

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 03 01 2011 through 03 31 2011

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 Mr. Leonard Russ

Signature of Treasurer Electronically Filed by Mr. Leonard Russ Date 04 19 2011

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 | 3 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 1 |

 To:

| | |
|---|---|
| M | M |
| 0 | 3 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 1 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date | | | | | | | | |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|-----------|
| 6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table> | X | Y | Y | Y | 2 | 0 | 1 | 1 | | 110057.22 |
| X | Y | Y | Y | | | | | | | |
| 2 | 0 | 1 | 1 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 281868.25 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 73490.16 | 286801.19 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 355358.41 | 396858.41 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 50500.00 | 92000.00 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 304858.41 | 304858.41 | | | | | | | | |
| 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 | 3 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 1 |

 To:

| | |
|---|---|
| M | M |
| 0 | 3 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 1 |

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A) | 68043.12 | 256151.12 |
| (ii) Unitemized | 5447.04 | 20650.07 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 73490.16 | 276801.19 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 10000.00 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | 73490.16 | 286801.19 |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfer (add 18(a) and 18(b)). | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 73490.16 | 286801.19 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 73490.16 | 286801.19 |

| 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..... | 0.00 | 0.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶ | 0.00 | 0.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees..... and Other Political Committees..... | 50500.00 | 92000.00 |
| 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 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 0.00 | 0.00 |
| 29. Other Disbursements..... | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | |
| (a) 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)).. | 50500.00 | 92000.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 50500.00 | 92000.00 |

| 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) | 73490.16 | 286801.19 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 73490.16 | 286801.19 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 0.00 | 0.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 0.00 | 0.00 |

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

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

FOR LINE NUMBER: PAGE 6 / 28
(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)
Steve Ackerson

Mailing Address 6750 Westown Pkwy

City State Zip Code
West Des Moines IA 50266-7716

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

Name of Employer Occupation
Iowa Health Care Assn. Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 25 / 2011

Transaction ID: C1258912

Amount of Each Receipt this Period
1000.00

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

Mailing Address 6618 McMakin Court

City State Zip Code
Colleyville TX 76034-5752

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

Name of Employer Occupation
Preferred Care Partners Management Gro President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
MM / DD / YYYY
03 / 25 / 2011

Transaction ID: C1258913

Amount of Each Receipt this Period
2500.00

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

Mailing Address 700 W. 7th St.

City State Zip Code
Overbrook KS 66524

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

Name of Employer Occupation
Brookside and Wellsville Retirement Co Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 08 / 2011

Transaction ID: C1242127

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **3750.00**

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 / 28
(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

| | | | |
|--|---|---------------------|---------------------|
| <p>A. Full Name (Last, First, Middle Initial) Mary Ayers</p> <p>Mailing Address 2969 Wedgewood</p> <hr/> <p>City State Zip Code Charles City IA 50616</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer New Hampton Nursing & Rehabilitation</p> <p>Occupation Administrator</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p> | <p>Date of Receipt <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">0 3 / 2 2 / 2 0 1 1</td> </tr> </table> </p> <p>Transaction ID: C1258157</p> <p>Amount of Each Receipt this Period 500.00</p> | M M / D D / Y Y Y Y | 0 3 / 2 2 / 2 0 1 1 |
| M M / D D / Y Y Y Y | | | |
| 0 3 / 2 2 / 2 0 1 1 | | | |

| | | | |
|---|--|---------------------|---------------------|
| <p>B. Full Name (Last, First, Middle Initial) Mary Baker</p> <p>Mailing Address PO Box 1129</p> <hr/> <p>City State Zip Code Turlock CA 95381</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Mark One Corp.</p> <p>Occupation Administrator</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1250.00</p> | <p>Date of Receipt <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">0 3 / 1 5 / 2 0 1 1</td> </tr> </table> </p> <p>Transaction ID: C1254232</p> <p>Amount of Each Receipt this Period 1250.00</p> | M M / D D / Y Y Y Y | 0 3 / 1 5 / 2 0 1 1 |
| M M / D D / Y Y Y Y | | | |
| 0 3 / 1 5 / 2 0 1 1 | | | |

| | | | |
|--|--|---------------------|---------------------|
| <p>C. Full Name (Last, First, Middle Initial) Al Braswell</p> <p>Mailing Address 3674 Pacific Avenue</p> <hr/> <p>City State Zip Code Riverside CA 92509</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Vista Pacifica Enterprises</p> <p>Occupation Owner</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 5000.00</p> | <p>Date of Receipt <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">0 3 / 2 2 / 2 0 1 1</td> </tr> </table> </p> <p>Transaction ID: C1258156</p> <p>Amount of Each Receipt this Period 5000.00</p> | M M / D D / Y Y Y Y | 0 3 / 2 2 / 2 0 1 1 |
| M M / D D / Y Y Y Y | | | |
| 0 3 / 2 2 / 2 0 1 1 | | | |

| | |
|--|--|
| 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 8 / 28
(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)
Calvin Callaway

Mailing Address 510 Mill St

City State Zip Code
Folsom CA 95630-2607

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

Name of Employer: Folsom Convalescent Hospital
Occupation: Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt: 03 / 11 / 2011
Transaction ID: C1251178
 Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
William Council, III

Mailing Address 1621 Galleria Boulevard

City State Zip Code
Brentwood TN 37027

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

Name of Employer: Advocat
Occupation: President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt: 03 / 22 / 2011
Transaction ID: C1258852
 Amount of Each Receipt this Period: 5000.00

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

Mailing Address 201 West Eighth Street
PO Box 509

City State Zip Code
Coffeyville KS 67337-0509

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

Name of Employer: Medicalodges, Inc.
Occupation: Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt: 03 / 22 / 2011
Transaction ID: C1258848
 Amount of Each Receipt this Period: 5000.00

SUBTOTAL of Receipts This Page (optional) ► **10500.00**

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

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

| | | |
|---|--|-------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 / 28 |
| | <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 Dalton | | Date of Receipt |
| | Mailing Address 6423 Westshire Ct. | | <input type="text" value="03"/> / <input type="text" value="07"/> / <input type="text" value="2011"/> |
| | City | State | Zip Code |
| | Roanoke | VA | 24018 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: C1241865 |
| Name of Employer American HealthCare LLC | | Occupation Vice President Finance | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text" value="1000.00"/> |
| | | <input type="text" value="1000.00"/> | |

| | | | |
|---|---|--------------------------------------|---|
| B. | Full Name (Last, First, Middle Initial) Thomas East | | Date of Receipt |
| | Mailing Address 2406 Olde Salem Drive | | <input type="text" value="03"/> / <input type="text" value="09"/> / <input type="text" value="2011"/> |
| | City | State | Zip Code |
| | Salem | VA | 24153 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: C1244468 |
| Name of Employer American HealthCare,LLC | | Occupation VP of Operations | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text" value="1000.00"/> |
| | | <input type="text" value="1000.00"/> | |

| | | | |
|---|---|--------------------------------------|---|
| C. | Full Name (Last, First, Middle Initial) Fonda Elliot | | Date of Receipt |
| | Mailing Address 240 Capitol St Ste 500 | | <input type="text" value="03"/> / <input type="text" value="21"/> / <input type="text" value="2011"/> |
| | City | State | Zip Code |
| | Charleston | WV | 25301-2297 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: C1258847 |
| Name of Employer AMFM, Inc. | | Occupation Owner | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text" value="5000.00"/> |
| | | <input type="text" value="5000.00"/> | |

| | |
|--|--------------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text" value="7000.00"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 / 28 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | |
|---|---|---|
| A. | Full Name (Last, First, Middle Initial) Gregory J. Elliot | Date of Receipt MM / DD / YYYY 03 / 22 / 2011 |
| | Mailing Address 240 Capitol Street | Transaction ID: C1258862 |
| | City State Zip Code Charleston WV 25301-2297 | Amount of Each Receipt this Period 84.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer AMFM, Inc. | Occupation IT Coordinator | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 252.00 | |

| | | |
|---|---|---|
| B. | Full Name (Last, First, Middle Initial) John Elliot | Date of Receipt MM / DD / YYYY 03 / 21 / 2011 |
| | Mailing Address 240 Capitol Street Suite 500 | Transaction ID: C1258846 |
| | City State Zip Code Charleston WV 25301-2297 | Amount of Each Receipt this Period 5000.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer AMFM Inc | Occupation CEO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 5000.00 | |

| | | |
|---|---|---|
| C. | Full Name (Last, First, Middle Initial) Patrick Fairbanks | Date of Receipt MM / DD / YYYY 03 / 19 / 2011 |
| | Mailing Address 20220 Harney street | Transaction ID: C1258035 |
| | City State Zip Code Elkhorn NE 68022 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer Vetter Health Services | Occupation Chief Operations Officer | |
| 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) | 5584.00 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: PAGE 11 / 28
(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)
Donald Franco

Mailing Address 5 O'Kill Drive

City State Zip Code
East Haven CT 06513

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

Name of Employer Occupation
Paragon Group Inc. SNF Administrator/Owner/President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 24 / 2011

Transaction ID: C1258843

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Barbara Fransen

Mailing Address 16855 East Highway 160

City State Zip Code
Alamosa CO 81101

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

Name of Employer Occupation
Rio Grande Inn Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 15 / 2011

Transaction ID: C1256760

Amount of Each Receipt this Period
1000.00

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

Mailing Address 10067 East Windrose Drive

City State Zip Code
Scottsdale AZ 85260-4655

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

Name of Employer Occupation
Management Southwest Corp Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 07 / 2011

Transaction ID: C1241859

Amount of Each Receipt this Period
500.00

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: (check only one) | PAGE 12 / 28 |
| | <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) Dennis Haws | | Date of Receipt |
| | Mailing Address 601 Midwestern Parkway | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 08 / 2011 |
| | City | State | Zip Code |
| | Wichita Falls | TX | 76302 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: C1245079 |
| Name of Employer Midwestern Healthcare Center | | Occupation Administrator | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 500.00 |

| | | | |
|---|---|----------------------------------|---|
| B. | Full Name (Last, First, Middle Initial) Robert Heppenheimer | | Date of Receipt |
| | Mailing Address 109 Soundview Terrace | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 09 / 2011 |
| | City | State | Zip Code |
| | Northport | NY | 11768 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: C1253712 |
| Name of Employer Nesconset Center for Nursing & Rehabil | | Occupation Executive Director | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 1000.00 |

| | | | |
|---|---|--------------------------|---|
| C. | Full Name (Last, First, Middle Initial) Norm Hyatt | | Date of Receipt |
| | Mailing Address 5102 Scenic Dr | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 02 / 2011 |
| | City | State | Zip Code |
| | Yakima | WA | 98908-2229 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: C1241864 |
| Name of Employer Hyatt Management Corp. | | Occupation President | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 550.00 |

| | |
|--|---------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 2050.00 |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

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

FOR LINE NUMBER: PAGE 13 / 28
(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)
Bruce Kelly

Mailing Address 323 Highland

City Natchez State MS Zip Code 39120

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

Name of Employer Senior Living Centers Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt 03 / 11 / 2011
Transaction ID: C1256752
 Amount of Each Receipt this Period 625.00

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

Mailing Address 10331 E Highway 39

City Huntsville State UT Zip Code 84317-9670

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

Name of Employer Mission Health Services Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 31 / 2011
Transaction ID: C1261577
 Amount of Each Receipt this Period 1000.00

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

Mailing Address 4621 28th Road South

City Arlington State VA Zip Code 22206

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

Name of Employer National Center for Assisted Living Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 237.36

Date of Receipt 03 / 08 / 2011
Transaction ID: C1245087
 Amount of Each Receipt this Period 39.56

SUBTOTAL of Receipts This Page (optional) ► 1664.56

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 / 28

(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 Kylo

Mailing Address 4621 28th Road South

City State Zip Code
Arlington VA 22206

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

Name of Employer Occupation
National Center for Assisted Living Executive Director

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 237.36

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 2 / 2 0 1 1

Transaction ID: C1258870

Amount of Each Receipt this Period

39.56

B.

Full Name (Last, First, Middle Initial)
Larry Lane

Mailing Address 1616 Stephens Dr

City State Zip Code
Wayne PA 19087-1023

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

Name of Employer Occupation
Genesis Sr VP, Regulatory Affairs

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

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 1

Transaction ID: C1262131

Amount of Each Receipt this Period

500.00

C.

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

Mailing Address 201 North Main Street

City State Zip Code
Mount Vernon OH 43050

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

Name of Employer Occupation
Levering Management Inc. President & CEO

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 2 / 2 0 1 1

Transaction ID: C1258863

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1539.56

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 / 28
(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)
Howard Lipschutz

Mailing Address 1304 Laurel Oak Rd

City State Zip Code
Voorhees NJ 08043-4310

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

Name of Employer Occupation
Burnt Tavern Rehabilitation Vice President
HealthCare

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 0 | 3 | / | 2 | 0 | 1 | 1 |

Transaction ID: C1242216

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Tod Mahoney

Mailing Address 1019 Brook Arbor Dr

City State Zip Code
Mansfield TX 76063-5445

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

Name of Employer Occupation
Cross Timbers Rehab Administrator

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

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 1 | 7 | / | 2 | 0 | 1 | 1 |

Transaction ID: C1257090

Amount of Each Receipt this Period
500.00

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

Mailing Address 450 South 400 East

City State Zip Code
Bountiful UT 84010

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

Name of Employer Occupation
24/7 Long Term Care, Inc. COO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 2 | 2 | / | 2 | 0 | 1 | 1 |

Transaction ID: C1258159

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 2500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 28

(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)

Cyndi Milenski

Mailing Address 40 Brentmeade Drive

City State Zip Code
Jackson TN 38305

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

Name of Employer Occupation
Cornerstone Health Services Group Owner/President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 28 / 2011

Transaction ID: C1261652

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Paula Mitchell

Mailing Address 1100 Monroe

City State Zip Code
Globe AZ 85501

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

Name of Employer Occupation
Copper Mountain Inn Administrator

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

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

Transaction ID: C1241639

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Van Moore

Mailing Address 3155 River Rd S

City State Zip Code
Salem OR 97302-9819

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

Name of Employer Occupation
Westcare Management, Inc. Senior Vice President

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

Date of Receipt

M M / D D / Y Y Y Y
03 / 22 / 2011

Transaction ID: C1258879

Amount of Each Receipt this Period

500.00

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 17 / 28
(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)
Joe Okruhlica

Mailing Address 1155 Eastern Pkwy

City State Zip Code
Louisville KY 40217-1401

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

Name of Employer Parkway Medical Center Occupation Owner/Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 22 / 2011

Transaction ID: C1258160

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Gail M. Polanski

Mailing Address 5563 Coachmams Lane

City State Zip Code
Hamburg NY 14075

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

Name of Employer Tara Cares Occupation Senior Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
03 / 22 / 2011

Transaction ID: C1258880

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
Teddy Rae Price

Mailing Address PO Box 1438

City State Zip Code
Winnfield LA 71483-1438

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

Name of Employer Central Management Company Occupation President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
MM / DD / YYYY
03 / 25 / 2011

Transaction ID: C1258921

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional) ► **3050.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 28
(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)
Mohammad Qazi

Mailing Address 4000 Town Center
Suite 700

City State Zip Code
Southfield MI 48075

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

Name of Employer Ciena Healthcare Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2011

Transaction ID: C1260938

Amount of Each Receipt this Period
5000.00

B.

Full Name (Last, First, Middle Initial)
Gail Rader

Mailing Address 1503 South Main Street

City State Zip Code
Phillipsburg NJ 08865

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

Name of Employer Care Perspectives Inc. Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
03 / 07 / 2011

Transaction ID: C1241856

Amount of Each Receipt this Period
5000.00

C.

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 Centre Occupation Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
03 / 16 / 2011

Transaction ID: C1258162

Amount of Each Receipt this Period
275.00

SUBTOTAL of Receipts This Page (optional) ► **10275.00**

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 19 / 28
(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)
Joseph William Sadler

Mailing Address 1305 W Causeway Approach
114

City State Zip Code
Mandeville LA 70471-3043

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

Name of Employer Magnolia Ancillary Services
Occupation Regional Director of LTC Facilities

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 2 | 4 | / | 2 | 0 | 1 | 1 |

Transaction ID: C1260763

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Ben Sanders

Mailing Address 19 NH Rt 104

City State Zip Code
Meredith NH 03253

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

Name of Employer Golden View Health Care
Occupation Dir Special Svcs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 3 | 1 | / | 2 | 0 | 1 | 1 |

Transaction ID: C1262574

Amount of Each Receipt this Period
1000.00

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

Mailing Address 4200 W Peterson Ave
140

City State Zip Code
Chicago IL 60646-6819

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

Name of Employer Alden Management Inc
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 3 | 1 | / | 2 | 0 | 1 | 1 |

Transaction ID: C1262573

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 20 / 28
(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)
Ina Schlossberg

Mailing Address 4200 W Peterson Ave
140

City Chicago State IL Zip Code 60646-6819

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

Name of Employer Alden Enterprises Occupation Special Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 03 / 31 / 2011

Transaction ID: C1262572

Amount of Each Receipt this Period 1250.00

B.

Full Name (Last, First, Middle Initial)
Dion Sena

Mailing Address 1301 NE 104th Street

City Miami Shores State FL Zip Code 33138-2661

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

Name of Employer Mandarin Health Group, LLC Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 03 / 22 / 2011

Transaction ID: C1258158

Amount of Each Receipt this Period 1250.00

C.

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

Mailing Address PO Box 125

City Mena State AR Zip Code 71953

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

Name of Employer Shepard Group Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 03 / 22 / 2011

Transaction ID: C1258854

Amount of Each Receipt this Period 1250.00

SUBTOTAL of Receipts This Page (optional) ► 3750.00

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 / 28
(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)
Gail Sheridan

Mailing Address 9031 Penn Ave S

City State Zip Code
Bloomington MN 55431-2225

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

Name of Employer Occupation
Tealwood Care Centers Healthcare Mangement

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 22 / 2011

Transaction ID: C1258850

Amount of Each Receipt this Period

1000.00

B.

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

Mailing Address 8354 Chickamauga Trail

City State Zip Code
Shreveport LA 71107

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

Name of Employer Occupation
Vivian Health Care Center Administrator

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

Date of Receipt

M M / D D / Y Y Y Y
03 / 04 / 2011

Transaction ID: C1241870

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
Roger F. Topping

Mailing Address 315 Courthouse Road

City State Zip Code
Princeton WV 24740

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

Name of Employer Occupation
Princeton Health Care Center Administrator

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 265.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 09 / 2011

Transaction ID: C1244470

Amount of Each Receipt this Period

265.00

SUBTOTAL of Receipts This Page (optional)

1765.00

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 / 28

(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)
Lisa Toti

Mailing Address 2140 River Oaks Drive

City State Zip Code
Salem VA 24153

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

Name of Employer Occupation
American HealthCare, LLC Vice President - Human Resources

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 02 / 2011

Transaction ID: C1241382

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
Larry Walker

Mailing Address 1413 W Main St

City State Zip Code
Waxahachie TX 75165-2241

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

Name of Employer Occupation
Nexion Health Administrator

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 29 / 2011

Transaction ID: C1260771

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)
Michelle Walters

Mailing Address 4217 Logan St

City State Zip Code
Bossier City LA 71112-4323

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

Name of Employer Occupation
Clairborne Healthcare Center Administrator

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 22 / 2011

Transaction ID: C1258851

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1615.00

TOTAL This Period (last page this line number only)

68043.12

**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) BRIDGE PAC | Transaction ID: D115821 Date of Disbursement 03 / 28 / 2011 |
| | Mailing Address 499 S Capitol St SW Ste 412 | Amount of Each Disbursement this Period 5000.00 |
| | City Washington State DC Zip Code 20003-4009 | |
| | Purpose of Disbursement Contributions to Federal PACs | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) ERICPAC | Transaction ID: D115817 Date of Disbursement 03 / 28 / 2011 |
| | Mailing Address 209 Pennsylvania Ave SE | Amount of Each Disbursement this Period 5000.00 |
| | City Washington State DC Zip Code 20003-1107 | |
| | Purpose of Disbursement Contributions to Federal PACs | Category/ Type |
| | Candidate Name | |
| | 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) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) HEATHER WILSON FOR SENATE | Transaction ID: D115822 Date of Disbursement 03 / 28 / 2011 |
| | Mailing Address PO Box 14070 | Amount of Each Disbursement this Period 5000.00 |
| | City Albuquerque State NM Zip Code 87191-4070 | |
| | Purpose of Disbursement Contributions to Federal Candidates | Category/ Type |
| | Candidate Name Heather Wilson | |
| | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|---|----------|
| 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

| | | |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial) FRIENDS OF ERIK PAULSEN | Transaction ID: D115818 Date of Disbursement |
| | Mailing Address P.O. Box 44369 | <input type="text" value="03"/> / <input type="text" value="28"/> / <input type="text" value="2011"/> |
| | City Eden Prairie State MN Zip Code 55344 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Contributions to Federal Candidates | <input type="text" value="1000.00"/> |
| | Candidate Name Rep. Erik Paulsen | Category/Type |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 03 | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial) FRIENDS OF FRANK GUINTA | Transaction ID: D115820 Date of Disbursement |
| | Mailing Address P.O. Box 877 | <input type="text" value="03"/> / <input type="text" value="28"/> / <input type="text" value="2011"/> |
| | City Manchester State NH Zip Code 03105 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Contributions to Federal Candidates | <input type="text" value="3000.00"/> |
| | Candidate Name Rep. Frank Guinta | Category/Type |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 01 | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial) BERMAN FOR CONGRESS | Transaction ID: D115819 Date of Disbursement |
| | Mailing Address 6380 Wilshire Blvd. #1612 | <input type="text" value="03"/> / <input type="text" value="28"/> / <input type="text" value="2011"/> |
| | City Los Angeles State CA Zip Code 90048 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Contributions to Federal Candidates | <input type="text" value="1000.00"/> |
| | Candidate Name Rep. Howard L. Berman | Category/Type |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 28 | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|--------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="5000.00"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

**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) FRIENDS OF JOE PITTS | Transaction ID: D115534 Date of Disbursement 03 / 10 / 2011 |
| | Mailing Address PO BOX 775 | Amount of Each Disbursement this Period 4000.00 |
| | City Unionville State PA Zip Code 19375 | |
| | Purpose of Disbursement Contributions to Federal Candidates | Category/Type |
| | Candidate Name Rep. Joe Pitts | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 16 | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial) FRIENDS OF JOE PITTS | Transaction ID: D115535 Date of Disbursement 03 / 10 / 2011 |
| | Mailing Address PO BOX 775 | Amount of Each Disbursement this Period 1000.00 |
| | City Unionville State PA Zip Code 19375 | |
| | Purpose of Disbursement Contributions to Federal Candidates | Category/Type |
| | Candidate Name Rep. Joe Pitts | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 16 | Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial) CASTOR FOR CONGRESS | Transaction ID: D115721 Date of Disbursement 03 / 21 / 2011 |
| | Mailing Address 301 W. Platt Street #385 | Amount of Each Disbursement this Period 2500.00 |
| | City Tampa State FL Zip Code 33606 | |
| | Purpose of Disbursement Contributions to Federal Candidates | Category/Type |
| | Candidate Name Rep. Kathy Castor | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 11 | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) | 7500.00 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER:
(check only one)

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

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

| | |
|--|---|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) LYNN JENKINS FOR CONGRESS</p> <p>Mailing Address P.O. Box 1441</p> <p>City Topeka State KS Zip Code 66601</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Lynn Jenkins</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: KS District: 02</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D115720</p> <p>Date of Disbursement 03 / 21 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) MICHAEL BURGESS FOR CONGRESS</p> <p>Mailing Address PO Box 2334</p> <p>City Denton State TX Zip Code 76202</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Michael C. Burgess</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: TX District: 26</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D115814</p> <p>Date of Disbursement 03 / 28 / 2011</p> <p>Amount of Each Disbursement this Period 5000.00</p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) COFFMAN FOR CONGRESS</p> <p>Mailing Address 9249 South Broadway</p> <p>City Highlands Ranch State CO Zip Code 80129</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Mike Coffman</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CO District: 06</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D115813</p> <p>Date of Disbursement 03 / 28 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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) TIM WALZ FOR US CONGRESS | Transaction ID: D115719 Date of Disbursement 03 / 21 / 2011 |
| | Mailing Address PO Box 938 | Amount of Each Disbursement this Period 1000.00 |
| | City Mankato State MN Zip Code 56002 | |
| | Purpose of Disbursement Contributions to Federal Candidates | Category/ Type |
| | Candidate Name Rep. Tim Walz | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: MN District: 01 | |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) REPUBLICAN PARTY OF LOUISIANA | Transaction ID: D115533 Date of Disbursement 03 / 10 / 2011 |
| | Mailing Address 530 Lakeland Dr Ste 215 | Amount of Each Disbursement this Period 5000.00 |
| | City Baton Rouge State LA Zip Code 70802-4441 | |
| | Purpose of Disbursement Contributions to Federal Committees | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | | |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial) BEN CARDIN FOR CONGRESS | Transaction ID: D115816 Date of Disbursement 03 / 28 / 2011 |
| | Mailing Address PO BOX 21093 | Amount of Each Disbursement this Period 2500.00 |
| | City Catonsville State MD Zip Code 21228 | |
| | Purpose of Disbursement Contributions to Federal Candidates | Category/ Type |
| | Candidate Name Sen. Benjamin L. Cardin | |
| | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: MD District: 00 | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) | 8500.00 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 28 / 28

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)
MCCONNELL SENATE COMMITTEE '14

Mailing Address PO BOX 1496

City LOUISVILLE State KY Zip Code 40201

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Sen. Mitch McConnell

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KY District: 00

Transaction ID: D115536

Date of Disbursement

03 / 10 / 2011

Amount of Each Disbursement this Period

5000.00

B. Full Name (Last, First, Middle Initial)
WICKER FOR SENATE

Mailing Address PO BOX 64

City JACKSON State MS Zip Code 39205

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Sen. Roger Wicker

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MS District: 00

Transaction ID: D115815

Date of Disbursement

03 / 28 / 2011

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

50500.00