

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 Alliance for Quality Nursing Home Care Inc. Political Action Committee (AQNHCA-)

ADDRESS (number and street) 1001 Pennsylvania Avenue NW Suite 600 Washington DC 20004 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00432336 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special, Runoff (d) 30-Day Post-Election Report for the: General, Runoff, Special

5. Covering Period 07 01 2007 through 12 31 2007

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 Alan Rosenbloom

Signature of Treasurer Electronically Filed by Alan Rosenbloom Date 01 25 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

Alliance for Quality Nursing Home Care Inc. Political Action Committee (AQNHC PA-C)

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	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>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7	<table border="1" style="width: 100%; height: 20px;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">0.00</td></tr></table>	0.00
Y	Y	Y	Y									
2	0	0	7									
0.00												
(b) Cash on Hand at Beginning of Reporting Period	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">4966.63</td></tr></table>	4966.63										
4966.63												
(c) Total Receipts (from Line 19)	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">10220.00</td></tr></table>	10220.00	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">15220.00</td></tr></table>	15220.00								
10220.00												
15220.00												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">15186.63</td></tr></table>	15186.63	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">15220.00</td></tr></table>	15220.00								
15186.63												
15220.00												
7. Total Disbursements (from Line 31)	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">10500.00</td></tr></table>	10500.00	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">10533.37</td></tr></table>	10533.37								
10500.00												
10533.37												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">4686.63</td></tr></table>	4686.63	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">4686.63</td></tr></table>	4686.63								
4686.63												
4686.63												
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">0.00</td></tr></table>	0.00										
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

Alliance for Quality Nursing Home Care Inc. Political Action Committee (AQNH C)

Report Covering the Period: From: To:

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	5000.00	10000.00
(i) Itemized (use Schedule A)	220.00	220.00
(ii) Unitemized	5220.00	10220.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	5000.00	5000.00
(c) Other Political Committees (such as PACs)	10220.00	15220.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)		
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	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))	10220.00	15220.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	10220.00	15220.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	33.37
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	33.37
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	10500.00	10500.00
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))..	10500.00	10533.37
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10500.00	10533.37

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	10220.00	15220.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10220.00	15220.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	33.37
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	33.37

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 6 / 10	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 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)
Alliance for Quality Nursing Home Care Inc. Political Action Committee (AQNH C)

A.	Full Name (Last, First, Middle Initial) HCR Manor Care PAC		Date of Receipt
	Mailing Address 333 North Summit Street		<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Toledo	OH	43699
	FEC ID number of contributing federal political committee.		<input type="text" value="C00260141"/>
Name of Employer		Occupation	Transaction ID: 26859287
Receipt For:		Amount of Each Receipt this Period	
<input type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text" value="5000.00"/>	
<input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="5000.00"/>	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 7 / 10	
	(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"/> 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)
Alliance for Quality Nursing Home Care Inc. Political Action Committee (AQNH C)

A.	Full Name (Last, First, Middle Initial) William R. Council, III		Date of Receipt	
	Mailing Address 9533 Thoroughbred Way		M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 7	
	City	State	Zip Code	Transaction ID: 26875617
	Brentwood	TN	37027-8922	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		5000.00		
Name of Employer Treasurer of the Alliance Board of Dir		Occupation Treasurer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00		

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

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

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

FOR LINE NUMBER:
(check only one)

<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)

Alliance for Quality Nursing Home Care Inc. Political Action Committee (AQNH C)

A. Full Name (Last, First, Middle Initial) Courtney For Congress <hr/> Mailing Address 38 Risley Road <hr/> City State Zip Code Vernon CT 06066 <hr/> Purpose of Disbursement Contribution Candidate Name Rep. Joseph Courtney <hr/> 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: CT District: 02	Transaction ID: 26863298 Date of Disbursement 09 / 27 / 2007
	Amount of Each Disbursement this Period 1000.00
	Contribution
	Category/ Type 011
B. Full Name (Last, First, Middle Initial) Grassley Committee Inc <hr/> Mailing Address PO Box 1000 <hr/> City State Zip Code Des Moines IA 50304 <hr/> Purpose of Disbursement Contribution Candidate Name Sen. Charles Grassley <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IA District: 01	Transaction ID: 26742109 Date of Disbursement 10 / 22 / 2007
	Amount of Each Disbursement this Period 1500.00
	Contribution
	Category/ Type 011
C. Full Name (Last, First, Middle Initial) Klein For Congress <hr/> Mailing Address 21301 Powerline Road Suite 204 <hr/> City State Zip Code Boca Raton FL 33433 <hr/> Purpose of Disbursement Contribution Candidate Name Rep. Ronald Klein <hr/> 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: FL District: 22	Transaction ID: 26745859 Date of Disbursement 10 / 24 / 2007
	Amount of Each Disbursement this Period 1000.00
	Contribution
	Category/ Type 011

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)

Alliance for Quality Nursing Home Care Inc. Political Action Committee (AQNH C)

<p>A. Full Name (Last, First, Middle Initial) Zack Space For Congress Committee</p> <p>Mailing Address 123 West High Avenue</p> <p>City New Philadelphia State OH Zip Code 44663</p> <p>Purpose of Disbursement Contribution Candidate Name Rep. Zachary Space Category/Type 011</p> <p>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: OH District: 18</p>	<p>Transaction ID: 26894877 Date of Disbursement 11 / 08 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Harry Mitchell For Congress</p> <p>Mailing Address P.O. Box 23748</p> <p>City Tempe State AZ Zip Code 85285</p> <p>Purpose of Disbursement Contribution Candidate Name Rep. Harry Mitchell Category/Type 011</p> <p>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: AZ District: 05</p>	<p>Transaction ID: 26894879 Date of Disbursement 11 / 08 / 2007</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Tim Mahoney For Florida</p> <p>Mailing Address 4114 Northlake Blvd Suite 300</p> <p>City Palm Beach Gardens State FL Zip Code 33410</p> <p>Purpose of Disbursement Contribution Candidate Name Rep. Timothy Mahoney Category/Type 011</p> <p>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: FL District: 16</p>	<p>Transaction ID: 26894885 Date of Disbursement 11 / 08 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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 10 / 10

<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)
Alliance for Quality Nursing Home Care Inc. Political Action Committee (AQNH C)

A. Full Name (Last, First, Middle Initial) Tim Walz For Us Congress Mailing Address P.O. Box 938 City Mankato State MN Zip Code 56002 Purpose of Disbursement Contribution Candidate Name Rep. Timothy Walz Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 26894886 Date of Disbursement 11 / 08 / 2007
	Amount of Each Disbursement this Period 2000.00 Contribution
B. Full Name (Last, First, Middle Initial) Gillibrand For Congress Mailing Address P.O. Box 15734 City Washington State DC Zip Code 20003 Purpose of Disbursement Contribution Candidate Name Rep. Kirsten Gillibrand Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 26894895 Date of Disbursement 11 / 08 / 2007
	Amount of Each Disbursement this Period 1000.00 Contribution

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	10500.00