

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day Post -Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 07 01 2008 through 07 31 2008

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

Signature of Treasurer Electronically Filed by Ms. Gail Clarkson Date 08 15 2008

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		112871.46
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	69046.80									
(c) Total Receipts (from Line 19)	72707.40	492897.76								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	141754.20	605769.22								
7. Total Disbursements (from Line 31)	114525.69	578540.71								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	27228.51	27228.51								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	69661.78	458553.99
(i) Itemized (use Schedule A)	3045.62	29843.77
(ii) Unitemized		
(iii) TOTAL (add Lines 11(a)(i) and (ii)	72707.40	488397.76
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	2500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	72707.40	490897.76
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	2000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	72707.40	492897.76
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	72707.40	492897.76

DETAILED SUMMARY PAGE
of Disbursements

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

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	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

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)

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

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

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

A.

Full Name (Last, First, Middle Initial) Steve Ackerson		Date of Receipt MM / DD / YYYY 07 / 24 / 2008
Mailing Address 6750 Westown Pkwy Ste 100		Transaction ID: C442750
City West Des Moines	State Zip Code IA 50266-7716	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00
Name of Employer Iowa Health Care Assn.	Occupation Executive Director	Aggregate Year-to-Date 3700.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Ira Alpert		Date of Receipt MM / DD / YYYY 07 / 30 / 2008
Mailing Address 285 South St Ste J		Transaction ID: C468074
City San Luis Obispo	State Zip Code CA 93401-5037	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 375.00
Name of Employer Wilshire Foundation Inc	Occupation President	Aggregate Year-to-Date 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Dirk Anjewierden		Date of Receipt MM / DD / YYYY 07 / 29 / 2008
Mailing Address 2180 So. 1300 E Suite 445		Transaction ID: C465683
City Salt Lake City	State Zip Code UT 84106	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer Utah Health Care Assn.	Occupation Executive Director	Aggregate Year-to-Date 375.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	3200.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 7 / 60
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 8028 Ritchie Highway
Suite 118

City Pasadena State MD Zip Code 21122-1069

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

Name of Employer FutureCare Health & Mgmt. Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3750.00

Date of Receipt 07 / 08 / 2008

Transaction ID: C437320

Amount of Each Receipt this Period 1250.00

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

Mailing Address 411 Alabama Ave

City League City State TX Zip Code 77573-2615

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

Name of Employer Baywind Village Occupation Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 21 / 2008

Transaction ID: C465697

Amount of Each Receipt this Period 250.00

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

Mailing Address 1250 H Street, NW
Suite 555

City Washington State DC Zip Code 20005-3965

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

Name of Employer Golden Living Occupation Government Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 07 / 24 / 2008

Transaction ID: C465873

Amount of Each Receipt this Period 125.00

SUBTOTAL of Receipts This Page (optional) ► 1625.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 60
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 12
	<input type="checkbox"/> 16
	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Brad B Bedell	Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address PO Box 1210 731 North Main	Transaction ID: C465957
	City State Zip Code Sikeston MO 63801-1210	Amount of Each Receipt this Period 1250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Health Facilities Management Occupation President	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3750.00

B.	Full Name (Last, First, Middle Initial) Don C. C Bedell	Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 731 North Main Street PO Box 1210	Transaction ID: C465959
	City State Zip Code Sikeston MO 63801	Amount of Each Receipt this Period 1250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Health Facilities Mgmt Co- rp Occupation President	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3750.00

C.	Full Name (Last, First, Middle Initial) Ken Beebe, Jr.	Date of Receipt MM / DD / YYYY 07 / 11 / 2008
	Mailing Address 571 Highway 51 Ste H	Transaction ID: C440612
	City State Zip Code Ridgeland MS 39157-2597	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Legacy Care Occupation Owner	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

SUBTOTAL of Receipts This Page (optional)	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 9 / 60
(check only one)

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

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

A.

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

Mailing Address 921 East Fort Avenue
Suite 240

City State Zip Code
Baltimore MD 21230

FEC ID number of contributing federal political committee. C

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt M M / D D / Y Y Y Y
07 / 14 / 2008

Transaction ID: C437874

Amount of Each Receipt this Period 1000.00

B.

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

Mailing Address 1201 L Street NW

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. C

Name of Employer AHCA Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt M M / D D / Y Y Y Y
07 / 01 / 2008

Transaction ID: C433102

Amount of Each Receipt this Period 20.00

C.

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

Mailing Address 1201 L Street NW

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. C

Name of Employer AHCA Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt M M / D D / Y Y Y Y
07 / 29 / 2008

Transaction ID: C467270

Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional) 1040.00

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 10 / 60
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Lyn Bentley		Date of Receipt MM / DD / YYYY 07 / 29 / 2008
Mailing Address 1201 L Street NW		Transaction ID: C467289
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer AHCA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

B.

Full Name (Last, First, Middle Initial) Lyn Bentley		Date of Receipt MM / DD / YYYY 07 / 31 / 2008
Mailing Address 1201 L Street NW		Transaction ID: C466158
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer AHCA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

C.

Full Name (Last, First, Middle Initial) Linda Black-Kurek		Date of Receipt MM / DD / YYYY 07 / 31 / 2008
Mailing Address 7445 Liberty Woods Lane		Transaction ID: C468403
City Dayton	State OH	Zip Code 45459-3911
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer LBK Healthcare, Inc.	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	540.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 60
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 4412 Applewood Avenue

City State Zip Code
Sioux City IA 51106-3602

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

Name of Employer Occupation
Care Center Mgmt Co Chief Operating Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3750.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2008

Transaction ID: C465960

Amount of Each Receipt this Period
1250.00

B. Full Name (Last, First, Middle Initial)
Steve Boymel

Mailing Address 12100 Reed Hartman Highway

City State Zip Code
Cincinnati OH 45241-6036

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

Name of Employer Occupation
Brookwood Retirement Comm-unity Owner/Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 25 / 2008

Transaction ID: C465876

Amount of Each Receipt this Period
250.00

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

Mailing Address 1626 Jeurgens Court

City State Zip Code
Norcross GA 30096

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2008

Transaction ID: C465964

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional) ► **1625.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 60
(check only one)

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

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

A.

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

Mailing Address 1185 Wilde Run Court

City Roswell State GA Zip Code 30075

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

Name of Employer Cypress Administrative Services, LLC Occupation VP Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 07 / 24 / 2008

Transaction ID: C442746

Amount of Each Receipt this Period 125.00

B.

Full Name (Last, First, Middle Initial)
Scott Carlson

Mailing Address 994 Sharon Lane

City Ventura State CA Zip Code 93001-3847

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

Name of Employer Sun Health Care Occupation Director Government Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 24 / 2008

Transaction ID: C465875

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Gregory Chambery

Mailing Address 100 Daniel Drive

City Webster State NY Zip Code 14580-2912

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

Name of Employer Maplewood Nursing Home Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 07 / 22 / 2008

Transaction ID: C441781

Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional) ▶ **675.00**

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 13 / 60
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Steven E. Chies

Mailing Address 8624 Mississippi Blvd NW

City Coon Rapids State MN Zip Code 55433-5968

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

Name of Employer Benedictine Health System-Cambridge Occupation VP, Long Term Care Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3750.00

Date of Receipt 07 / 31 / 2008

Transaction ID: C465965

Amount of Each Receipt this Period 1250.00

B.

Full Name (Last, First, Middle Initial)
Robert M. Chur

Mailing Address Elderwood Senior Care
7 Limestone Drive

City Williamsville State NY Zip Code 14221-7051

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

Name of Employer Elderwood Affiliates Inc Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3750.00

Date of Receipt 07 / 10 / 2008

Transaction ID: C440995

Amount of Each Receipt this Period 1250.00

C.

Full Name (Last, First, Middle Initial)
Cliff Coldren

Mailing Address 1950 Cliffside Drive

City State College State PA Zip Code 16801-7662

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

Name of Employer Brookline Occupation Developer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3500.00

Date of Receipt 07 / 02 / 2008

Transaction ID: C433049

Amount of Each Receipt this Period 1500.00

SUBTOTAL of Receipts This Page (optional) ► 4000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 / 60
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Michael D'Arcangelo		Date of Receipt MM / DD / YYYY 07 / 31 / 2008		
	Mailing Address 200 Dryden Road Suite 2000		Transaction ID: C466156		
	City Dresher	State PA	Zip Code 19025	Amount of Each Receipt this Period 2500.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	Name of Employer Complete Healthcare Resources		Occupation Senior Executive Vice President		
		Aggregate Year-to-Date ▼ 5000.00			

B.	Full Name (Last, First, Middle Initial) Steven Delaney		Date of Receipt MM / DD / YYYY 07 / 10 / 2008		
	Mailing Address 13 Northtown Dr Ste 220		Transaction ID: C439787		
	City Jackson	State MS	Zip Code 39211-3047	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	Name of Employer Delco		Occupation Manager		
		Aggregate Year-to-Date ▼ 500.00			

C.	Full Name (Last, First, Middle Initial) Judith Dicker		Date of Receipt MM / DD / YYYY 07 / 18 / 2008		
	Mailing Address 18215 Hillside Avenue		Transaction ID: C441428		
	City Jamaica	State NY	Zip Code 11432	Amount of Each Receipt this Period 1250.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	Name of Employer Hillside Manor		Occupation Executive Director		
		Aggregate Year-to-Date ▼ 3750.00			

SUBTOTAL of Receipts This Page (optional)	▶	4250.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 60

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Stanley Dicker

Mailing Address 18215 Hillside Ave

City State Zip Code
Jamaica NY 11432

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

Name of Employer Occupation
Hillside Manor Rehab Ctr Executive Director

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 18 / 2008

Transaction ID: C441429

Amount of Each Receipt this Period

1250.00

B.

Full Name (Last, First, Middle Initial)

William Dunn

Mailing Address 870 Bexley Ave

City State Zip Code
Marion OH 43302-5463

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

Name of Employer Occupation
Marion Manor Nursing Hm Inc Administrator

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 09 / 2008

Transaction ID: C439768

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Anthony Durante

Mailing Address 26 North Broadway

City State Zip Code
Schenectady NY 12305

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

Name of Employer Occupation
DMN Management Services Executive

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 625.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 14 / 2008

Transaction ID: C437871

Amount of Each Receipt this Period

625.00

SUBTOTAL of Receipts This Page (optional)

2125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 60
(check only one)

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

A.

Full Name (Last, First, Middle Initial) Susan Feeney		Date of Receipt MM / DD / YYYY 07 / 01 / 2008
Mailing Address 7005 Metropolitan PI		Transaction ID: C433105
City Falls Church	State VA	Zip Code 22043-2330
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.24
Name of Employer American Health Care Association	Occupation Vice President, Public Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 310.01	

B.

Full Name (Last, First, Middle Initial) Susan Feeney		Date of Receipt MM / DD / YYYY 07 / 29 / 2008
Mailing Address 7005 Metropolitan PI		Transaction ID: C467274
City Falls Church	State VA	Zip Code 22043-2330
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.24
Name of Employer American Health Care Association	Occupation Vice President, Public Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 310.01	

C.

Full Name (Last, First, Middle Initial) Susan Feeney		Date of Receipt MM / DD / YYYY 07 / 29 / 2008
Mailing Address 7005 Metropolitan PI		Transaction ID: C467292
City Falls Church	State VA	Zip Code 22043-2330
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.24
Name of Employer American Health Care Association	Occupation Vice President, Public Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 310.01	

SUBTOTAL of Receipts This Page (optional)	57.72
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 17 / 60
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Susan Feeney
Mailing Address 7005 Metropolitan PI
City Falls Church State VA Zip Code 22043-2330
FEC ID number of contributing federal political committee. **C**
Name of Employer American Health Care Association Occupation Vice President, Public Affairs
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 310.01
Date of Receipt 07 / 31 / 2008
Transaction ID: C466161
Amount of Each Receipt this Period 19.24

B. Full Name (Last, First, Middle Initial)
James Gomez
Mailing Address 2201 K Street
City Sacramento State CA Zip Code 95816-4922
FEC ID number of contributing federal political committee. **C**
Name of Employer CA Association of Health Facilities Occupation President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 750.00
Date of Receipt 07 / 31 / 2008
Transaction ID: C466155
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Don Gormly
Mailing Address 1685 Shaffer Rd
City Atwater State CA Zip Code 95301-4456
FEC ID number of contributing federal political committee. **C**
Name of Employer Anberry Rehab Hosp Occupation Owner
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3750.00
Date of Receipt 07 / 31 / 2008
Transaction ID: C465970
Amount of Each Receipt this Period 1250.00

SUBTOTAL of Receipts This Page (optional) ► 1519.24
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 60

(check only one)

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

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

A.

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

Mailing Address 1501 42nd St
Ste 375

City State Zip Code
West Des Moines IA 50266-1090

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

Name of Employer Occupation
Hawkeye Care Centers Inc President

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 28 / 2008

Transaction ID: C467308

Amount of Each Receipt this Period

500.00

B.

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

Mailing Address 7605 Ridgecrest Drive

City State Zip Code
Alexandria VA 22308-1049

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

Name of Employer Occupation
AHCA Senior Vice President of Advocacy

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 533.26

Date of Receipt

M M / D D / Y Y Y Y
07 / 01 / 2008

Transaction ID: C433108

Amount of Each Receipt this Period

38.46

C.

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

Mailing Address 7605 Ridgecrest Drive

City State Zip Code
Alexandria VA 22308-1049

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

Name of Employer Occupation
AHCA Senior Vice President of Advocacy

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 533.26

Date of Receipt

M M / D D / Y Y Y Y
07 / 29 / 2008

Transaction ID: C467278

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional) ▶

576.92

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 60
(check only one)

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

A.

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

Mailing Address 7605 Ridgecrest Drive

City State Zip Code
Alexandria VA 22308-1049

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

Name of Employer AHCA Occupation Senior Vice President of Advocacy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 533.26

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 29 / 2008

Transaction ID: C467295

Amount of Each Receipt this Period
38.46

B.

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

Mailing Address 7605 Ridgecrest Drive

City State Zip Code
Alexandria VA 22308-1049

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

Name of Employer AHCA Occupation Senior Vice President of Advocacy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 533.26

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2008

Transaction ID: C466179

Amount of Each Receipt this Period
38.46

C.

Full Name (Last, First, Middle Initial)
Jane Hibbard-Merrill

Mailing Address Gulford St PO Box 159

City State Zip Code
Dover-Foxcroft ME 04426

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

Name of Employer Hibbard Nsg Hm Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 29 / 2008

Transaction ID: C465682

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional) ► **151.92**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 60
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Brian Holloway

Mailing Address 1001 Center Street

City State Zip Code
Little Egg Harbor NJ 08087-1364

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

Name of Employer Occupation
Seacrest Village Owner/President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
07 / 16 / 2008

Transaction ID: C439895

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 1500 E. First St

City State Zip Code
Newberg OR 97132

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

Name of Employer Occupation
Newberg Care Home Administrator/Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
07 / 02 / 2008

Transaction ID: C433048

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 1500 E. First St

City State Zip Code
Newberg OR 97132

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

Name of Employer Occupation
Newberg Care Home Administrator/Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
07 / 18 / 2008

Transaction ID: C441425

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 60
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Samuel Kaplan		Date of Receipt MM / DD / YYYY 07 / 11 / 2008
Mailing Address 5500 Wells Fargo Center 90 South Seventh St		Transaction ID: C440614
City Minneapolis	State MN	Zip Code 55402
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Tealwood Care Centers	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

B.

Full Name (Last, First, Middle Initial) Sandy Klein		Date of Receipt MM / DD / YYYY 07 / 01 / 2008
Mailing Address 1602 Hawks Ridge		Transaction ID: C436935
City San Antonio	State TX	Zip Code 78248
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Mariner Health Care	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) Debra Kriner		Date of Receipt MM / DD / YYYY 07 / 18 / 2008
Mailing Address D. Kriner & Associates 7608 Shadywood Lane		Transaction ID: C441427
City Sylvania	State OH	Zip Code 43560-1841
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer D. Kriner & Associates	Occupation RN Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 60
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Edward L. Kuntz

Mailing Address 680 S 4th St

City State Zip Code
Louisville KY 40202-2407

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

Name of Employer Kindred Healthcare Occupation Chairman, CEO & President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 21 / 2008

Transaction ID: C465698

Amount of Each Receipt this Period
250.00

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

Mailing Address 4621 28th Road South
PAYROLL DEDUCTION

City State Zip Code
Arlington VA 22206

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

Name of Employer AHCA Occupation Director, Assisted Living

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 632.96

Date of Receipt
M M / D D / Y Y Y Y
07 / 01 / 2008

Transaction ID: C433112

Amount of Each Receipt this Period
39.56

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

Mailing Address 4621 28th Road South
PAYROLL DEDUCTION

City State Zip Code
Arlington VA 22206

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

Name of Employer AHCA Occupation Director, Assisted Living

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 632.96

Date of Receipt
M M / D D / Y Y Y Y
07 / 29 / 2008

Transaction ID: C467282

Amount of Each Receipt this Period
39.56

SUBTOTAL of Receipts This Page (optional) ▶ **329.12**

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

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

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

FOR LINE NUMBER: PAGE 23 / 60
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 4621 28th Road South
PAYROLL DEDUCTION

City Arlington State VA Zip Code 22206

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

Name of Employer AHCA Occupation Director, Assisted Living

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 632.96

Date of Receipt 07 / 29 / 2008
Transaction ID: C467299
Amount of Each Receipt this Period 39.56

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

Mailing Address 4621 28th Road South
PAYROLL DEDUCTION

City Arlington State VA Zip Code 22206

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

Name of Employer AHCA Occupation Director, Assisted Living

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 632.96

Date of Receipt 07 / 31 / 2008
Transaction ID: C466189
Amount of Each Receipt this Period 39.56

C. Full Name (Last, First, Middle Initial)
Peter J. Licari

Mailing Address 200 Dryden Road
Suite 2000

City Dresher State PA Zip Code 19025

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

Name of Employer Complete Healthcare Resources Occupation President/ Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3750.00

Date of Receipt 07 / 17 / 2008
Transaction ID: C442423
Amount of Each Receipt this Period 1250.00

SUBTOTAL of Receipts This Page (optional) ► 1329.12

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

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

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

FOR LINE NUMBER: PAGE 24 / 60
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Patrick Martone

Mailing Address 26 North Broadway

City State Zip Code
Schenectady NY 12305-1932

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

Name of Employer Occupation
Hallmark Nursing Centre Administrator and CEO
Inc.

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 14 / 2008

Transaction ID: C437872

Amount of Each Receipt this Period
625.00

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

Mailing Address 101 Grace Dr

City State Zip Code
Easley SC 29640-9088

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

Name of Employer Occupation
Health Management Resources President

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3750.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2008

Transaction ID: C465972

Amount of Each Receipt this Period
1250.00

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

Mailing Address 209 N Beaver St

City State Zip Code
York PA 17401-5321

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

Name of Employer Occupation
Wilmac Corp President/CEO

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1481.94

Date of Receipt
M M / D D / Y Y Y Y
07 / 22 / 2008

Transaction ID: C441753

Amount of Each Receipt this Period
331.94

SUBTOTAL of Receipts This Page (optional) ► **2206.94**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 60

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Karen McCormack

Mailing Address 209 N Beaver St

City York State PA Zip Code 17401-5321

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

Name of Employer Wilmac Corp Occupation President/CEO

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1481.94

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 22 / 2008

Transaction ID: C441754

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Michael Meillier

Mailing Address 27 Brand Ave

City Faribault State MN Zip Code 55021-6411

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

Name of Employer Pleasant Manor Inc Occupation Social Services Dir

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

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 03 / 2008

Transaction ID: C437318

Amount of Each Receipt this Period

75.00

C.

Full Name (Last, First, Middle Initial)

Michael Meillier

Mailing Address 27 Brand Ave

City Faribault State MN Zip Code 55021-6411

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

Name of Employer Pleasant Manor Inc Occupation Social Services Dir

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

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 17 / 2008

Transaction ID: C442438

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional) ▶

375.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 60
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Rick Mendlen	Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2008
	Mailing Address 1810 Gillespie Ways Suite 212	Transaction ID: C465973
	City State Zip Code El Cajon CA 92020-0921	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Kennon S. Shea & Associates Occupation Consultant Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00

B.	Full Name (Last, First, Middle Initial) Arlene Miles	Date of Receipt M M / D D / Y Y Y Y Y 07 / 29 / 2008
	Mailing Address 6061 South Brook Valley	Transaction ID: C465690
	City State Zip Code Centennial CO 80121-3103	Amount of Each Receipt this Period 1246.94
	FEC ID number of contributing federal political committee. C	
	Name of Employer Colorado Health Care Association Occupation State Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1246.94

C.	Full Name (Last, First, Middle Initial) Michaela Miller	Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2008
	Mailing Address 20023 SW Corrine Street	Transaction ID: C465980
	City State Zip Code Beaverton OR 97007-8637	Amount of Each Receipt this Period 1250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Avamere Health Services Occupation Shareholder Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3750.00

SUBTOTAL of Receipts This Page (optional)	2996.94
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 60

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Richard Miller

Mailing Address 3611 Glenfield Ct

City

Louisville

State

KY

Zip Code

40241-2513

FEC ID number of contributing federal political committee.

C

Name of Employer
Golden Ventures

Occupation
Consultant

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

MM / DD / YYYY
07 / 31 / 2008

Transaction ID: C465975

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Rick Miller

Mailing Address 25117 SW Parkway Avenue
Suite F

City

Wilsonville

State

OR

Zip Code

97070-9697

FEC ID number of contributing federal political committee.

C

Name of Employer
Avamere Health Services,
NC

Occupation
President & CEO

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

MM / DD / YYYY
07 / 31 / 2008

Transaction ID: C465978

Amount of Each Receipt this Period

1250.00

C.

Full Name (Last, First, Middle Initial)

V. Richard Miller

Mailing Address 3594 East US Highway 30

City

Warsaw

State

IN

Zip Code

46580-6720

FEC ID number of contributing federal political committee.

C

Name of Employer
MMM Invest Inc

Occupation
CEO/CFO

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

MM / DD / YYYY
07 / 31 / 2008

Transaction ID: C465976

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)

2750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 60
(check only one)

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

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

A.

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

Mailing Address 415 Rogers Avenue

City State Zip Code
Fort Smith AR 72901-1903

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

Name of Employer
Central Arkansas Nursing Centers

Occupation
Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3750.00

Date of Receipt
MM / DD / YYYY
07 / 21 / 2008

Transaction ID: C465699

Amount of Each Receipt this Period
1250.00

B.

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

Mailing Address 2932 Fenton Street

City State Zip Code
Wheat Ridge CO 80214-8116

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

Name of Employer
Quality Life Management

Occupation
Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2008

Transaction ID: C465981

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 7300 Del Pardo Street

City State Zip Code
Boca Raton FL 33433

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

Name of Employer
Whitehall Boca

Occupation
Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
MM / DD / YYYY
07 / 14 / 2008

Transaction ID: C440981

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

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

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

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

FOR LINE NUMBER: PAGE 29 / 60
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 304 Gilbert Road

City Dillsburg State PA Zip Code 17019-9511

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

Name of Employer Lyric Health Care Occupation President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 07 / 09 / 2008

Transaction ID: C436933

Amount of Each Receipt this Period 2500.00

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

Mailing Address 4005 Nellie Custis Dr

City Arlington State VA Zip Code 22207-5107

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt 07 / 01 / 2008

Transaction ID: C433110

Amount of Each Receipt this Period 20.00

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

Mailing Address 4005 Nellie Custis Dr

City Arlington State VA Zip Code 22207-5107

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt 07 / 29 / 2008

Transaction ID: C467280

Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional) ► 2540.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 60

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Francesca Fierro O'Reilly

Mailing Address 4005 Nellie Custis Dr

City State Zip Code
Arlington VA 22207-5107

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 320.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 29 / 2008

Transaction ID: C467297

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Francesca Fierro O'Reilly

Mailing Address 4005 Nellie Custis Dr

City State Zip Code
Arlington VA 22207-5107

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 320.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2008

Transaction ID: C466186

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Tony E Oglesby

Mailing Address 1087 Reynolds Bridge Rd

City State Zip Code
Benton TN 37307-5620

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

Name of Employer Occupation
SavaSenior Care President & CEO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2500.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2008

Transaction ID: C465984

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional) ▶

2540.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 60		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

A.	Full Name (Last, First, Middle Initial) Delbert Ousley		Date of Receipt MM / DD / YYYY 07 / 21 / 2008		
	Mailing Address 300 Provider Court		Transaction ID: C465720		
	City Richmond	State KY	Zip Code 40475-8488	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer PMD Corporation	Occupation President	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼
750.00

B.	Full Name (Last, First, Middle Initial) Charles Perry		Date of Receipt MM / DD / YYYY 07 / 31 / 2008		
	Mailing Address Nevada Health Care Association 4550 West Oakey Boulevard		Transaction ID: C465985		
	City Las Vegas	State NV	Zip Code 89102-1599	Amount of Each Receipt this Period 1250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Nevada Health Care Assn.	Occupation Executive Director	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼
3750.00

C.	Full Name (Last, First, Middle Initial) Neil L. Pruitt, Jr.		Date of Receipt MM / DD / YYYY 07 / 31 / 2008		
	Mailing Address UHS-Pruitt Corporation, Inc. 1626 Jeurgens Court		Transaction ID: C465998		
	City Norcross	State GA	Zip Code 30093	Amount of Each Receipt this Period 1250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer UHS-Pruitt Corporation, Inc.	Occupation President & CEO	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼
3750.00

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

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

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

FOR LINE NUMBER: PAGE 32 / 60
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 10503 Citation Drive

City State Zip Code
Brighton MI 48116

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

Name of Employer: Nexcare Health Systems, LLC Occupation: Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3750.00

Date of Receipt: 07 / 24 / 2008
Transaction ID: C442747
Amount of Each Receipt this Period: 1250.00

B. Full Name (Last, First, Middle Initial)
Jon Reardon

Mailing Address 1202 Weiss Street

City State Zip Code
Saginaw MI 48602-5471

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

Name of Employer: Hoyt Nursing & Rehab Center Occupation: Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt: 07 / 10 / 2008
Transaction ID: C439788
Amount of Each Receipt this Period: 125.00

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

Mailing Address 57 Summer Street

City State Zip Code
Rowley MA 01969-1835

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

Name of Employer: Essex Group Occupation: CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3750.00

Date of Receipt: 07 / 31 / 2008
Transaction ID: C465999
Amount of Each Receipt this Period: 1250.00

SUBTOTAL of Receipts This Page (optional) ► 2625.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 60
(check only one)

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

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

A.

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

Mailing Address 85 Beaumont Dr

City Northbridge State MA Zip Code 01534-1093

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

Name of Employer Beaumont Nursing Home Occupation Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 07 / 17 / 2008

Transaction ID: C442439

Amount of Each Receipt this Period 125.00

B.

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

Mailing Address 9200 Sunset Boulevard Suite 1100

City West Hollywood State CA Zip Code 90069

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

Name of Employer SNF Management/ Windsor Occupation President/ CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3750.00

Date of Receipt 07 / 31 / 2008

Transaction ID: C466001

Amount of Each Receipt this Period 1250.00

C.

Full Name (Last, First, Middle Initial)
Anthony Scaleria

Mailing Address Evergreen Commons 1070 Luther Road

City East Greenbush State NY Zip Code 12061

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

Name of Employer Evergreen Commons Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 07 / 22 / 2008

Transaction ID: C441780

Amount of Each Receipt this Period 600.00

SUBTOTAL of Receipts This Page (optional) ► 1975.00

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

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

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

FOR LINE NUMBER: PAGE 34 / 60
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 7265 Kenwood Road
Suite 300

City State Zip Code
Cincinnati OH 45236-4414

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

Name of Employer Occupation
Nursing Care Management Exec Vice President

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 17 / 2008

Transaction ID: C442437

Amount of Each Receipt this Period
125.00

B. Full Name (Last, First, Middle Initial)
Gerald Schroer, Jr.

Mailing Address 7235 Whipple Ave NW

City State Zip Code
North Canton OH 44720-7137

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

Name of Employer Occupation
Altercare Administrator

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 08 / 2008

Transaction ID: C436882

Amount of Each Receipt this Period
250.00

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

Mailing Address Medline Industries
One Medline Place

City State Zip Code
Mundelein IL 60060

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

Name of Employer Occupation
Medline Industries VP, Healthcare Corporate

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2008

Transaction ID: C466002

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional) ► 450.00

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 35 / 60

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Louis Serra

Mailing Address 2525 Pennsylvania Ave

City State Zip Code
Weirton WV 26062-3634

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

Name of Employer Occupation
Weirton Geriatric Center Owner/Administrator

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1500.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 10 / 2008

Transaction ID: C439789

Amount of Each Receipt this Period

500.00

B.

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

Mailing Address 1810 Gillespie Way
Suite 212

City State Zip Code
El Cajon CA 92020-0921

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

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

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2008

Transaction ID: C466003

Amount of Each Receipt this Period

1250.00

C.

Full Name (Last, First, Middle Initial)
Dean Shuford

Mailing Address 103 Club Ct

City State Zip Code
Warner Robins GA 31088-7534

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

Name of Employer Occupation
Ethica Health & Retirement Communities Executive VP

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 23 / 2008

Transaction ID: C465778

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2250.00

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 36 / 60

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Robert Siebel

Mailing Address 13185 W Great Mountain Drive

City State Zip Code
Lakewood CO 80228-3512

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

Name of Employer Carriage Healthcare Companies, Inc. Occupation President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 16 / 2008

Transaction ID: C439896

Amount of Each Receipt this Period

500.00

B.

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

Mailing Address 1201 L Street NW

City State Zip Code
Washington DC 20005

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

Name of Employer American Health Care Association Occupation Director of Grassroots

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 319.70

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 01 / 2008

Transaction ID: C433115

Amount of Each Receipt this Period

19.23

C.

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

Mailing Address 1201 L Street NW

City State Zip Code
Washington DC 20005

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

Name of Employer American Health Care Association Occupation Director of Grassroots

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 319.70

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 29 / 2008

Transaction ID: C467285

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional) ▶

538.46

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 60

(check only one)

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

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

A.

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

Mailing Address 1201 L Street NW

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation
American Health Care Association Director of Grassroots

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 319.70

Date of Receipt

M M / D D / Y Y Y Y
07 / 29 / 2008

Transaction ID: C467302

Amount of Each Receipt this Period

19.23

B.

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

Mailing Address 1201 L Street NW

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation
American Health Care Association Director of Grassroots

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 319.70

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2008

Transaction ID: C466426

Amount of Each Receipt this Period

19.23

C.

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

Mailing Address 932 East Baddour Parkway

City State Zip Code
Lebanon TN 37087-3707

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

Name of Employer Occupation
Quality Care Health Center Administrator/Owner

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2008

Transaction ID: C466005

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)

1288.46

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 60

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

Jan Thayer

Mailing Address 404 Woodland Drive

City State Zip Code
Grand Island NE 68801

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

Name of Employer Occupation
Excel Development Group Chair/CEO

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

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 4 / 2 0 0 8

Transaction ID: C440987

Amount of Each Receipt this Period

1250.00

B.

Full Name (Last, First, Middle Initial)

Travis Tomlinson

Mailing Address 513 East Whitaker Mill Road

City State Zip Code
Raleigh NC 27608-2633

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

Name of Employer Occupation
Mayview Conv Home Inc Administrator

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 4 / 2 0 0 8

Transaction ID: C440985

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Michael Torgan

Mailing Address 5120 West Goldleaf Circle
Suite 400

City State Zip Code
Los Angeles CA 90056-1297

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

Name of Employer Occupation
Country Villa Health Services Vice President, Customer Services

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

Date of Receipt

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

Transaction ID: C441752

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 60
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Michael Torgan	Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 5120 West Goldleaf Circle Suite 400	Transaction ID: C466006
	City State Zip Code Los Angeles CA 90056-1297	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Country Villa Health Services Occupation Vice President, Customer Services Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00

B.	Full Name (Last, First, Middle Initial) James Unverferth	Date of Receipt MM / DD / YYYY 07 / 08 / 2008
	Mailing Address 1100 Shawnee Road	Transaction ID: C436881
	City State Zip Code Lima OH 45805-3583	Amount of Each Receipt this Period 1250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer HCF, Inc. Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00

C.	Full Name (Last, First, Middle Initial) Glenn Van Ekeren	Date of Receipt MM / DD / YYYY 07 / 16 / 2008
	Mailing Address Vetter Health Services, Inc. 5020 South 118th Street	Transaction ID: C439893
	City State Zip Code Omaha NE 68137-2209	Amount of Each Receipt this Period 331.94
	FEC ID number of contributing federal political committee. C	
	Name of Employer Vetter Health Services Occupation Executive VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1331.94

SUBTOTAL of Receipts This Page (optional)	▶	1831.94
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 40 / 60
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Jack Vetter

Mailing Address 5020 South 118th Street

City State Zip Code
Omaha NE 68137-2209

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

Name of Employer: Vetter Health Services Occupation: President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3750.00

Date of Receipt: 07 / 14 / 2008
Transaction ID: C440993
Amount of Each Receipt this Period: 1250.00

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

Mailing Address 5155 North High Street

City State Zip Code
Columbus OH 43214

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

Name of Employer: Wesley Glen Occupation: Chief Financial Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt: 07 / 28 / 2008
Transaction ID: C467306
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Andrew S Weisman

Mailing Address 5310 NW 33rd Ave Ste 211

City State Zip Code
Fort Lauderdale FL 33309-6319

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

Name of Employer: NuVision Management Occupation: Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3750.00

Date of Receipt: 07 / 18 / 2008
Transaction ID: C442442
Amount of Each Receipt this Period: 1250.00

SUBTOTAL of Receipts This Page (optional) ► 2750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 60
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
James R. Westbury, Sr.
Mailing Address 922 McDonough Road

City Jackson State GA Zip Code 30233-1522

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

Name of Employer Westbury Medical Care Home Inc Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 29 / 2008
Transaction ID: C465688
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Dennis W. Wheeler
Mailing Address PO Box 1545

City Mount Pleasant State SC Zip Code 29465-1545

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

Name of Employer Laurel Baye Healthcare Occupation President/CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3750.00

Date of Receipt 07 / 31 / 2008
Transaction ID: C466007
Amount of Each Receipt this Period 1250.00

C. Full Name (Last, First, Middle Initial)
Robert Wilson
Mailing Address 947 Worthington Cir

City Fort Collins State CO Zip Code 80526-1841

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

Name of Employer Columbine Health Systems Occupation Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 07 / 17 / 2008
Transaction ID: C442440
Amount of Each Receipt this Period 5000.00

SUBTOTAL of Receipts This Page (optional) ► 6750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 60
(check only one)

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

A.

Full Name (Last, First, Middle Initial) Alan Zuccari		Date of Receipt	
Mailing Address 7712 Carlton Place		M M / D D / Y Y Y Y 07 / 18 / 2008	
City Mclean	State VA	Zip Code 22102	Transaction ID: C441426
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1250.00	
Name of Employer Hamilton Insurance Agency	Occupation Insurance Representative		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3750.00		

SUBTOTAL of Receipts This Page (optional)	1250.00
TOTAL This Period (last page this line number only)	69661.78

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

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

FOR LINE NUMBER:
(check only one)

PAGE 43 / 60

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

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

A. Full Name (Last, First, Middle Initial) BB & T CREDIT CARD <hr/> Mailing Address 2200 Wilson Blvd Ste 200 <hr/> City Arlington State VA Zip Code 22201-3324 <hr/> Purpose of Disbursement CC Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D71376 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 8
	Amount of Each Disbursement this Period 592.54
B. Full Name (Last, First, Middle Initial) BB & T <hr/> Mailing Address PO Box 819 Operations Center <hr/> City Wilson State NC Zip Code 27894-0819 <hr/> Purpose of Disbursement Bank fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D71375 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 8
	Amount of Each Disbursement this Period 133.15

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) BRIDGE PAC</p> <p>Mailing Address 499 S Capitol St SW Ste 412</p> <p>City Washington State DC Zip Code 20003-4009</p> <p>Purpose of Disbursement Contributions to Federal PACs/Committees</p> <p>Candidate Name BRIDGE PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D63211</p> <p>Date of Disbursement 07 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) IMPACT AMERICA</p> <p>Mailing Address 228 W. Washington St. Ste. 115</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement Contributions to Federal PACs/Committees</p> <p>Candidate Name IMPACT AMERICA</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D63165</p> <p>Date of Disbursement 07 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) IMPACT AMERICA</p> <p>Mailing Address 228 W. Washington St. Ste. 115</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement Contributions to Federal PACs/Committees</p> <p>Candidate Name IMPACT AMERICA</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D64329</p> <p>Date of Disbursement 07 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Adler for Congress	Transaction ID: D63167 Date of Disbursement 07 / 22 / 2008
	Mailing Address P.O. Box 1024	Amount of Each Disbursement this Period 5000.00
	City Mount Laurel State NJ Zip Code 08054	
	Purpose of Disbursement Contributions to Federal Candidates	Category/Type
	Candidate Name John Adler	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 03	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) KURT SCHRADER FOR CONGRESS	Transaction ID: D62089 Date of Disbursement 07 / 02 / 2008
	Mailing Address 2525 N BAKER DR	Amount of Each Disbursement this Period 5000.00
	City Canby State OR Zip Code 97013	
	Purpose of Disbursement Contributions to Federal Candidates	Category/Type
	Candidate Name Kurt Schrader	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 05	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Missourians for Accountability & Change	Transaction ID: D64326 Date of Disbursement 07 / 30 / 2008
	Mailing Address 607 14th Street NW Suite 800	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Contributions to Federal PACs/ Committees	Category/Type
	Candidate Name Missourians for Accountability & Change	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) KRATOVIL FOR CONGRESS</p> <p>Mailing Address 222 Main Sail Drive PO Box 518</p> <p>City Stevensville State MD Zip Code 21666</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Mr. Frank Kratovil</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MD District: 01</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D63172</p> <p>Date of Disbursement 07 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>B. Full Name (Last, First, Middle Initial) FRIENDS OF GLENN THOMPSON</p> <p>Mailing Address 198 PARK ROAD</p> <p>City Howard State PA Zip Code 16841</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Mr. Glenn Thompson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: PA District: 05</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D63110</p> <p>Date of Disbursement 07 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>C. Full Name (Last, First, Middle Initial) JOHN BOCCIERI FOR CONGRESS</p> <p>Mailing Address PO BOX 3016</p> <p>City Alliance State OH Zip Code 44601</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Mr. John Boccieri</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OH District: 16</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D63168</p> <p>Date of Disbursement 07 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

12000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) MARTIN HEINRICH	Transaction ID: D63170
	Mailing Address 2118 CENTRAL AVENUE SE #71	Date of Disbursement 07 / 22 / 2008
	City Albuquerque State NM Zip Code 87106	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Mr. Martin Heinrich	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: NM District: 01	

B.	Full Name (Last, First, Middle Initial) MCMAHON FOR CONGRESS	Transaction ID: D63173
	Mailing Address 66 ARNOLD STREET	Date of Disbursement 07 / 22 / 2008
	City Staten Island State NY Zip Code 10301	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Mr. Michael E. McMahon	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: NY District: 13	

C.	Full Name (Last, First, Middle Initial) CARMOUCHE FOR CONGRESS INC	Transaction ID: D63169
	Mailing Address 912 KINGS HIGHWAY	Date of Disbursement 07 / 22 / 2008
	City Shreveport State LA Zip Code 71104	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Mr. Paul J. Carmouche	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: LA District: 04	

SUBTOTAL of Disbursements This Page (optional)	15000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) GUTHRIE FOR CONGRESS</p> <p>Mailing Address PO BOX 9639</p> <p>City Bowling Green State KY Zip Code 42102</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Mr. Steven Brett Guthrie</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: KY District: 02</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D63113</p> <p>Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td>/</td><td>1</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: center;">2000.00</td> </tr> </table> </p> <p>Category/ Type</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	7	/	1	7	/	2	0	0	8	2000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	7	/	1	7	/	2	0	0	8													
2000.00																						
<p>B.</p> <p>Full Name (Last, First, Middle Initial) LINDA STENDER FOR CONGRESS</p> <p>Mailing Address P.O. Box 730</p> <p>City Scotch Plains State NJ Zip Code 07076</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Mrs. Linda Stender</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NJ District: 07</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D63174</p> <p>Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td>/</td><td>2</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: center;">5000.00</td> </tr> </table> </p> <p>Category/ Type</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	7	/	2	2	/	2	0	0	8	5000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	7	/	2	2	/	2	0	0	8													
5000.00																						
<p>C.</p> <p>Full Name (Last, First, Middle Initial) KILROY FOR CONGRESS</p> <p>Mailing Address 550 East Walnut Street Suite 305</p> <p>City Columbus State OH Zip Code 43215</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Ms. Mary Jo Kilroy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OH District: 15</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D63171</p> <p>Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td>/</td><td>2</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: center;">5000.00</td> </tr> </table> </p> <p>Category/ Type</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	7	/	2	2	/	2	0	0	8	5000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	7	/	2	2	/	2	0	0	8													
5000.00																						

SUBTOTAL of Disbursements This Page (optional) ▶

12000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) NEW JERSEY DEMOCRATIC STATE COMMITTEE</p> <p>Mailing Address 196 West State Street</p> <p>City Trenton State NJ Zip Code 08608</p> <p>Purpose of Disbursement Contributions to Federal Committees</p> <p>Candidate Name NEW JERSEY DEMOCRATIC STATE COMMITTEE</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D63176 Date of Disbursement 07 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) NODAK PAC</p> <p>Mailing Address PO Box 75214</p> <p>City Washington State DC Zip Code 20013</p> <p>Purpose of Disbursement Contributions to Federal PACs/Committees</p> <p>Candidate Name NODAK PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D63175 Date of Disbursement 07 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>C. Full Name (Last, First, Middle Initial) ADAM SMITH FOR CONGRESS COMMITTEE</p> <p>Mailing Address PO Box 23626</p> <p>City Federal Way State WA Zip Code 98093</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Adam Smith</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 09</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D64369 Date of Disbursement 07 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

11000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) CONGRESSMAN BART GORDON COMMITTEE</p> <p>Mailing Address P.O. Box 2008</p> <p>City Murfreesboro State TN Zip Code 37133</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Bart Gordon</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 06</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D64323 Date of Disbursement 07 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>B. Full Name (Last, First, Middle Initial) CONGRESSMAN BART GORDON COMMITTEE</p> <p>Mailing Address P.O. Box 2008</p> <p>City Murfreesboro State TN Zip Code 37133</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Bart Gordon</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 06</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D64324 Date of Disbursement 07 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) CONGRESSMAN BART GORDON COMMITTEE</p> <p>Mailing Address P.O. Box 2008</p> <p>City Murfreesboro State TN Zip Code 37133</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Bart Gordon</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 06</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D62095 Date of Disbursement 07 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ►

2500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) BEN CHANDLER FOR CONGRESS Mailing Address P. O. Box 12678 City Lexington State KY Zip Code 40508 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Ben Chandler Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 06 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D63107 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 8
	Amount of Each Disbursement this Period 3000.00

B. Full Name (Last, First, Middle Initial) CHRISTOPHER SHAYS FOR CONGRESS COMMITTEE Mailing Address 98 East Avenue Rear Building City Norwalk State CT Zip Code 06851 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Christopher Shays Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 04 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D64327 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 0 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00

C. Full Name (Last, First, Middle Initial) EARL POMEROY FOR CONGRESS Mailing Address P.O. Box 9336 City Fargo State ND Zip Code 58106 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Earl Pomeroy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 00 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D63162 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 2 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶	5000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) ED ROYCE FOR CONGRESS</p> <p>Mailing Address P.O. Box 2525</p> <p>City Orange State CA Zip Code 92859</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Ed Royce</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 40</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D62090</p> <p>Date of Disbursement 07 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) RADANOVICH FOR CONGRESS</p> <p>Mailing Address 30151 TOMAS STREET</p> <p>City RANCHO STA MRGRITA State CA Zip Code 92688</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. George P. Radanovich</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 19</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D63161</p> <p>Date of Disbursement 07 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) WALDEN FOR CONGRESS INC.</p> <p>Mailing Address PO Box 1091</p> <p>City Hood River State OR Zip Code 97031</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Greg Walden</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 02</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D63105</p> <p>Date of Disbursement 07 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 1500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Matheson for Congress</p> <p>Mailing Address 677 So. 200 West Suite A</p> <p>City Salt Lake City State UT Zip Code 84101</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Jim Matheson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 02</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D63108 Date of Disbursement 07 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 3000.00</p>
<p>B. Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BARROW</p> <p>Mailing Address 2141 W Broad St</p> <p>City Athens State GA Zip Code 30606-3545</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. John Barrow</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 12</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D63013 Date of Disbursement 07 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>C. Full Name (Last, First, Middle Initial) FRIENDS OF LOIS CAPPs</p> <p>Mailing Address 38 Ivy St SE</p> <p>City Washington State DC Zip Code 20003-4006</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Lois Capps</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D63209 Date of Disbursement 07 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p>

SUBTOTAL of Disbursements This Page (optional) ►

6000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) MARK UDALL FOR CONGRESS INC.	Transaction ID: D64328 Date of Disbursement 07 / 30 / 2008
	Mailing Address 8690 Wolff Court #200	Amount of Each Disbursement this Period 750.00
	City Westminster State CO Zip Code 80031	
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Mark E Udall	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 02	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) MARK UDALL FOR CONGRESS INC.	Transaction ID: D63214 Date of Disbursement 07 / 24 / 2008
	Mailing Address 8690 Wolff Court #200	Amount of Each Disbursement this Period 1000.00
	City Westminster State CO Zip Code 80031	
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Mark E Udall	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 02	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS OF MAZIE HIRONO	Transaction ID: D63109 Date of Disbursement 07 / 17 / 2008
	Mailing Address PO BOX 677	Amount of Each Disbursement this Period 500.00
	City HONOLULU State HI Zip Code 96809	
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Mazie K. Hirono	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: HI District: 02	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	2250.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) MICHAUD FOR CONGRESS	Transaction ID: D64368
	Mailing Address 213 Lisbon Street	Date of Disbursement 07 / 31 / 2008
	City Lewiston State ME Zip Code 04240	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Michael H. Michaud	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 02	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) MIKE PENCE COMMITTEE	Transaction ID: D62091
	Mailing Address P. O. Box 408	Date of Disbursement 07 / 02 / 2008
	City Anderson State IN Zip Code 46015	Amount of Each Disbursement this Period 300.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Mike Pence	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 06	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) NATHAN DEAL FOR CONGRESS	Transaction ID: D63014
	Mailing Address 4775 Clarks Bridge Rd	Date of Disbursement 07 / 15 / 2008
	City Gainesville State GA Zip Code 30506-2948	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Nathan Deal	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 09	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	2800.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) COMMITTEE TO RE-ELECT NYDIA M. VELAZQUEZ TO CONGRESS</p> <p>Mailing Address 315 Inspiration Lane</p> <p>City Gaithersburg State MD Zip Code 20878</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Nydia M. Velazquez</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 12</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D63166 Date of Disbursement 07 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL</p> <p>Mailing Address POST OFFICE BOX 711</p> <p>City ROCKWALL State TX Zip Code 75087</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Ralph M. Hall</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 04</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D63106 Date of Disbursement 07 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Graves for Congress</p> <p>Mailing Address PO Box 34744</p> <p>City Kansas City State MO Zip Code 64116-1144</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Sam Graves</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 06</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D63160 Date of Disbursement 07 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) BERKLEY FOR CONGRESS Mailing Address PO Box 7397 City Las Vegas State NV Zip Code 89125-7397 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Shelley Berkley Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D63163 Date of Disbursement 07 / 22 / 2008 Amount of Each Disbursement this Period 1000.00
B.	Full Name (Last, First, Middle Initial) STEPHANIE HERSETH SANDLIN FOR SOUTH DAKOTA Mailing Address PO Box 2009 City Sioux Falls State SD Zip Code 57101 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Stephanie Herseith Herseith Sandlin Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 00 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D64325 Date of Disbursement 07 / 30 / 2008 Amount of Each Disbursement this Period 2000.00
C.	Full Name (Last, First, Middle Initial) HOOSIERS SUPPORTING BUYER FOR CONGRESS Mailing Address 200 North Main St. P.O. Box 712 City Monticello State IN Zip Code 47960 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Steve Buyer Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 04 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D64367 Date of Disbursement 07 / 31 / 2008 Amount of Each Disbursement this Period 250.00

SUBTOTAL of Disbursements This Page (optional) ▶	3250.00
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) TOM ALLEN FOR CONGRESS COMMITTEE	Transaction ID: D62094
	Mailing Address P.O. Box 17766	Date of Disbursement 07 / 02 / 2008
	City Portland State ME Zip Code 04112	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Thomas H. Allen	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 01	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) UDALL FOR US ALL	Transaction ID: D63177
	Mailing Address 3311 CANDELARIA NE SUITE A	Date of Disbursement 07 / 22 / 2008
	City ALBUQUERQUE State NM Zip Code 87107	Amount of Each Disbursement this Period 3000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Tom Udall	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 03	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) BECERRA FOR CONGRESS	Transaction ID: D63164
	Mailing Address P.O. Box 261060	Date of Disbursement 07 / 22 / 2008
	City Los Angeles State CA Zip Code 90026	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Xavier Becerra	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 31	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) MIKE CRAPO FOR US SENATE	Transaction ID: D62092
	Mailing Address PO BOX 1948	Date of Disbursement 07 / 02 / 2008
	City BOISE State ID ID Zip Code 83701	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Sen. Mike Crapo	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) COLEMAN FOR SENATE 08	Transaction ID: D64322
	Mailing Address 7300 HUDSON BLVD SUITE 270A	Date of Disbursement 07 / 30 / 2008
	City ST PAUL State ID MN Zip Code 55128	Amount of Each Disbursement this Period 3000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Sen. Norm Coleman	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) WICKER FOR SENATE	Transaction ID: D63215
	Mailing Address PO BOX 64	Date of Disbursement 07 / 24 / 2008
	City JACKSON State ID MS Zip Code 39205	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Sen. Roger F Wicker	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	8000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) CITIZENS FOR HARKIN <hr/> Mailing Address P O BOX 811 <hr/> City DES MOINES State IA Zip Code 50304 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Sen. Tom Harkin Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 00 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D63208 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
B. Full Name (Last, First, Middle Initial) Solidarity PAC <hr/> Mailing Address 607 14th Street NW Suite 800 Suite 800 <hr/> City Washington State DC Zip Code 20005 Purpose of Disbursement Contributions to Federal PACs/Committees Candidate Name Solidarity PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D63212 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 8
	Amount of Each Disbursement this Period 5000.00

SUBTOTAL of Disbursements This Page (optional) ►

6000.00

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

113800.00