	Zip Code	Transaction ID: C465875
<u>Ventura</u>	CA	93001-3847	Amount of Each Receipt this Period
FEC ID number of contributed federal political committee.	uting		250.00
Name of Employer Sun Health Care	Occupati Director	on Government Relations	
Receipt For: Primary Ge	Aggrega	te Year-to-Date ▼	
Other (specify) ▼		500.00	
Full Name (Last, First, Mid Gregory Chambery	dle Initial)		Date of Receipt
Mailing Address 100 Da	aniel Drive		07
City	State	Zip Code	Transaction ID: C441781
Webster FEC ID number of contributed federal political committee.	NY C	14580-2912	Amount of Each Receipt this Period 300.00
Name of Employer Maplewood Nursing Home	Occupati Adminis		
Receipt For: Primary Other (specify) ▼		te Year-to-Date ▼ 600.00	
SUBTOTAL of Receipts This	s Page (optional)		675.00

SCHEDULE A (FEC FOITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 60 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other to NAME OF COMMITTEE (In Fu	Reports and Statements may not be sold or used by any personan using the name and address of any political committee to the control of the co	son for the purpose of soliciting contributions
Full Name (Last, First, Middle Ir Steven E. Chies Mailing Address 8624 Missi City	<i>'</i>	Date of Receipt 0 7 3 1 2 0 0 8 Transaction ID: C465965
Coon Rapids FEC ID number of contributing federal political committee.	MN 55433-5968	Amount of Each Receipt this Period 1250.00
Name of Employer Benedictine Health System- Cambridge Receipt For: Primary General Other (specify) ▼	Occupation VP, Long Term Care Services Aggregate Year-to-Date ▼ 3750.00	
Full Name (Last, First, Middle In Robert M. Chur Mailing Address Elderwood 7 Limeston	Senior Care	Date of Receipt 0 7 1 0 2 0 0 8
City	State Zip Code	Transaction ID: C440995
Williamsville FEC ID number of contributing federal political committee.	NY 14221-7051	Amount of Each Receipt this Period 1250.00
Name of Employer Elderwood Affiliates Inc	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3750.00	
Full Name (Last, First, Middle In Cliff Coldren Mailing Address 1950 Cliffs	·	Date of Receipt 0 7 0 2 2 0 0 8
City	State Zip Code	Transaction ID: C433049
State College FEC ID number of contributing federal political committee.	PA 16801-7662	Amount of Each Receipt this Period 1500.00
Name of Employer Brookline	Occupation Developer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3500.00	
SUBTOTAL of Receipts This Pac	e (optional)	4000.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 60 (check only one) X 11a
\ \ \	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
	American Health Care Association Po	olitical Action	Committee	
A .	Full Name (Last, First, Middle Initial) Michael D'Arcangelo Mailing Address 200 Dryden Road			Date of Receipt
	Suite 2000			07 31 2008
	City Dresher	State PA	Zip Code 19025	Transaction ID: C466156
	FEC ID number of contributing federal political committee.	C	19025	Amount of Each Receipt this Period 2500.00
	Name of Employer Complete Healthcare Resou- rces	Occupation Senior E	n xecutive Vice President	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 5000.00	
В.	Full Name (Last, First, Middle Initial) Steven Delaney			Date of Receipt
	Mailing Address 13 Northtown Dr Ste 220			07 10 2008
	City	State	Zip Code	Transaction ID: C439787
	Jackson FEC ID number of contributing federal political committee.	MS C	39211-3047	Amount of Each Receipt this Period 500.00
	Name of Employer Delco	Occupation Manager		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
_ C.	Full Name (Last, First, Middle Initial) Judith Dicker			Date of Receipt
	Mailing Address 18215 Hillside Avenue	Э		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C441428
	Jamaica FEC ID number of contributing federal political committee.	C	11432	Amount of Each Receipt this Period 1250.00
	Name of Employer Hillside Manor	Occupation Executiv	e Director	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 3750.00	
	SUBTOTAL of Receipts This Page (optional) .			4250.00
	TOTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 60 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pers he name and address of any political committee to	
American Health Care Association F	Political Action Committee	
Full Name (Last, First, Middle Initial) Stanley Dicker		Date of Receipt
Mailing Address 18215 Hillside Ave		07 18 2008
City	State Zip Code NY 11432	Transaction ID: C441429
Jamaica FEC ID number of contributing federal political committee.	NY 11432	Amount of Each Receipt this Period 1250.00
Name of Employer Hillside Manor Rehab Ctr	Occupation Executive Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3750.00	
Full Name (Last, First, Middle Initial) William Dunn		Date of Receipt
Mailing Address 870 Bexley Ave		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C439768
<u>Marion</u>	OH 43302-5463	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Marion Manor Nursing Hm Inc	Occupation Administrator	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Anthony Durante		Date of Receipt
Mailing Address 26 North Broadway		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Schenectady	State Zip Code NY 12305	Transaction ID: C437871 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	625.00
Name of Employer DMN Management Services	Occupation Executive	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00	
SUBTOTAL of Receipts This Page (optional)	,	2125.00

SCHEDULE A ITEMIZED REC	(FEC Form 3X) EIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one) X 11a 11b 11b 11d 11d 11d 11d 11d 11d 11d 11d	PAGE 16 / 60 11c 12 15 16
Any information copied or for commercial purpo		ements may me and add	not be sold or used by any perso ress of any political committee to	on for the purpose of solic solicit contributions from	citing contributions a such committee.
American Health	Care Association Politic	al Action	Committee		
Full Name (Last, Fir Susan Feeney	,			Date of Receipt	
Mailing Address 7	005 Metropolitan Pl			07 01	
City		State	Zip Code	Transaction ID: C	433105
Falls Church		VA	22043-2330	Amount of Each R	eceipt this Period
FEC ID number of of federal political com		C			19.24
Name of Employer American Health Ca	re Asso-	Occupation		7	
ciation Receipt For:			ident, Public Affairs	\dashv	
Primary Other (specify	General) ▼	Aggregate	Year-to-Date ▼ 310.01]	
Full Name (Last, Fir Susan Feeney	st, Middle Initial)			Date of Receipt	
	005 Metropolitan Pl			0 7 2 9	
City		State	Zip Code	Transaction ID: C	
Falls Church		VA	22043-2330	Amount of Each R	
FEC ID number of of federal political com		C			19.24
Name of Employer American Health Ca ciation	re Asso-	Occupation Vice Pres	n ident, Public Affairs		
Receipt For: Primary Other (specify	General) ▼	Aggregate	Year-to-Date ▼ 310.01		
Full Name (Last, Fir Susan Feeney	st, Middle Initial)			Date of Receipt	
Mailing Address 7	005 Metropolitan Pl			07 29	
City		State	Zip Code	Transaction ID: C	467292
Falls Church		VA	22043-2330	Amount of Each R	eceipt this Period
FEC ID number of of federal political com		C			19.24
Name of Employer American Health Ca ciation	ire Asso-	Occupation Vice Pres	n ident, Public Affairs		
Receipt For: Primary Other (specify	General	Aggregate	Year-to-Date ▼ 310.01	1	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 60 (check only one) X 11a
or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to	solicit contributions from such committee.
American Health Care Association	n Political Action Committee	
Full Name (Last, First, Middle Initial) Susan Feeney		Date of Receipt
Mailing Address 7005 Metropolitan	PI	07 31 YYYY 2008
City	State Zip Code	Transaction ID: C466161
Falls Church	VA 22043-2330	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	19.24
Name of Employer American Health Care Asso- ciation Receipt For:	Occupation Vice President, Public Affairs Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	310.01	
Full Name (Last, First, Middle Initial) James Gomez	1	Date of Receipt
Mailing Address 2201 K Street		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C466155
Sacramento	CA 95816-4922	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer CA Association of Health Facilities	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Don Gormly		Date of Receipt
Mailing Address 1685 Shaffer Rd		07 31 2008
City	State Zip Code	Transaction ID: C465970
Atwater	CA 95301-4456	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1250.00
Name of Employer Anberry Rehab Hosp	Occupation Owner	7
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3750.00	
SUBTOTAL of Receipts This Page (option	nal)	1519.24

	JLE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE N (check only o X 11a 13	
	ion copied from such Reports and S ercial purposes, other than using the F COMMITTEE (In Full)	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpos solicit contribut	se of soliciting contributions ions from such committee.
l \	an Health Care Association Pol	itical Action	Committee		
Michael H				Date of R	eceipt
Mailing A	ddress 1501 42nd St Ste 375			07	28 7 2008
City		State	Zip Code		on ID: C467308
West De	es Moines	IA	50266-1090	Amount o	f Each Receipt this Period
	number of contributing plitical committee.	C			500.00
Name of I Hawkeye	Employer Care Centers Inc	Occupatio Presiden			
	For: mary General ner (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00		
Full Name	e (Last, First, Middle Initial)			Date of R	eceint
	ddress 7605 Ridgecrest Drive			0 7	·
City		State	Zip Code	Transacti	on ID: C433108
Alexand	dria	VA	22308-1049		f Each Receipt this Period
	number of contributing olitical committee.	C			38.46
Name of I AHCA	Employer	Occupatio Senior V	n ice President of Advocacy		
	For: mary General ner (specify) ♥	Aggregate	e Year-to-Date ▼ 533.26]	
Full Name	e (Last, First, Middle Initial) pert			Date of R	eceipt
Mailing A	ddress 7605 Ridgecrest Drive			0 7	29 2008
City		State	Zip Code	Transacti	on ID: C467278
Alexand	dria	VA	22308-1049	Amount o	f Each Receipt this Period
	number of contributing plitical committee.	C			38.46
Name of I AHCA	Employer	Occupatio Senior V	n ice President of Advocacy		
	For: mary General ner (specify) •		e Year-to-Date ▼ 533.26		

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 19 / 60 (check only one) X 11a 11b 11c 12
		Detailed Summary Page	13 14 15 16
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	not be sold or used by any persers of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Health Care Association	Political Action	Committee	
Full Name (Leet First Middle Initial)			T
Full Name (Last, First, Middle Initial) David Hebert			Date of Receipt
Mailing Address 7605 Ridgecrest Dri			07 29 2008
City Alexandria	State VA	Zip Code	Transaction ID: C467295
FEC ID number of contributing		22308-1049	Amount of Each Receipt this Period
federal political committee.	C		38.46
Name of Employer AHCA	Occupation Senior Vi	ce President of Advocacy	
Receipt For:	 	Year-to-Date ▼	
Primary General Other (specify) ▼		533.26	
Full Name (Last, First, Middle Initial) David Hebert	I		Date of Receipt
Mailing Address 7605 Ridgecrest Dr	ive		07 31 YYYY 2008
City	State	Zip Code	Transaction ID: C466179
Alexandria	VA	22308-1049	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		38.46
Name of Employer AHCA	Occupation Senior Vi	ce President of Advocacy	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 533.26	
Full Name (Last, First, Middle Initial) Jane Hibbard-Merrill			Date of Receipt
Mailing Address Gulford St PO Box	159		07 29 YYYY 2008
City	State	Zip Code	Transaction ID: C465682
Dover-Foxcroft	ME	04426	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		75.00
Name of Employer Hibbard Nsg Hm	Occupation Administr		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		225.00	
			151.92

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS Any information copied from such Reports at	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 60 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Health Care Association	the name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Brian Holloway Mailing Address 1001 Center Street City Little Egg Harbor FEC ID number of contributing federal political committee. Name of Employer Seacrest Village Receipt For: Primary General	State Zip Code NJ 08087-1364 C Occupation Owner/President Aggregate Year-to-Date	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) ▼ Full Name (Last, First, Middle Initial) Jesse Johnson, Jr. Mailing Address 1500 E. First St City Newberg FEC ID number of contributing federal political committee. Name of Employer Newberg Care Home Receipt For: Primary General Other (specify) ▼	State Zip Code OR 97132 C Occupation Administrator/Owner Aggregate Year-to-Date 750.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Jesse Johnson, Jr. Mailing Address 1500 E. First St City Newberg FEC ID number of contributing federal political committee. Name of Employer Newberg Care Home Receipt For: Primary General Other (specify)	State Zip Code OR 97132 C Occupation Administrator/Owner Aggregate Year-to-Date 750.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	750.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 60 (check only one) X 11a 11b 11c 12 13 14 15 16 1
0	ny information copied from such Reports and s r for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Health Care Association Po	olitical Action	Committee	
	Full Name (Last, First, Middle Initial) Samuel Kaplan			Date of Receipt
	Mailing Address 5500 Wells Fargo Cer 90 South Seventh St			07 11 2008
	City Minneapolis	State MN	Zip Code 55402	Transaction ID: C440614 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer Tealwood Care Centers	Occupatio Attorney	n	
	Receipt For: Primary General Other (specify)	, ' 	Year-to-Date ▼ 2000.00	
_	Full Name (Last, First, Middle Initial) Sandy Klein			Date of Receipt
	Mailing Address 1602 Hawks Ridge			07 01 YYYY 2008
	City	State	Zip Code	Transaction ID: C436935
	San Antonio FEC ID number of contributing federal political committee.	C	78248	Amount of Each Receipt this Period 250.00
	Name of Employer Mariner Health Care	Occupatio Executive		
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) Debra Kriner			Date of Receipt
	Mailing Address D. Kriner & Associate: 7608 Shadywood Lan			07 18 2008
	City <u>S</u> ylvania	State OH	Zip Code 43560-1841	Transaction ID: C441427 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer D. Kriner & Associates	Occupatio RN Cons		
	Receipt For: Primary General Other (specify) ▼	- ·	Year-to-Date ▼ 500.00	
Γ	SUBTOTAL of Receipts This Page (optional) .			1500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 60 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Health Care Association P	Statements may not be sold or used by any persone name and address of any political committee to olitical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Edward L. Kuntz Mailing Address 680 S 4th St City Louisville FEC ID number of contributing federal political committee. Name of Employer Kindred Healthcare Receipt For: Primary General Other (specify)	State Zip Code KY 40202-2407 C Occupation Chairman, CEO & President Aggregate Year-to-Date 750.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) David Kyllo Mailing Address 4621 28th Road Sour PAYROLL DEDUCTI City Arlington FEC ID number of contributing federal political committee. Name of Employer AHCA Receipt For: Primary General Other (specify)		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) David Kyllo Mailing Address 4621 28th Road Sour PAYROLL DEDUCTI City Arlington FEC ID number of contributing federal political committee. Name of Employer AHCA Receipt For: Primary General Other (specify)		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		329.12

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 60 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Health Care Association F	d Statements may not be sold or used by any personal the name and address of any political committee to Political Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)	United Action Committee	
David Kyllo Mailing Address 4621 28th Road Sou PAYROLL DEDUCT		Date of Receipt 0 7 2 9 2 0 0 8
City	State Zip Code	Transaction ID: C467299
Arlington	VA 22206	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	39.56
Name of Employer AHCA	Occupation Director, Assisted Living	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 632.96	
Full Name (Last, First, Middle Initial) David Kyllo		Date of Receipt
Mailing Address 4621 28th Road Sou PAYROLL DEDUCT	ION	07 31 7 2008
City	State Zip Code	Transaction ID: C466189
Arlington FEC ID number of contributing federal political committee.	VA 22206	Amount of Each Receipt this Period 39.56
Name of Employer AHCA	Occupation Director, Assisted Living	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 632.96	
Full Name (Last, First, Middle Initial) Peter J. Licari		Date of Receipt
Mailing Address 200 Dryden Road Suite 2000		07 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C442423
Dresher FEC ID number of contributing federal political committee.	PA 19025	Amount of Each Receipt this Period 1250.00
Name of Employer Complete Healthcare Resou- rces	Occupation President/ Chief Executive Officer	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 3750.00	
CURTOTAL of Passints This Page (antional)	1329.12

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 60 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports or for commercial purposes, other than use NAME OF COMMITTEE (In Full) American Health Care Associati	s and Statements may not be sold or used by any perso sing the name and address of any political committee to on Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Patrick Martone Mailing Address 26 North Broadw	vav	Date of Receipt
	,	07 14 2008
City Schenectady	State Zip Code NY 12305-1932	Transaction ID: C437872 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	625.00
Name of Employer Hallmark Nursing Centre Inc. Receipt For: Primary General Other (specify) ▼	Occupation Administrator and CEO Aggregate Year-to-Date ▼ 625.00	
Full Name (Last, First, Middle Initial) Michael McBride		Date of Receipt
Mailing Address 101 Grace Dr City	State Zip Code SC 29640-9088	0 7 3 1 2 0 0 8 Transaction ID: C465972
Easley FEC ID number of contributing federal political committee.	SC 29640-9088	Amount of Each Receipt this Period 1250.00
Name of Employer Health Management Resourc- es	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3750.00	
Full Name (Last, First, Middle Initial) Karen McCormack		Date of Receipt
Mailing Address 209 N Beaver St	t	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C441753
York FEC ID number of contributing federal political committee.	PA 17401-5321	Amount of Each Receipt this Period 331.94
Name of Employer Wilmac Corp	Occupation President/CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1481.94	
SUBTOTAL of Receipts This Page (opti	ional)	2206.94

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 60 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Health Care Association	and Statements may not be sold or used by any perso g the name and address of any political committee to n Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Karen McCormack Mailing Address 209 N Beaver St		Date of Receipt
City York	State Zip Code PA 17401-5321	Transaction ID: C441754 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Wilmac Corp Receipt For:	Occupation President/CEO Aggregate Year-to-Date ▼	150.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	1481.94	
Michael Meillier Mailing Address 27 Brand Ave City	State Zip Code	Date of Receipt M
Faribault FEC ID number of contributing federal political committee.	MN 55021-6411	Amount of Each Receipt this Period 75.00
Name of Employer Pleasant Manor Inc Receipt For:	Occupation Social Services Dir Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Michael Meillier Mailing Address 27 Brand Ave		Date of Receipt
City Faribault	State Zip Code MN 55021-6411	Transaction ID: C442438 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer Pleasant Manor Inc Receipt For:	Occupation Social Services Dir Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (option	al)	375.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 60 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Health Care Association	the name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Rick Mendlen Mailing Address 1810 Gillespie Way			Date of Receipt
Mailing Address 1810 Gillespie Way Suite 212 City	State	Zip Code	0 7 3 1 2 0 0 8 Transaction ID: C465973
El Cajon	CA	92020-0921	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer Kennon S. Shea & Associat- es	Occupatio Consulta		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) Arlene Miles Mailing Address 6061 South Brook \	/allev		Date of Receipt
Walling Address 0001 South Brook V	raney		07 29 2008
City	State	Zip Code	Transaction ID: C465690
Centennial	CO	80121-3103	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1246.94
Name of Employer Colorado Health Care Asso- ciation	Occupatio State Ex	ceutive	
Receipt For:	Aggregate	e Year-to-Date ▼	_
Primary General Other (specify) ▼	0 0	1246.94	
Full Name (Last, First, Middle Initial) Michaela Miller	'		Date of Receipt
Mailing Address 20023 SW Corrine	Street		07 31 2008
City	State	Zip Code	Transaction ID: C465980
Beaverton	OR	97007-8637	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1250.00
Name of Employer Avamere Health Services	Occupatio Sharehol	der	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 3750.00	
SUBTOTAL of Receipts This Page (optiona			2996.94

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27/60 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Health Care Association			
Full Name (Last, First, Middle Initial) Richard Miller			Date of Receipt
Mailing Address 3611 Glenfield Ct			M M / D D / Y Y Y Y Y O N N N N N N N N N N N N N N
City	State	Zip Code	Transaction ID: C465975
Louisville FEC ID number of contributing federal political committee.	C	40241-2513	Amount of Each Receipt this Period 250.00
Name of Employer Golden Ventures	Occupation Consulta		7
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Rick Miller			Date of Receipt
Mailing Address 25117 SW Parkwa Suite F	y Avenue		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Wilsonville	State OR	Zip Code 97070-9697	Transaction ID: C465978 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	37070-3037	1250.00
Name of Employer Avamere Health Services, NC	Occupation Presiden		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 3750.00	
Full Name (Last, First, Middle Initial) V. Richard Miller			Date of Receipt
Mailing Address 3594 East US High	nway 30		0 7 3 1 2 0 0 8
City Warsaw	State IN	Zip Code 46580-6720	Transaction ID: C465976
FEC ID number of contributing federal political committee.	C	40300-0720	Amount of Each Receipt this Period 1250.00
Name of Employer MMM Invest Inc	Occupation CEO/CF0		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3750.00	
SUBTOTAL of Receipts This Page (options	I		2750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 60 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the	statements may not be sold or used by any pename and address of any political committe	
NAME OF COMMITTEE (In Full) American Health Care Association Po	litical Action Committee	
Full Name (Last, First, Middle Initial) Michael Morton		Date of Receipt
Mailing Address 415 Rogers Avenue		07 21 2008
City	State Zip Code	Transaction ID: C465699
Fort Smith	AR 72901-1903	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1250.00
Name of Employer Central Arkansas Nursing	Occupation Owner	
Centers Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	3750.00	•
Full Name (Last, First, Middle Initial) Jay Moskowitz		Date of Receipt
Mailing Address 2932 Fenton Street		0 7 3 1 2 0 0 8
City	State Zip Code	Transaction ID: C465981
Wheat Ridge	CO 80214-8116	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Quality Life Management	Occupation Administrator	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Steve Mulder		Date of Receipt
Mailing Address 7300 Del Pardo Street		07 14 2008
City	State Zip Code	Transaction ID: C440981
Boca Raton	FL 33433	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Whitehall Boca	Occupation Owner	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
SUBTOTAL of Receipts This Page (optional)	I	1750.00

		Detailed Summary	of the Page X 11a 11b 11c 12 13 14 15 16 17
Ar	ny information copied from such Reports and for commercial purposes, other than using the	Statements may not be sold or used be name and address of any political co	y any person for the purpose of soliciting contributions ommittee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Health Care Association P	olitical Action Committee	
<u></u>	Full Name (Last, First, Middle Initial) Timothy F Nicholson		Date of Receipt
	Mailing Address 304 Gilbert Road		07 09 7 2008
	City	State Zip Code	Transaction ID: C436933
	Dillsburg	PA 17019-9511	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	2500.00
	Name of Employer Lyric Health Care	Occupation President & CEO	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	00.00
_	Full Name (Last, First, Middle Initial) Francesca Fierro O'Reilly	·	Date of Receipt
	Mailing Address 4005 Nellie Custis Dr		07 01 7 2008
	City	State Zip Code	Transaction ID: C433110
	Arlington	VA 22207-5107	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer Sr. Director of Congressi- onal Affairs	Occupation American Health Care Asso	ciation
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	33	20.00
_	Full Name (Last, First, Middle Initial) Francesca Fierro O'Reilly	L	Date of Receipt
	Mailing Address 4005 Nellie Custis Dr		07 29 2008
	City	State Zip Code	Transaction ID: C467280
	Arlington	VA 22207-5107	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer Sr. Director of Congressi- onal Affairs	Occupation American Health Care Asso	ciation
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	3	20.00
[UBTOTAL of Receipts This Page (optional)	1	2540.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 60 (check only one) X
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any per the name and address of any political committee	
American Health Care Association F	Political Action Committee	
Full Name (Last, First, Middle Initial) Francesca Fierro O'Reilly		Date of Receipt
Mailing Address 4005 Nellie Custis D		07 29 2008
City Arlington	State Zip Code VA 22207-5107	Transaction ID: C467297 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Sr. Director of Congressi- onal Affairs	Occupation American Health Care Association	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 320.00	
Full Name (Last, First, Middle Initial) Francesca Fierro O'Reilly Mailing Address 4005 Nellie Custis D	ır	Date of Receipt
		07 31 2008
City	State Zip Code VA 22207-5107	Transaction ID: C466186
Arlington FEC ID number of contributing federal political committee.	VA 22207-5107	Amount of Each Receipt this Period 20.00
Name of Employer Sr. Director of Congressi- onal Affairs	Occupation American Health Care Association	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	320.00	
Full Name (Last, First, Middle Initial) Tony E Oglesby	- I	Date of Receipt
Mailing Address 1087 Reynolds Bridge	ge Rd	07 31 YYYY 2008
City	State Zip Code	Transaction ID: C465984
Benton	TN 37307-5620	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2500.00
Name of Employer SavaSenior Care	Occupation President & CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	
SUBTOTAL of Receipts This Page (optional		2540.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 60 (check only one) X 11a
,	Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma ne name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Health Care Association Policy	olitical Action	n Committee	
۸.	Full Name (Last, First, Middle Initial) Delbert Ousley			Date of Receipt
	Mailing Address 300 Provider Court City	State	Zip Code	0 7 2 1 2 0 0 8 Transaction ID: C465720
	Richmond	KY	40475-8488	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer PMD Corporation	Occupation Presider		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 750.00	
_ 3.	Full Name (Last, First, Middle Initial) Charles Perry			Date of Receipt
	Mailing Address Nevada Health Care 4550 West Oakey Bo	ulevard		07 31 2008
	City	State	Zip Code	Transaction ID: C465985
	Las Vegas FEC ID number of contributing federal political committee.	C	89102-1599	Amount of Each Receipt this Period 1250.00
	Name of Employer Nevada Health Care Assn.	Occupation Executiv	on re Director	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 3750.00	
- ;.	Full Name (Last, First, Middle Initial) Neil L. Pruitt, Jr.			Date of Receipt
	Mailing Address UHS-Pruitt Corporation 1626 Jeurgens Court			07 31 2008
	City Norcross	State GA	Zip Code 30093	Transaction ID: C465998
	FEC ID number of contributing federal political committee.	C	30093	Amount of Each Receipt this Period 1250.00
	Name of Employer UHS-Pruitt Corporation, Inc.	Occupation Presider	on nt & CEO	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 3750.00	
	SUBTOTAL of Receipts This Page (optional)			2750.00
F	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		•	2750.00

SCHEDULE A (FEC Form STEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 60 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports or for commercial purposes, other than us NAME OF COMMITTEE (In Full) American Health Care Association	and Statements may not be sold or used by any perso ing the name and address of any political committee to	n for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Thomas G. Rau		Date of Receipt
Mailing Address 10503 Citation D	rive	07 24 2008
City	State Zip Code	Transaction ID: C442747
Brighton FEC ID number of contributing federal political committee.	MI 48116	Amount of Each Receipt this Period 1250.00
Name of Employer Nexcare Health Systems, LLC	Occupation Owner	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3750.00	
Full Name (Last, First, Middle Initial) Jon Reardon	_	Date of Receipt
Mailing Address 1202 Weiss Stre	et	07 10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C439788
Saginaw FEC ID number of contributing	MI 48602-5471	Amount of Each Receipt this Period
federal political committee.	C	125.00
Name of Employer Hoyt Nursing & Rehab Cent- er	Occupation Owner	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	
Full Name (Last, First, Middle Initial) Frank Romano		Date of Receipt
Mailing Address 57 Summer Stree	et	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C465999
Rowley FEC ID number of contributing federal political committee.	MA 01969-1835	Amount of Each Receipt this Period 1250.00
Name of Employer Essex Group	Occupation CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3750.00	
SUBTOTAL of Receipts This Page (option	onal)	2625.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 60 (check only one) X
A	ny information copied from such Reports and Stror commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Health Care Association Po	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
		milical Action	Committee	
۹.	Full Name (Last, First, Middle Initial) Daniel Salmon Mailing Address 85 Beaumont Dr			Date of Receipt
		Chaha	7:a Code	07 17 2008
	City Northbridge	State MA	Zip Code 01534-1093	Transaction ID: C442439 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		125.00
	Name of Employer Beaumont Nursing Home	Occupation Administ		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 375.00	
_	Full Name (Last, First, Middle Initial) Lee Samson			Date of Receipt
	Mailing Address 9200 Sunset Boulevan Suite 1100	rd		07 31 2008
	City	State	Zip Code	Transaction ID: C466001
	West Hollywood FEC ID number of contributing federal political committee.	CA	90069	Amount of Each Receipt this Period 1250.00
	Name of Employer SNF Management/ Windsor	Occupation Presiden		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 3750.00	
_	Full Name (Last, First, Middle Initial) Anthony Scalera			Date of Receipt
	Mailing Address Evergreen Commons 1070 Luther Road			07 22 YYYY 2008
	City	State	Zip Code	Transaction ID: C441780
	East Greenbush FEC ID number of contributing federal political committee.	C	12061	Amount of Each Receipt this Period 600.00
	Name of Employer Evergreen Commons	Occupatio CEO	on	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 600.00	
	SUBTOTAL of Receipts This Page (optional)	1		1975.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 60 (check only one) X
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Health Care Association	nd Statements may not be sold or used by any persong the name and address of any political committee to Political Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Michael Scharfenberger Mailing Address 7265 Kenwood Roa Suite 300 City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Nursing Care Management	State Zip Code OH 45236-4414 C Occupation	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify)	Exec Vice President Aggregate Year-to-Date ▼ 375.00	
Full Name (Last, First, Middle Initial) Gerald Schroer, Jr. Mailing Address 7235 Whipple Ave City	NW State Zip Code	Date of Receipt 0 7 0 8 2 0 0 8 Transaction ID: C436882
North Canton FEC ID number of contributing federal political committee. Name of Employer	OH 44720-7137 C Occupation	Amount of Each Receipt this Period 250.00
Altercare Receipt For: Primary General Other (specify)	Administrator Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Shawn Scott Mailing Address Medline Industries One Medline Place City Mundelein	State Zip Code IL 60060	Date of Receipt 0 7 3 1 2 0 0 8 Transaction ID: C466002 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Medline Industries	Occupation	75.00
Receipt For: Primary General Other (specify)	VP, Healthcare Corporate Aggregate Year-to-Date ▼ 225.00	
SUBTOTAL of Receipts This Page (options	al)	450.00

	EDULE A (FEC Form 3X) IZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 60 (check only one) X 11a
or for co	ormation copied from such Reports and Stommercial purposes, other than using the I	atements mand add	y not be sold or used by any persondress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	erican Health Care Association Poli	tical Action	Committee	
A. Louis	Name (Last, First, Middle Initial) s Serra			Date of Receipt
City	ng Address 2525 Pennsylvania Ave	State	Zip Code	0 7 1 0 2 0 0 8 Transaction ID: C439789
-	irton	WV	26062-3634	Amount of Each Receipt this Period
FEC	ID number of contributing ral political committee.	C		500.00
Nam Wei	e of Employer rton Geriatric Center	Occupatio Owner/A	n dministrator	
Rece	eipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1500.00	
B. John	Name (Last, First, Middle Initial) Kennon Shea			Date of Receipt
	ng Address 1810 Gillespie Way Suite 212			07 / 31 / 2008
City	Cajon	State CA	Zip Code	Transaction ID: C466003
FEC	ID number of contributing ral political committee.	C	92020-0921	Amount of Each Receipt this Period 1250.00
Nam Keni ates	e of Employer non S. Shea and Associ-	Occupatio Presiden		
Rece	eipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 3750.00]
	Name (Last, First, Middle Initial)			Date of Receipt
	ng Address 103 Club Ct			07 23 2008
City	rnor Dohino	State	Zip Code	Transaction ID: C465778
FEC	rner Robins ID number of contributing ral political committee.	GA C	31088-7534	Amount of Each Receipt this Period 500.00
<u>Com</u>	e of Employer ca Health & Retirement Imunities	Occupatio Executive	e VP	
Rece	eipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 500.00	
SUBTO	DTAL of Receipts This Page (optional)			2250.00
TOTAL	This Period (last page this line number of	only)		

	CHEDULE A (FEC Form 3X EMIZED RECEIPTS	for each	parate schedule(s) h category of the d Summary Page	FOR LINE NUMBER: PAGE 36 / 60 (check only one) X 11a 11b 11c 12 13 14 15 16
Ai	ny information copied from such Reports and for commercial purposes, other than using	Statements may not be sol he name and address of an	ld or used by any person	on for the purpose of soliciting contributions osolicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Health Care Association F	Political Action Committ	ee	
<u>/_</u>	Full Name (Last, First, Middle Initial) Robert Siebel			Date of Receipt
	Mailing Address 13185 W Great Mou	ntain Drive		07 16 2008
	City	State Zip C	ode	Transaction ID: C439896
	Lakewood	CO 8022	8-3512	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Carriage Healthcare Compa- nies, Inc.	Occupation President		
	Receipt For:	Aggregate Year-to-D	ate V	
	Primary General Other (specify) ▼		2000.00]
	Full Name (Last, First, Middle Initial) Matthew D. Smyth	1		Date of Receipt
	Mailing Address 1201 L Street NW			07 01 7 2008
	City	State Zip C	ode	Transaction ID: C433115
	Washington	DC 2000	5	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		19.23
	Name of Employer American Health Care Asso- ciation	Occupation Director of Grassr	oots	
	Receipt For:	Aggregate Year-to-D	ate ▼	
	Primary General Other (specify) ▼		319.70	
	Full Name (Last, First, Middle Initial) Matthew D. Smyth			Date of Receipt
	Mailing Address 1201 L Street NW			07 29 2008
	City	State Zip C		Transaction ID: C467285
	Washington	DC 2000	5	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		19.23
	Name of Employer American Health Care Asso- ciation	Occupation Director of Grassr	roots	
	Receipt For:	Aggregate Year-to-D	ate 🔻	
	Primary General Other (specify) ▼		319.70]
		<u> </u>		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 60 (check only one) X 11a 11b 11c 12 13 14 15 16 11
A oı	ny information copied from such Reports and for commercial purposes, other than using t	Statements mane name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Health Care Association F	olitical Action	Committee	
	Full Name (Last, First, Middle Initial) Matthew D. Smyth			Date of Receipt
	Mailing Address 1201 L Street NW	Ctata	Zip Code	07 29 2008
	City Washington	State DC	20005	Transaction ID: C467302 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20003	19.23
	Name of Employer American Health Care Asso- ciation	Occupation Director	on of Grassroots	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 319.70	
	Full Name (Last, First, Middle Initial) Matthew D. Smyth			Date of Receipt
	Mailing Address 1201 L Street NW			07 31 2008
	City	State	Zip Code	Transaction ID: C466426
	Washington	DC	20005	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		19.23
	Name of Employer American Health Care Asso- ciation		of Grassroots	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 319.70	
_	Full Name (Last, First, Middle Initial) Dixie Taylor-Huff			Date of Receipt
	Mailing Address 932 East Baddour Page 1	arkway		07 31 YYYY 2008
	City	State	Zip Code	Transaction ID: C466005
	Lebanon	TN	37087-3707	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1250.00
	Name of Employer Quality Care Health Center	Occupation Administration	on trator/Owner	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		3750.00	
				1288.46

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 60 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) American Health Care Association	and Statements may not be sold or used by any persong the name and address of any political committee to a Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Jan Thayer Mailing Address 404 Woodland Dr City Grand Island	ve State Zip Code NE 68801	Date of Receipt M M M
FEC ID number of contributing federal political committee. Name of Employer Excel Development Group Receipt For: Primary General Other (specify) ▼	Occupation Chair/CEO Aggregate Year-to-Date 3750.00	1250.00
Full Name (Last, First, Middle Initial) Travis Tomlinson Mailing Address 513 East Whitake City Raleigh	r Mill Road State Zip Code NC 27608-2633	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Mayview Conv Home Inc Receipt For: Primary General Other (specify)	Occupation Administrator Aggregate Year-to-Date 1500.00	500.00
Full Name (Last, First, Middle Initial) Michael Torgan Mailing Address 5120 West Goldle Suite 400 City Los Angeles	af Circle State Zip Code CA 90056-1297	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Country Villa Health Services Receipt For: Primary General Other (specify) ▼	Occupation Vice President, Customer Services Aggregate Year-to-Date 750.00	250.00
SUBTOTAL of Receipts This Page (option	nal)	2000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 60 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may name and add	/ not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Health Care Association Pol	litical Action	Committee	
Full Name (Last, First, Middle Initial) Michael Torgan			Date of Receipt
Mailing Address 5120 West Goldleaf Ci Suite 400	ircle		07 31 2008
City	State	Zip Code	Transaction ID: C466006
Los Angeles	CA	90056-1297	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Country Villa Health Serv-	Occupation		
ices Receipt For:		sident, Customer Services Year-to-Date	\dashv
Primary General Other (specify) ▼	Aggregate	750.00	
Full Name (Last, First, Middle Initial) James Unverferth	l		Date of Receipt
Mailing Address 1100 Shawnee Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C436881
Lima	OH	45805-3583	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1250.00
Name of Employer HCF, Inc.	Occupation President		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2500.00	
Full Name (Last, First, Middle Initial) Glenn Van Ekeren			Date of Receipt
Mailing Address Vetter Health Services, 5020 South 118th Street	, Inc.		07 16 2008
City	State	Zip Code	Transaction ID: C439893
<u>Omaha</u>	NE	68137-2209	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		331.94
Name of Employer Vetter Health Services	Occupation Executive		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1331.94	
SUBTOTAL of Receipts This Page (optional)	1		1831.94

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 60 (check only one) X
or for commercial purposes, other than usi NAME OF COMMITTEE (In Full) American Health Care Associatio	and Statements may not be sold or used by any persong the name and address of any political committee to an Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)		
Jack Vetter Mailing Address 5020 South 118th	n Street	Date of Receipt M M
City	State Zip Code	Transaction ID: C440993
<u>Omaha</u>	NE 68137-2209	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1250.00
Name of Employer Vetter Health Services	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3750.00	
Full Name (Last, First, Middle Initial) Robert Wehner	L	Date of Receipt
Mailing Address 5155 North High	Street	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C467306
Columbus	OH 43214	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Wesley Glen	Occupation Chief Financial Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	
Full Name (Last, First, Middle Initial) Andrew S Weisman	L	Date of Receipt
Mailing Address 5310 NW 33rd Av Ste 211	/e	07 18 2008
City	State Zip Code	Transaction ID: C442442
Fort Lauderdale	FL 33309-6319	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1250.00
Name of Employer NuVision Management	Occupation Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3750.00	
SURTOTAL of Receipts This Page (antis	nal)	2750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 60 (check only one) X 11a
Any information copied from such Reports and Stor for commercial purposes, other than using the	tatements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Health Care Association Pol	itical Action	Committee	
Full Name (Last, First, Middle Initial) James R. Westbury, Sr.			Date of Receipt
Mailing Address 922 McDonough Road			07 29 2008
City	State	Zip Code	Transaction ID: C465688
<u>Jackson</u>	GA	30233-1522	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer Westbury Medical Care Home	Occupatio Presiden		7
Inc Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼	, iggi ogale	1000.00	
Full Name (Last, First, Middle Initial) Dennis W. Wheeler	<u> </u>		Date of Receipt
Mailing Address PO Box 1545			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C466007
Mount Pleasant	SC	29465-1545	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1250.00
Name of Employer Laurel Baye Healthcare	Occupatio Presiden		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 3750.00	
Full Name (Last, First, Middle Initial) Robert Wilson			Date of Receipt
Mailing Address 947 Worthington Cir			07 17 2008
City	State	Zip Code	Transaction ID: C442440
Fort Collins	CO	80526-1841	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		5000.00
Name of Employer Columbine Health Systems	Occupatio Owner	n	
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 5000.00	
SUBTOTAL of Receipts This Page (optional)			6750.00

TOTAL This Period (last page this line number only)

S	CHEDULE A (FEC Form 3X)		11	FOR LINE NUMBER: PAGE 42 / 60
	·		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Health Care Association Politi	ical Action	Committee	
	Full Name (Last, First, Middle Initial) Alan Zuccari			Date of Receipt
	Mailing Address 7712 Carlton Place			07 18 2008
	City	State	Zip Code	Transaction ID: C441426
	Mclean	VA	22102	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1250.00
	Name of Employer Hamilton Insurance Agency	Occupation Insurance	n e Representative	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 3750.00	

SUBTOTAL of Receipts This Page (optional)	•	1250.00
TOTAL This Period (last page this line number only)	<u> </u>	69661.78

A.

В.

SCHEDULE B (FEC Form 3X)

Senate

District:

President

FOR LINE NUMBER: PAGE 43 / 60 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 21b 22 23 25 26 **Detailed Summary Page** 27 28a 28b 28c 29 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 Full Name (Last, First, Middle Initial) Transaction ID: D71376 **BB & T CREDIT CARD** Date of Disbursement 3 1 o[™] 7 2008 Mailing Address 2200 Wilson Blvd Ste 200 City State Zip Code Amount of Each Disbursement this Period Arlington VA 22201-3324 592.54 Purpose of Disbursement CC Fees Candidate Name Category/ Type Office Sought: Disbursement For: House General Senate Primary President Other (specify) State: District: Full Name (Last, First, Middle Initial) Transaction ID: D71375 BB & T Date of Disbursement 3 1 o^M7 2008 Mailing Address PO Box 819 **Operations Center** City State Zip Code Amount of Each Disbursement this Period NC 27894-0819 Wilson 133.15 Purpose of Disbursement Bank fees Candidate Name Category/ Type Office Sought: House Disbursement For:

General

SUBTOTAL of Disbursements This Page (optional)	•	725.69
TOTAL This Period (last page this line number only)		725.69

Primary

Other (specify)

State:

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Full Name (Last, F BRIDGE PAC	irst, Middle Initial)				Transaction ID: Date of Disburse	ment
Mailing Address	499 S Capitol St S Ste 412	SW			07 2	4 2008
City Washington		State DC	Zip Code 20003-4009		Amount of Each	Disbursement this Perio
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Candidate Name BRIDGE PAC				Category/ Type		
Office Sought:	Senate President	Disbursement For: Primary Other (sp	2008 X General pecify) V			
	District:					
Full Name (Last, F IMPACT AMER	,				Transaction ID: Date of Disburse	
Mailing Address	228 W. Washingto	on St. Ste. 115			07 2	2 7 2008
City Alexandria		State VA	Zip Code 22314		Amount of Each	Disbursement this Perio
Purpose of Disburs Contributions to Fe	sement ederal PACs/Committee	s			<u> </u>	1000.00
Candidate Name IMPACT AMER	ICA			Category/ Type		
Office Sought:	House C Senate President District:	Disbursement For: Primary Other (sp	2008 X General ecify)			
Full Name (Last, F IMPACT AMER	irst, Middle Initial)				Transaction ID: Date of Disburse	
Mailing Address	228 W. Washingto	on St. Ste. 115			07 / 3	0 7 2008
City Alexandria		State VA	Zip Code 22314		Amount of Each	Disbursement this Perio
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	City Mount Laurel			State NJ	Zip Code 08054			Am	ount of	Each	Disburs			-
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	City Canby			State OR	Zip Code 97013			Am	ount o	Each	Disburs	ement	this P	erio
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	Candidate Name Kurt Schrader						egory/ ype							
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	Full Name (Last,	First, Middle Initial) or Accountability &	Change						nsacti		D643	26		
	Mailing Address	607 14th Stree									0 /	Y Ž	0 ŏ 8	Υ
	City Washington	Suite 800		State DC	Zip Code 20005			Am	ount of	Each	Disburs	ement	this P	erio
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	Candidate Name						egory/ ype							
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•	First, Middle Initial) R CONGRESS 222 Main Sail Dr PO Box 518	ive						Date		sburse	D631 ement		0 ŏ 8	Y
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Candidate Name Mr. Frank Krat Office Sought:	X House Senate President District: 01		nt For: imary her (spe	2008 X General		ateç Tyr	gory/ be	_						
Full Name (Last,	First, Middle Initial) GLENN THOMPSOI 198 PARK ROAL									sburse	D631 ement		0 ° 8	Υ
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State: PA Full Name (Last,	Senate President District: 05 First, Middle Initial) ERI FOR CONGRES	Pr Ot	imary her (spe	X General				Date	of Di	sburse				V
Mailing Address City	PO BOX 3016	Sta		Zip Code				0 ^M 7		f Each	Disburs		0 0 8 t this P	
Alliance Purpose of Disbu Contributions to F Candidate Name Mr. John Bocc	ederal Candidates	OF	1	44601		ateç Tyr	gory/ pe		•	•		50	00.00)
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$\left\langle \right\rangle$	NAME OF COM	•						
	Full Name (Last, MARTIN HEIN	First, Middle Initial)						Transaction ID: D63170 Date of Disbursement
	Mailing Address	2118 CENTRA #71	L AVENUE	SE				07
	City Albuquerque			tate IM	Zip Code 87106			Amount of Each Disbursement this Period
		Federal Candidates						5000.00
	Candidate Name Mr. Martin Hei						tegory/ Γype	
	Office Sought: State: NM	X House Senate President District: 01		nent For: Primary Other (sp	2008 X General ecify)			
	Full Name (Last,	First, Middle Initial) OR CONGRESS						Transaction ID: D63173 Date of Disbursement
	Mailing Address	66 ARNOLD S	TREET					$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Staten Island			tate	Zip Code 10301			Amount of Each Disbursement this Perio
	Purpose of Disbu	ursement Federal Candidates					•	5000.00
	Candidate Name Mr. Michael E.						tegory/ Γype	
	Office Sought: State: NY	X House Senate President District: 13		nent For: Primary Other (sp	2008 General ecify)			
	, ,	First, Middle Initial) FOR CONGRES	S INC					Transaction ID: D63169 Date of Disbursement
	Mailing Address	912 KINGS HIG	GHWAY					07
	City Shreveport			tate .A	Zip Code 71104			Amount of Each Disbursement this Period
	Purpose of Disbu Contributions to I	ursement Federal Candidates						5000.00
	Candidate Name Mr. Paul J. Ca						tegory/ Γype	
	Office Sought:	χ House	Disbursen		2008			
	omos coagni.	Senate President		Primary Other (sp	General ecify)			

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	y Information copied from such Reports a for commercial purposes, other than using			of for the purpose of soliciting contributions solicit contributions from such committee
$\sum_{i=1}^{n}$	NAME OF COMMITTEE (In Full) American Health Care Association	,		
	Full Name (Last, First, Middle Initial) GUTHRIE FOR CONGRESS			Transaction ID: D63113 Date of Disbursement
	Mailing Address PO BOX 9639			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Bowling Green	State Zip Code KY 42102		Amount of Each Disbursement this Perio
	Purpose of Disbursement Contributions to Federal Candidates			2000.00
	Candidate Name Mr. Steven Brett Guthrie		Category/ Type	
	Office Sought: X House Senate President	Disbursement For: 2008 Primary X Gen Other (specify) ▼		
	State: KY District: 02 Full Name (Last, First, Middle Initial) LINDA STENDER FOR CONGRE	SS		Transaction ID: D63174 Date of Disbursement
	Mailing Address P.O. Box 730			$\begin{bmatrix} \begin{smallmatrix} M \\ O \end{smallmatrix} 7^{M} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} 2^{D} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y \\ 2 \end{smallmatrix} 0 \overset{Y}{0} 8^{Y} \end{bmatrix}$
	City Scotch Plains	State Zip Code NJ 07076		Amount of Each Disbursement this Perio
	Purpose of Disbursement Contributions to Federal Candidates		• •	5000.00
	Candidate Name Mrs. Linda Stender		Category/ Type	
	Office Sought: X House Senate President State: NJ District: 07	Disbursement For: 2008 Primary X Gen Other (specify)	eral	
	Full Name (Last, First, Middle Initial) KILROY FOR CONGRESS			Transaction ID: D63171 Date of Disbursement
	Mailing Address 550 East Walnu Suite 305	t Street		077 / 22 / Y 2008
	City Columbus	State Zip Code OH 43215		Amount of Each Disbursement this Perio
	Purpose of Disbursement Contributions to Federal Candidates			5000.00
	Candidate Name Ms. Mary Jo Kilroy		Category/ Type	
	Office Sought: X House	Disbursement For: 2008 Primary X Gen		
	Senate President	Primary X Gen Other (specify) ▼	Ciai	

5	CHEDULE	3 (FEC Form	3X)	Use sep	arate schedule(s)				NUMBE	R:		PAC	GE 49/	60
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	City Trenton			State NJ	Zip Code 08608				Amou	int of E	ach Dis	bursen	nent this	
		rsement Federal Committees								•			1000.0	Ü
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	Mailing Address	Mailing Address PO Box 75214								M /	^D 2 2 2	/ Y	žoŏ	8 ^Y
	City Washington			State DC	Zip Code 20013				Amou	int of E	ach Dis	bursen	ent this	
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	Candidate Name NODAK PAC						tegory/ ype	,						
	Office Sought:	House Senate President	Disburse	ment For: Primary Other (spe	2008 X General ecify)									
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	•	First, Middle Initial) FOR CONGRESS	COMMIT	TEE					Date	of Disb	ID: Durseme			
	Mailing Address	PO Box 23626							0 ^M 7	М /	^D 3 1	/ Y	žoŏ	8 ^Y
	City Federal Way			State WA	Zip Code 98093				Amou	int of E	ach Dis	bursen	ent this	
		ederal Candidates								-			5000.0	0
	Candidate Name Rep. Adam Sn	nith					tegory/ Type							
	Office Sought:	X House Senate President		ment For: Primary Other (spe	2008 General									
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NAME OF COMMITTEE (In Full)												
American Health Care Association Polit	ical Action Committee											
Full Name (Last, First, Middle Initial) CONGRESSMAN BART GORDON COI							ion ID			23		
					o ^M 7	of L	isburs	emer	nt / Y	2 (0 ŏ 8	Υ
Mailing Address P.O. Box 2008												
City Murfreesboro	State Zip Code TN 37133				Amou	ınt c	f Each	n Dist	ourse	-		-
Purpose of Disbursement Contributions to Federal Candidates			v			-				50	00.00	-
Candidate Name Rep. Bart Gordon			atec Typ	gory/ be								
Office Sought: X House Disbute Senate President State: TN District: 06	x Primary General Other (specify) ▼											
Full Name (Last, First, Middle Initial) CONGRESSMAN BART GORDON CO	MMITTEE						ion ID			24		
Mailing Address P.O. Box 2008					0 ^M 7	М	/ D	3 0 D	/ Y	ž	8 Ó 0	Y
City Murfreesboro	State Zip Code TN 37133				Amou	ınt c	f Each	n Dist	ourse			-
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Candidate Name Rep. Bart Gordon			ateg Typ	gory/ be								
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Full Name (Last, First, Middle Initial) CONGRESSMAN BART GORDON CO	MMITTEE						ion ID isburs	emer	6209 nt	95		
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City Murfreesboro	State Zip Code TN 37133				Amou	unt c	f Each	n Dist	ourse			-
Purpose of Disbursement Contributions to Federal Candidates					L.				_	100	00.00	
Candidate Name Rep. Bart Gordon			ateg Typ	gory/ be								
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State: TN District: 06												
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NAME OF COMMITTEE (In Full) American Health Care Association Political		ar committee to so	ilon contributions from such confinitee
Full Name (Last, First, Middle Initial)			Transaction ID: D63107
BEN CHANDLER FOR CONGRESS			Date of Disbursement
Mailing Address P. O. Box 12678			$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & 1 & 7 \\ 1 & 7 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{bmatrix}$
City Lexington	State Zip Code KY 40508		Amount of Each Disbursement this Period
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Candidate Name Rep. Ben Chandler		Category/ Type	
Senate President	ement For: 2008 Primary X General Other (specify)		
State: KY District: 06			
Full Name (Last, First, Middle Initial) CHRISTOPHER SHAYS FOR CONGRES	S COMMITTEE		Transaction ID: D64327 Date of Disbursement
Mailing Address 98 East Avenue Rear Br	uilding		$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & 3 & D \\ 3 & 0 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Q & Y \\ 2 & 0 & 0 & 8 \end{bmatrix}$
City Norwalk	State Zip Code CT 06851		Amount of Each Disbursement this Perio
Purpose of Disbursement Contributions to Federal Candidates			1000.00
Candidate Name Rep. Christopher Shays		Category/ Type	
	ement For: 2008 Primary General Other (specify)		
Full Name (Last, First, Middle Initial) EARL POMEROY FOR CONGRESS			Transaction ID: D63162 Date of Disbursement
Mailing Address P.O. Box 9336			$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & 2 & D \\ 2 & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & N \\ 2 & 0 & 0 & 8 \end{smallmatrix} \end{bmatrix}$
City Fargo	State Zip Code ND 58106		Amount of Each Disbursement this Perio
Purpose of Disbursement Contributions to Federal Candidates			1000.00
Candidate Name Rep. Earl Pomeroy		Category/ Type	
Senate	ement For: 2008 Primary X General Other (specify)		
President			
State: ND District: 00			
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	NAME OF COMMITTEE (In Full)		7,4			
\rangle	American Health Care Association Politic	al Action C	ommittee			
_	Full Name (Last, First, Middle Initial)				Tranca	ction ID: D62090
	ED ROYCE FOR CONGRESS				Date of	Disbursement
	Mailing Address P.O. Box 2525				07	02 7 2008
	City Orange	State CA	Zip Code 92859		Amoun	t of Each Disbursement this Perio
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	Rep. Ed Royce			Type		
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	President	Other (spe				
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	City RANCHO STA MRGRITA Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. George P. Radanovich Office Sought: X House Disburs	State CA	92688	Category/ Type		• • • • • • • • •
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	City RANCHO STA MRGRITA Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. George P. Radanovich Office Sought: X House Senate President Disburs	State CA	92688 2008 X General		Amoun Transa Date of	tion ID: D63105 Disbursement
	City RANCHO STA MRGRITA Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. George P. Radanovich Office Sought: X House Senate President State: CA District: 19 Full Name (Last, First, Middle Initial)	State CA	92688 2008 X General		Amoun	tion ID: D63105 Disbursement
	City RANCHO STA MRGRITA Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. George P. Radanovich Office Sought: X House Senate President State: CA District: 19 Full Name (Last, First, Middle Initial) WALDEN FOR CONGRESS INC.	State CA	92688 2008 X General		Transa Date of	tion ID: D63105 Disbursement
	City RANCHO STA MRGRITA Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. George P. Radanovich Office Sought: X House Senate President State: CA District: 19 Full Name (Last, First, Middle Initial) WALDEN FOR CONGRESS INC. Mailing Address PO Box 1091 City	State CA Sement For: Primary Other (spe	92688 2008 X General ecify) ▼		Transa Date of	ction ID: D63105 Disbursement
	City RANCHO STA MRGRITA Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. George P. Radanovich Office Sought: X House Senate President State: CA District: 19 Full Name (Last, First, Middle Initial) WALDEN FOR CONGRESS INC. Mailing Address PO Box 1091 City Hood River Purpose of Disbursement	State CA Sement For: Primary Other (spe	92688 2008 X General ecify) ▼		Transa Date of	ction ID: D63105 Disbursement ' D D D Y Y Y Y O O S Y t of Each Disbursement this Period
	City RANCHO STA MRGRITA Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. George P. Radanovich Office Sought: X House President State: CA District: 19 Full Name (Last, First, Middle Initial) WALDEN FOR CONGRESS INC. Mailing Address PO Box 1091 City Hood River Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Greg Walden Office Sought: X House Disbursement Contributions to Federal Candidates Candidate Name Rep. Greg Walden	State CA Sement For: Primary Other (spe	2008	Type Category/	Transa Date of	ction ID: D63105 Disbursement ' D D D Y Y Y Y O O S Y t of Each Disbursement this Period
	City RANCHO STA MRGRITA Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. George P. Radanovich Office Sought: X House President State: CA District: 19 Full Name (Last, First, Middle Initial) WALDEN FOR CONGRESS INC. Mailing Address PO Box 1091 City Hood River Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Greg Walden Office Sought: X House Disbursement Senate President	State CA sement For: Primary Other (spe	2008 X General ecify) ▼ Zip Code 97031 2008 X General	Type Category/	Transa Date of	ction ID: D63105 Disbursement ' D D D Y Y Y Y O O S Y t of Each Disbursement this Period
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	y Information copied from such for commercial purposes, other								
<u> </u>	NAME OF COMMITTEE (In F American Health Care As	Full)							
	Full Name (Last, First, Middle Matheson for Congress	Initial)				Date of [tion ID: D63 Disbursement	108	
	Mailing Address 677 So.	200 West Suite	A			07	17	žoŏ	8
	City Salt Lake City		State UT	Zip Code 84101		Amount	of Each Disbur		
	Purpose of Disbursement Contributions to Federal Cand	lidates				7 L		3000.0	10
	Candidate Name Rep. Jim Matheson				Category/ Type	_			
	Office Sought: X House Senate Preside	ent	ement For: Primary Other (spe	2008 X General ecify) ▼					
	State: UT District: 0 Full Name (Last, First, Middle					_			
	FRIENDS OF JOHN BAF	,				Date of [tion ID: D63 Disbursement	013	
	Mailing Address 2141 W	Broad St				0 7	15	žoŏ	8 ^Y
	City Athens		State GA	Zip Code 30606-3545		Amount	of Each Disbur	sement this	Perio
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	Candidate Name Rep. John Barrow				Category/ Type	_			
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	Full Name (Last, First, Middle FRIENDS OF LOIS CAPI	Initial)					tion ID: D63		
	Mailing Address 38 Ivy S	St SE				07	24	žoŏ	8 ^Y
	City Washington		State DC	Zip Code 20003-4006		Amount	of Each Disbur		
	Purpose of Disbursement Contributions to Federal Cand	lidates				77		2500.0	0
	Candidate Name Rep. Lois Capps				Category/ Type	_			
	Office Sought: X House Senate Preside		ement For: Primary Other (spe	2008 X General					
	State: CA District: 2		(-	<i>></i> / ▼					

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MARK UDA	ALL FOR CONGRESS	INC.			Date of Disbursement
Mailing Addre	ess 8690 Wolff Cour	t #200			07 7 3 0 7 2 0 0 8
City Westminste	er	State CO	Zip Code 80031		Amount of Each Disbursement this Perio
Purpose of D Contributions	isbursement to Federal Candidates				750.00
Candidate Na Rep. Mark				Category/ Type	
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\rangle	NAME OF COMMITTEE (In Full) American Health Care Association Pol	itical Action Committee										
<u> </u>	Full Name (Last, First, Middle Initial) MICHAUD FOR CONGRESS					Date M		sburs	: D64 ement		YY	Y
	Mailing Address 213 Lisbon Street					0 7		3	1		ž 0 ŏ 8	3
	City Lewiston	State Zip Code ME 04240				Amou	unt of	Each	Disbu		nt this f	
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	Senate President	oursement For: 2008 Primary X General Other (specify) ▼	•									
	State: ME District: 02 Full Name (Last, First, Middle Initial) MIKE PENCE COMMITTEE								: D62	2091		
	Mailing Address P. O. Box 408					0 ^M 7	M	D C	2 /	Y	ž 0 ŏ 8	3 ^Y
	City Anderson	State Zip Code IN 46015				Amou	unt of	Each	Disbu	rseme	nt this f	Period
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	Full Name (Last, First, Middle Initial) NATHAN DEAL FOR CONGRESS					Date	of Di	sburs	: D63 ement			
	Mailing Address 4775 Clarks Bridge F	Rd				0 ^M 7	М /	^D 1	5 /	Y .:	ž 0 ŏ 8	3
	City Gainesville	State Zip Code GA 30506-294	8			Amou	unt of	Each	Disbu	rseme	nt this f	Perioc
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	Office Sought: X House Senate President State: GA District: 09	oursement For: 2008 X Primary General Other (specify)										
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NAME OF COMMITTEE (In Full) American Health Care Association Political	Action Committe	ee						
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Mailing Address 315 Inspiration Lane				0 ^M 7 M	[/] 2	2	žoŏ	8
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Mailing Address POST OFFICE BOX 711				0 ^M 7 M	/ 1	^D / Y	žoŏ	8 ^Y
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or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee Full Name (Last, First, Middle Initial) BERKLEY FOR CONGRESS Mailing Address PO Box 7397 City State Zip Code NV 89125-7397 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Shelley Berkley Office Sought: X House Siour State Xip Code Sioux Falls SD Disbursement Contributions to Federal Candidates Candidates Name Rep. Stephanie Herseth Herseth Sandlin Office Sought: X House Sioux Falls Sioux Falls Sonate President State: SD Disbursement Contributions to Federal Candidates Candidates Name Rep. Stephanie Herseth Herseth Sandlin Office Sought: X House President State: SD Disbursement Contributions to Federal Candidates Candidates Name Rep. Stephanie Herseth Herseth Sandlin Office Sought: X House President State: SD Disbursement Contributions to Federal Candidates Candidates Name Rep. Stephanie Herseth Herseth Sandlin Office Sought: X House President State: SD Disbursement City State Zip Code Nother (specify) ▼ Transaction ID: D64325 Date of Disbursement Tip: P. Amount of Each Disbursement Tip: P. Transaction ID: D64325 Date of Disbursement Tip: P. Transaction ID:	ITEMIZED DISE	BURSEMENT	S fo				21b	22		ш		
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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 selecting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee ANAME OF COMMITTEE (in Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) TOM ALLEN FOR CONGRESS COMMITTEE Mailing Address P.O. Box 17766 City Portland Gity Portland Gity Portland ME O4112 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Thomas H. Allen Office Sought: Viale Disbursement City Viale Disbursement Contributions to Federal Candidates Candidate Name Rep. Thomas H. Allen Office Sought: Viale Disbursement City Allen Other (specify) Viale Category' Type Transaction ID: D63177 Date of Disbursement Office Sought: Viale Disbursement City Amount of Each Disbursement Office Sought: Viale Disbursement Office Sought: Viale Disbursement Contributions to Federal Candidates Candidate Name Rep. Thomas H. Allen Office Sought: Viale Disbursement City Amount of Each Disbursement Office Sought: Viale Disbursement Office Sought: Viale Disbursement Category' Type Transaction ID: D63177 Date of Disbursement Office Sought: Viale Disbursement Office Sought: Via	SCHEDULE B (FEC Form 3X)	Use separate schedule(s) FOR LINE (check only	
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5	CHEDULE B (FEC Form	3X)	Use sepa	arate schedule(s)		_		E NUME	ER:			PAGE	59 / 6	60
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	American Health Care Associati	on Political	Action C	ommittee										
	Full Name (Last, First, Middle Initial) MIKE CRAPO FOR US SENATE										: D62 ement	092		
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE (check onl	NUMBER:				PAGE 60 / 60			
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Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam	nents may not be sold or use e and address of any politica	d by any person I committee to so	for the purpos plicit contribut	se of solici	ting co	ntribi omm	utions ittee			
NAME OF COMMITTEE (In Full) American Health Care Association Politica	I Action Committee									
Full Name (Last, First, Middle Initial) CITIZENS FOR HARKIN			Transacti Date of Di	isburseme			Y	Υ		
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City DES MOINES	State Zip Code IA 50304		Amount o	f Each Dis	sburser	nent	this F	Perio	od	
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SUBTOTAL of Disbursements This Page (optional)		6000.00
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