

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 2009 through 07 31 2009

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 20 2009

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									
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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	9

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><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>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		121831.57
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	146325.82									
(c) Total Receipts (from Line 19)	102991.19	586060.44								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	249317.01	707892.01								
7. Total Disbursements (from Line 31)	84686.31	543261.31								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	164630.70	164630.70								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Health Care Association Political Action Committee

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		
(i) Itemized (use Schedule A)	96863.50	533009.40
(ii) Unitemized	5127.69	43051.04
(iii) TOTAL (add Lines 11(a)(i) and (ii)	101991.19	576060.44
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	1000.00	10000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	102991.19	586060.44
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))	102991.19	586060.44
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	102991.19	586060.44

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	1186.31	8391.31
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1186.31	8391.31
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	83500.00	534870.00
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))..	84686.31	543261.31
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	84686.31	543261.31

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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	102991.19	586060.44
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	102991.19	586060.44
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1186.31	8391.31
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1186.31	8391.31

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

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

FOR LINE NUMBER: PAGE 6 / 58
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Tom Accomando

Mailing Address Green Valley Health Care and Rehab
6850 Rufe Snow Drive

City Watauga State TX Zip Code 76148

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

Name of Employer Green Valley Health Care and Rehab Occupation Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 383.00

Date of Receipt 07 / 28 / 2009
Transaction ID: C761324
Amount of Each Receipt this Period 383.00

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

Mailing Address 6750 Westown Pkwy
Ste 100

City West Des Moines State IA Zip Code 50266-7716

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

Name of Employer Iowa Health Care Assn. Occupation Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4500.00

Date of Receipt 07 / 08 / 2009
Transaction ID: C747659
Amount of Each Receipt this Period 2400.00

C. Full Name (Last, First, Middle Initial)
Hollie Adams

Mailing Address 2759 County Road 1490

City Center State TX Zip Code 75935

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

Name of Employer Green Acres of Center Occupation Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 07 / 21 / 2009
Transaction ID: C759407
Amount of Each Receipt this Period 550.00

SUBTOTAL of Receipts This Page (optional) ► 3333.00

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 / 58
(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) Gary D Anderson</p> <p>Mailing Address 6618 McMakin Court</p> <p>City State Zip Code Colleyville TX 76034-5752</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Preferred Care Partners Management Gro Occupation President/Management Company</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 07 / 21 / 2009</p> <p>Transaction ID: C759406</p> <p>Amount of Each Receipt this Period 1000.00</p>
--	--

<p>B. Full Name (Last, First, Middle Initial) Gary Attman</p> <p>Mailing Address 8028 Ritchie Highway Suite 118</p> <p>City State Zip Code Pasadena MD 21122-1069</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer FutureCare Health & Mgmt. Occupation President</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 3750.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2009</p> <p>Transaction ID: C751211</p> <p>Amount of Each Receipt this Period 1250.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Mary Baker</p> <p>Mailing Address PO Box 1129</p> <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. 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 ▼ 3750.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 07 / 02 / 2009</p> <p>Transaction ID: C746799</p> <p>Amount of Each Receipt this Period 2500.00</p>
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SUBTOTAL of Receipts This Page (optional)	4750.00
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 / 58

(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)
Mary Baker

Mailing Address PO Box 1129

City State Zip Code
Turlock CA 95381

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Mark One Corp. Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3750.00

Date of Receipt MM / DD / YYYY
07 / 27 / 2009

Transaction ID: C761016

Amount of Each Receipt this Period 1250.00

B.

Full Name (Last, First, Middle Initial)
Terry Bane

Mailing Address 1469 Humboldt Rd # 175

City State Zip Code
Chico CA 95928-9116

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
President Riverside Health Care Corp.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt MM / DD / YYYY
07 / 22 / 2009

Transaction ID: C759697

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 State Zip Code
Washington DC 20005-3965

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Golden Living Government Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
07 / 28 / 2009

Transaction ID: C761981

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 9 / 58
(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)
Brad Bedell

Mailing Address PO Box 1210
731 North Main

City State Zip Code
Sikeston MO 63801-1210

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

Name of Employer Health Facilities Management
Occupation President

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	/	3	1	/	2	0	0	9

Transaction ID: C762877

Amount of Each Receipt this Period
1250.00

B. Full Name (Last, First, Middle Initial)
Don C. Bedell

Mailing Address 731 North Main Street
PO Box 1210

City State Zip Code
Sikeston MO 63801

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

Name of Employer Castle Partners
Occupation President

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	/	3	1	/	2	0	0	9

Transaction ID: C762878

Amount of Each Receipt this Period
1250.00

C. Full Name (Last, First, Middle Initial)
Elton Beebe, Jr.

Mailing Address 1308 Bruton Springs Road

City State Zip Code
Austin TX 78733

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

Name of Employer Louisiana Extended Care Centers
Occupation Owner

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	/	2	3	/	2	0	0	9

Transaction ID: C761183

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 10 / 58
	(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 / 21 / 2009
	Mailing Address 1201 L Street NW	Transaction ID: C759408
	City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	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 / 24 / 2009
	Mailing Address 1201 L Street NW	Transaction ID: C760378
	City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	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) William Biggs	Date of Receipt MM / DD / YYYY 07 / 23 / 2009
	Mailing Address 101 Grace Street	Transaction ID: C761171
	City State Zip Code Easley SC 29640	Amount of Each Receipt this Period 1250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Health Management Resources Occupation Executive Director 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)	1290.00
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 / 58
(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)
Jim Birchem

Mailing Address 920 4th Street, SE

City State Zip Code
Little Falls MN 56345

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

Name of Employer Occupation
Eldercare of Minnesota President/CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
07 / 17 / 2009

Transaction ID: C759703

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Orlando Jr Bisbano, Jr.

Mailing Address 135 Tripps Lane

City State Zip Code
Riverside RI 02915

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

Name of Employer Occupation
Orchard View Manor Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 262.50

Date of Receipt
MM / DD / YYYY
07 / 31 / 2009

Transaction ID: C762879

Amount of Each Receipt this Period
87.50

C.

Full Name (Last, First, Middle Initial)
Bretton J Bolt

Mailing Address 6937 Warfield Avenue

City State Zip Code
Sykesville MD 21784

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

Name of Employer Occupation
Nexion Health Care CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3750.00

Date of Receipt
MM / DD / YYYY
07 / 22 / 2009

Transaction ID: C761017

Amount of Each Receipt this Period
1250.00

SUBTOTAL of Receipts This Page (optional) ► **1837.50**

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 12 / 58
(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)
Lane Bowen

Mailing Address 680 South Fourth Street

City State Zip Code
Louisville KY 40202

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

Name of Employer Kindred Healthcare Occupation EVP & President, Health Services Divis

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 27 / 2009

Transaction ID: C761411

Amount of Each Receipt this Period
2500.00

B. 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 Care Center Mgmt Co Occupation Chief Operating Officer

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

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2009

Transaction ID: C762882

Amount of Each Receipt this Period
1250.00

C. Full Name (Last, First, Middle Initial)
Al Braswell

Mailing Address 3674 Pacific Avenue

City State Zip Code
Riverside CA 92509

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

Name of Employer Vista Pacifica Enterprises Occupation Owner

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

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 06 / 2009

Transaction ID: C747026

Amount of Each Receipt this Period
1250.00

SUBTOTAL of Receipts This Page (optional) ► **5000.00**

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

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 13 / 58
(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)
Ruth Brown

Mailing Address PO Box 16

City Bogata State TX Zip Code 75417-0016

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 07 / 17 / 2009
Transaction ID: C753779
Amount of Each Receipt this Period: 500.00

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

Mailing Address 1626 Jeurgens Court

City Norcross State GA Zip Code 30096

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt: 07 / 31 / 2009
Transaction ID: C762880
Amount of Each Receipt this Period: 125.00

C. Full Name (Last, First, Middle Initial)
Les Burns

Mailing Address Beechnut Manor
12777 Beechnut Street

City Houston State TX Zip Code 77072

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

Name of Employer Beechnut Manor Occupation Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 07 / 08 / 2009
Transaction ID: C748391
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► 1125.00

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 / 58
(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)
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 ▼ 750.00

Date of Receipt: 07 / 31 / 2009
Transaction ID: C762881
Amount of Each Receipt this Period: 250.00

B.

Full Name (Last, First, Middle Initial)
Calvin Callaway

Mailing Address 510 Mill St

City Folsom State CA Zip Code 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: 07 / 22 / 2009
Transaction ID: C759696
Amount of Each Receipt this Period: 500.00

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 ▼ 1400.00

Date of Receipt: 07 / 06 / 2009
Transaction ID: C747023
Amount of Each Receipt this Period: 300.00

SUBTOTAL of Receipts This Page (optional) ► 1050.00

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 / 58

(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 State Zip Code
Coon Rapids MN 55433-5968

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

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

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2009

Transaction ID: C762883

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 State Zip Code
Williamsville NY 14221-7051

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

Name of Employer Occupation
Elderwood Affiliates Inc President

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 17 / 2009

Transaction ID: C759708

Amount of Each Receipt this Period

1250.00

C.

Full Name (Last, First, Middle Initial)
Kathleen Collins Pagels

Mailing Address 1440 East Missouri Street
Suite C-102

City State Zip Code
Phoenix AZ 85014

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

Name of Employer Occupation
Arizona Health Care Association Executive Director

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 475.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2009

Transaction ID: C762891

Amount of Each Receipt this Period

125.00

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 16 / 58
(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 D'Arcangelo

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 Senior Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3750.00

Date of Receipt 07 / 23 / 2009
Transaction ID: C761182
 Amount of Each Receipt this Period 1250.00

B. Full Name (Last, First, Middle Initial)
James Davidson

Mailing Address 705 N Main St

City Lumberton State TX Zip Code 77657-7356

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

Name of Employer Nexion Health, Inc. Occupation Administration

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 07 / 06 / 2009
Transaction ID: C747098
 Amount of Each Receipt this Period 550.00

C. Full Name (Last, First, Middle Initial)
Judith Dicker

Mailing Address 18215 Hillside Avenue

City Jamaica State NY Zip Code 11432

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

Name of Employer Hillside Manor Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3750.00

Date of Receipt 07 / 22 / 2009
Transaction ID: C759699
 Amount of Each Receipt this Period 1250.00

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 17 / 58

(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)

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 / 22 / 2009

Transaction ID: C759698

Amount of Each Receipt this Period

1250.00

B.

Full Name (Last, First, Middle Initial)

Joseph Donchess

Mailing Address Louisiana Nursing Home Association
7844 Office Park Boulevard

City State Zip Code
Baton Rouge LA 70809-7603

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

Name of Employer Occupation
Louisiana Nursing Home As-
sociation Executive Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1700.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 06 / 2009

Transaction ID: C747024

Amount of Each Receipt this Period

1200.00

C.

Full Name (Last, First, Middle Initial)

Joseph Donchess

Mailing Address Louisiana Nursing Home Association
7844 Office Park Boulevard

City State Zip Code
Baton Rouge LA 70809-7603

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

Name of Employer Occupation
Louisiana Nursing Home As-
sociation Executive Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1700.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 23 / 2009

Transaction ID: C761170

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) ▶

2700.00

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 / 58

(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) William Dunn		Date of Receipt MM / DD / YYYY 07 / 06 / 2009		
	Mailing Address 870 Bexley Ave		Transaction ID: C747100		
	City Marion	State OH	Zip Code 43302-5463	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 375.00		
	Name of Employer Marion Manor Nursing Hm Inc		Occupation Administrator		

B.	Full Name (Last, First, Middle Initial) Floyd Eaton		Date of Receipt MM / DD / YYYY 07 / 17 / 2009		
	Mailing Address 3715 SW 29th St Ste 200		Transaction ID: C754459		
	City Topeka	State KS	Zip Code 66614-2164	Amount of Each Receipt this Period 5000.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 5000.00		
	Name of Employer Midwest Health Services Inc		Occupation Information Requested		

C.	Full Name (Last, First, Middle Initial) Jon-Patrick Ewing		Date of Receipt MM / DD / YYYY 07 / 21 / 2009		
	Mailing Address 1201 L Street, NW		Transaction ID: C759409		
	City Washington	State DC	Zip Code 20005	Amount of Each Receipt this Period 150.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 300.00		
	Name of Employer Information Requested		Occupation Information Requested		

SUBTOTAL of Receipts This Page (optional)	5400.00
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 / 58

(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)
Teresa Eyet

Mailing Address 1201 L Street NW

City	State	Zip Code
Washington	DC	20001

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

Name of Employer AHCA	Occupation Education
--------------------------	-------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 21 / 2009

Transaction ID: C759410

Amount of Each Receipt this Period
20.00

B.

Full Name (Last, First, Middle Initial)
Teresa Eyet

Mailing Address 1201 L Street NW

City	State	Zip Code
Washington	DC	20001

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

Name of Employer AHCA	Occupation Education
--------------------------	-------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 24 / 2009

Transaction ID: C760379

Amount of Each Receipt this Period
20.00

C.

Full Name (Last, First, Middle Initial)
Susan Feeny

Mailing Address 7005 Metropolitan PI

City	State	Zip Code
Falls Church	VA	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 307.60
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 21 / 2009

Transaction ID: C759411

Amount of Each Receipt this Period
19.24

SUBTOTAL of Receipts This Page (optional) ▶

59.24

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 20 / 58
(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

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 ▼ 307.60

Date of Receipt
MM / DD / YYYY
07 / 24 / 2009

Transaction ID: C760380

Amount of Each Receipt this Period
19.24

B.

Full Name (Last, First, Middle Initial)
Phillip Fogg, Jr.

Mailing Address 4560 SE International Way Suite 100

City Milwaukie State OR Zip Code 97222

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

Name of Employer Marquis Companies, Inc. Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
07 / 28 / 2009

Transaction ID: C761169

Amount of Each Receipt this Period
5000.00

C.

Full Name (Last, First, Middle Initial)
Frances Foy

Mailing Address 154 Fourth Street

City Fillmore State CA Zip Code 93015

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

Name of Employer SunBridge Healthcare Occupation Regional Vice President of Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
07 / 10 / 2009

Transaction ID: C749712

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► **5319.24**

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 21 / 58
(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)
Patricia Giorgio

Mailing Address Evergreen Estates
3410 12th Avenue SW

City Cedar Rapids State IA Zip Code 52404-1307

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

Name of Employer Evergreen Estates Occupation Owner

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 / 30 / 2009

Transaction ID: C761397

Amount of Each Receipt this Period
1000.00

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
M M / D D / Y Y Y Y Y
07 / 31 / 2009

Transaction ID: C762885

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Howard Groff

Mailing Address 9031 Penn Avenue S

City Bloomington State MN Zip Code 55431-2225

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

Name of Employer Tealwood Care Centers Inc Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 28 / 2009

Transaction ID: C761167

Amount of Each Receipt this Period
2500.00

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 22 / 58

(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) Gerald Hamilton		Date of Receipt MM / DD / YYYY 07 / 20 / 2009		
	Mailing Address 7612 Rio Penasco Court NW		Transaction ID: C755013		
	City Albuquerque	State NM	Zip Code 87120-5315	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Bee Hive Homes of Albuquerque	Occupation Information Requested	Aggregate Year-to-Date 600.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) David Hebert		Date of Receipt MM / DD / YYYY 07 / 21 / 2009		
	Mailing Address 7605 Ridgecrest Drive		Transaction ID: C759414		
	City Alexandria	State VA	Zip Code 22308-1049	Amount of Each Receipt this Period 38.47	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AHCA	Occupation Senior Vice President of Advocacy	Aggregate Year-to-Date 615.51		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) David Hebert		Date of Receipt MM / DD / YYYY 07 / 24 / 2009		
	Mailing Address 7605 Ridgecrest Drive		Transaction ID: C760383		
	City Alexandria	State VA	Zip Code 22308-1049	Amount of Each Receipt this Period 38.47	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AHCA	Occupation Senior Vice President of Advocacy	Aggregate Year-to-Date 615.51		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)

326.94

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 23 / 58
(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)
Dave Helmsin
 Mailing Address 1717 I St
 City State Zip Code
 Sacramento CA 95811-3001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Capitol Advocacy Occupation Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00
 Date of Receipt 07 / 08 / 2009
Transaction ID: C750573
 Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Richard Herrick
 Mailing Address 33 Elk Street 300
 City State Zip Code
 Albany NY 12207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NYS Health Facilities Association Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00
 Date of Receipt 07 / 24 / 2009
Transaction ID: C760264
 Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Jeanne C. Jaeckels
 Mailing Address 12120 - 24th Street
 City State Zip Code
 Clear Lake MN 55319
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Information Requested Occupation Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00
 Date of Receipt 07 / 31 / 2009
Transaction ID: C761978
 Amount of Each Receipt this Period 150.00

SUBTOTAL of Receipts This Page (optional) ► 900.00
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 24 / 58
(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)
Jim Klausman

Mailing Address 3715 SW 29th Street
Suite 200

City State Zip Code
Topeka KS 66614-2164

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

Name of Employer Occupation
Midwest Health Management President

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
07 / 17 / 2009

Transaction ID: C754457

Amount of Each Receipt this Period
5000.00

B. 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
AHCA Director, Assisted Living

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
632.96

Date of Receipt
MM / DD / YYYY
07 / 21 / 2009

Transaction ID: C759415

Amount of Each Receipt this Period
39.56

C. 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
AHCA Director, Assisted Living

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
632.96

Date of Receipt
MM / DD / YYYY
07 / 24 / 2009

Transaction ID: C760520

Amount of Each Receipt this Period
39.56

SUBTOTAL of Receipts This Page (optional) ► **5079.12**

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 25 / 58
(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)
Kathleen A Langford
Mailing Address 1045 Sandretto Drive
City Prescott State AZ Zip Code 86305
FEC ID number of contributing federal political committee. **C**
Name of Employer Mountain View Manor Occupation Administrator
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 201.00
Date of Receipt 07 / 27 / 2009
Transaction ID: C761400
Amount of Each Receipt this Period 50.50

B. Full Name (Last, First, Middle Initial)
Cynthia Leach
Mailing Address 4943 East Evans Drive
City Scottsdale State AZ Zip Code 85254-2824
FEC ID number of contributing federal political committee. **C**
Name of Employer CopperSands Inc. Occupation VP
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 201.00
Date of Receipt 07 / 24 / 2009
Transaction ID: C760351
Amount of Each Receipt this Period 1.00

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 / 27 / 2009
Transaction ID: C761399
Amount of Each Receipt this Period 1250.00

SUBTOTAL of Receipts This Page (optional) ► 1301.50
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 / 58
	<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	

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) Howard Lipschutz	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 1304 Laurel Oak Rd	Transaction ID: C762973
	City State Zip Code Voorhees NJ 08043-4310	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Burnt Tavern Rehabilitation HealthCare Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1375.00	

B.	Full Name (Last, First, Middle Initial) Todd Mackenzie	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 555 Round Rock West #390	Transaction ID: C762886
	City State Zip Code Round Rock TX 78681	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Remington Medical Resort of San Antoni Occupation Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00	

C.	Full Name (Last, First, Middle Initial) Michael McBride	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 101 Grace Dr	Transaction ID: C762887
	City State Zip Code Easley SC 29640-9088	Amount of Each Receipt this Period 1250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Health Management Resources Occupation President 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)	▶	1450.00
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 27 / 58
(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 Meillier

Mailing Address 27 Brand Ave

City State Zip Code
Faribault MN 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 ▼ 225.00

Date of Receipt
MM / DD / YYYY
07 / 17 / 2009

Transaction ID: C759700

Amount of Each Receipt this Period
75.00

B. Full Name (Last, First, Middle Initial)
Rick Mendlen

Mailing Address 1810 Gillespie Ways Suite 212

City State Zip Code
El Cajon CA 92020-0921

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

Name of Employer Kennon S. Shea & Associates Occupation Consultant

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2009

Transaction ID: C762888

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Gregory Miller

Mailing Address 9441 Bainwoods Dr

City State Zip Code
Cincinnati OH 45249-3602

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

Name of Employer HCMG Occupation NHA

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
MM / DD / YYYY
07 / 24 / 2009

Transaction ID: C760302

Amount of Each Receipt this Period
375.00

SUBTOTAL of Receipts This Page (optional) ► **950.00**

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 / 58
(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)
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 07 / 31 / 2009

Transaction ID: C762889

Amount of Each Receipt this Period 1250.00

B.

Full Name (Last, First, Middle Initial)
Cynthia Klisz Morton

Mailing Address 4609 Overbrook Road

City Bethesda State MD Zip Code 20816

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

Name of Employer American Health Care Association Occupation Government Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 321.70

Date of Receipt 07 / 21 / 2009

Transaction ID: C759416

Amount of Each Receipt this Period 19.24

C.

Full Name (Last, First, Middle Initial)
Cynthia Klisz Morton

Mailing Address 4609 Overbrook Road

City Bethesda State MD Zip Code 20816

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

Name of Employer American Health Care Association Occupation Government Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 321.70

Date of Receipt 07 / 24 / 2009

Transaction ID: C760657

Amount of Each Receipt this Period 19.24

SUBTOTAL of Receipts This Page (optional) ► 1288.48

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 / 58

(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 Occupation
Central Arkansas Nursing Owner
Centers

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 17 / 2009

Transaction ID: C759702

Amount of Each Receipt this Period

1250.00

B.

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

Mailing Address 304 Gilbert Road

City State Zip Code
Dillsburg PA 17019-9511

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

Name of Employer Occupation
Lyric Health Care President & CEO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 5000.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 20 / 2009

Transaction ID: C760172

Amount of Each Receipt this Period

2500.00

C.

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 American Health Care Association
Affairs

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 21 / 2009

Transaction ID: C759417

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

3770.00

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 / 58
(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 Y
07 / 24 / 2009

Transaction ID: C760658

Amount of Each Receipt this Period
20.00

B.

Full Name (Last, First, Middle Initial)
Tony E Oglesby

Mailing Address PO Box 350

City State Zip Code
Benton TN 37307-0350

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) ▼ 3750.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2009

Transaction ID: C762890

Amount of Each Receipt this Period
1250.00

C.

Full Name (Last, First, Middle Initial)
Delbert Ousley

Mailing Address 300 Provider Court

City State Zip Code
Richmond KY 40475-8488

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

Name of Employer Occupation
PMD Corporation President

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

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 27 / 2009

Transaction ID: C761015

Amount of Each Receipt this Period
750.00

SUBTOTAL of Receipts This Page (optional) ► **2020.00**

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 31 / 58
(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)
Jeffrey Parrish

Mailing Address 11156 Sardis-Scotts Hill Road

City State Zip Code
Scotts Hill TN 38374

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

Name of Employer Tennessee Health Management
Occupation General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	7	/	2	0	0	9

Transaction ID: C759704

Amount of Each Receipt this Period
125.00

B. Full Name (Last, First, Middle Initial)
Charles Perry

Mailing Address Nevada Health Care Association
4550 West Oakey Boulevard

City State Zip Code
Las Vegas NV 89102-1599

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

Name of Employer Nevada Health Care Assn.
Occupation 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
0	7	/	3	1	/	2	0	0	9

Transaction ID: C762893

Amount of Each Receipt this Period
1250.00

C. Full Name (Last, First, Middle Initial)
Russell V Peterson

Mailing Address 5281 Ventura Dr

City State Zip Code
Fremont NE 68025-9779

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

Name of Employer Nye Senior Living
Occupation Regional Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	9	/	2	0	0	9

Transaction ID: C762958

Amount of Each Receipt this Period
375.00

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 32 / 58
(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) Teddy Rae Price		Date of Receipt MM / DD / YYYY 07 / 31 / 2009		
	Mailing Address PO Box 1438		Transaction ID: C763098		
	City Winnfield	State LA	Zip Code 71483-1438	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 Central Management Company		Occupation President & CEO		Aggregate Year-to-Date ▼ 5000.00	

B.	Full Name (Last, First, Middle Initial) Neil L. Pruitt, Jr.		Date of Receipt MM / DD / YYYY 07 / 31 / 2009		
	Mailing Address UHS-Pruitt Corporation, Inc. 1626 Jeurgens Court		Transaction ID: C762894		
	City Norcross	State GA	Zip Code 30093	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 UHS-Pruitt Corporation, Inc.		Occupation President & CEO		Aggregate Year-to-Date ▼ 3750.00	

C.	Full Name (Last, First, Middle Initial) Thomas G. Rau		Date of Receipt MM / DD / YYYY 07 / 24 / 2009		
	Mailing Address Nexcare Health Systems, Inc. PO Box 2215		Transaction ID: C760155		
	City Brighton	State MI	Zip Code 48116	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 Nexcare Health Systems, Inc.		Occupation Owner		Aggregate Year-to-Date ▼ 3750.00	

SUBTOTAL of Receipts This Page (optional)

5000.00

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 / 58
(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)
Mark Reagan

Mailing Address 1508 Landmark Drive

City Vallejo State CA Zip Code 94591

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

Name of Employer Hooper, Lundy & Bookman Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY 07 / 17 / 2009

Transaction ID: C752538

Amount of Each Receipt this Period 250.00

B.

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

Mailing Address 4037 Overlook Trail Drive

City Roanoke State VA Zip Code 24018

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

Name of Employer Richfield Retirement Community Occupation Chief Operating Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt MM / DD / YYYY 07 / 24 / 2009

Transaction ID: C760142

Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
Emmett Riner

Mailing Address PO Box 391

City Naples State TX Zip Code 75568

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

Name of Employer New Boston Health Care Center Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY 07 / 06 / 2009

Transaction ID: C747101

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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 / 58
(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) Candi Rogers		Date of Receipt MM / DD / YYYY 07 / 08 / 2009
Mailing Address Gonzales Healthcare Center 905 West Carnuvia Road		Transaction ID: C748390
City Gonzales	State LA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Information Requested	Occupation Information Requested	Aggregate Year-to-Date 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Frank Romano		Date of Receipt MM / DD / YYYY 07 / 31 / 2009
Mailing Address 57 Summer Street		Transaction ID: C762895
City Rowley	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1250.00
Name of Employer Essex Group	Occupation CEO	Aggregate Year-to-Date 3750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Leonard Russ		Date of Receipt MM / DD / YYYY 07 / 31 / 2009
Mailing Address 40 Keogh Lane		Transaction ID: C762896
City New Rochelle	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1250.00
Name of Employer Bayberry Nursing Home	Occupation Administrator	Aggregate Year-to-Date 3250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	3000.00
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 / 58

(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)

Jesse Samples

Mailing Address 110 Association Dr

City State Zip Code
Charleston WV 25311-1217

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

Name of Employer Occupation
West Virginia Health Care Association CEO

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2009

Transaction ID: C762898

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)

Lee Samson

Mailing Address 9200 Sunset Boulevard
Suite 1100

City State Zip Code
West Hollywood CA 90069

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

Name of Employer Occupation
SNF Management/ Windsor President/ CEO

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2009

Transaction ID: C762897

Amount of Each Receipt this Period
1250.00

C.

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: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 375.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 23 / 2009

Transaction ID: C761172

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 36 / 58
(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)
Floyd Schlossberg

Mailing Address 4200 W Peterson Ave
Ste 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 ▼ 3750.00

Date of Receipt
MM / DD / YYYY
07 / 15 / 2009

Transaction ID: C755017

Amount of Each Receipt this Period
1250.00

B. Full Name (Last, First, Middle Initial)
Ina Schlossberg

Mailing Address 4200 W Peterson Ave
Ste 140

City State Zip Code
Chicago IL 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 ▼ 3750.00

Date of Receipt
MM / DD / YYYY
07 / 15 / 2009

Transaction ID: C755016

Amount of Each Receipt this Period
1250.00

C. Full Name (Last, First, Middle Initial)
Jerry Schroer, Jr.

Mailing Address 1608 Muirfield NW

City State Zip Code
Canton OH 44708

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

Name of Employer Altercare Occupation Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
07 / 20 / 2009

Transaction ID: C760171

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 3500.00

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 37 / 58 (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) Shawn Scott</p> <p>Mailing Address Medline Industries One Medline Place</p> <p>City State Zip Code Mundelein IL 60060</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Medline Industries VP, Healthcare Corporate</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 225.00</p>	<p>Date of Receipt MM / DD / YYYY 07 / 31 / 2009</p> <p>Transaction ID: C762900</p> <p>Amount of Each Receipt this Period 75.00</p>
--	--

<p>B. Full Name (Last, First, Middle Initial) Louis Serra</p> <p>Mailing Address 2525 Pennsylvania Ave</p> <p>City State Zip Code Weirton WV 26062-3634</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Weirton Geriatric Center Owner/Administrator</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1500.00</p>	<p>Date of Receipt MM / DD / YYYY 07 / 20 / 2009</p> <p>Transaction ID: C760176</p> <p>Amount of Each Receipt this Period 500.00</p>
--	---

<p>C. Full Name (Last, First, Middle Initial) Robert Siebel</p> <p>Mailing Address 13185 W Great Mountain Drive</p> <p>City State Zip Code Lakewood CO 80228-3512</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Carriage Healthcare Companies, Inc. President</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1500.00</p>	<p>Date of Receipt MM / DD / YYYY 07 / 31 / 2009</p> <p>Transaction ID: C762901</p> <p>Amount of Each Receipt this Period 500.00</p>
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<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>1075.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 58

(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) Todd Smith		Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 5902 Carlton Ln		Transaction ID: C762876
	City Bethesda	State MD	Zip Code 20816-2308
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
	Name of Employer AHCA	Occupation Lobbyist	Aggregate Year-to-Date 300.00

B.	Full Name (Last, First, Middle Initial) Jeff Smithers		Date of Receipt MM / DD / YYYY 07 / 09 / 2009
	Mailing Address 21726 Hardy Oak		Transaction ID: C749595
	City San Antonio	State TX	Zip Code 78258
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
	Name of Employer Smithers Merchant Builders LP	Occupation Building Contractor	Aggregate Year-to-Date 5000.00

C.	Full Name (Last, First, Middle Initial) Matthew D. Smyth		Date of Receipt MM / DD / YYYY 07 / 21 / 2009
	Mailing Address 1201 L Street NW		Transaction ID: C759424
	City Washington	State DC	Zip Code 20005
	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 Director of Grassroots	Aggregate Year-to-Date 307.83

SUBTOTAL of Receipts This Page (optional)	5319.24
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 39 / 58
(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)
Matthew D. Smyth
 Mailing Address 1201 L Street NW
 City Washington State DC Zip Code 20005
 Date of Receipt 07 / 24 / 2009
Transaction ID: C760664
 Amount of Each Receipt this Period 19.24
 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 307.83

B. Full Name (Last, First, Middle Initial)
David Stallard
 Mailing Address 1305 West Causeway Approach #212
 City Mandeville State LA Zip Code 70471
 Date of Receipt 07 / 31 / 2009
Transaction ID: C762903
 Amount of Each Receipt this Period 1250.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Covington Suites Occupation Information Requested
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 3750.00

C. Full Name (Last, First, Middle Initial)
Dixie Taylor-Huff
 Mailing Address 932 East Baddour Parkway
 City Lebanon State TN Zip Code 37087-3707
 Date of Receipt 07 / 31 / 2009
Transaction ID: C762904
 Amount of Each Receipt this Period 1250.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Quality Care Health Center Occupation Administrator/Owner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 3750.00

SUBTOTAL of Receipts This Page (optional) ► 2519.24
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 40 / 58
(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)
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: 07 / 28 / 2009
Transaction ID: C761980
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 ▼ 2100.00
Date of Receipt: 07 / 20 / 2009
Transaction ID: C760158
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: 07 / 31 / 2009
Transaction ID: C762905
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: PAGE 41 / 58
(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)
Peter Van Runkle

Mailing Address 7460 Tottenham Pl

City State Zip Code
New Albany OH 43054-9443

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

Name of Employer Occupation
Ohio Health Care Association Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2009

Transaction ID: C762908

Amount of Each Receipt this Period
75.00

B.

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 Occupation
NuVision Management Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3750.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2009

Transaction ID: C762978

Amount of Each Receipt this Period
1250.00

C.

Full Name (Last, First, Middle Initial)
James R. Westbury, Sr.

Mailing Address 922 McDonough Road

City State Zip Code
Jackson GA 30233-1522

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

Name of Employer Occupation
Westbury Medical Care Home Inc President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
07 / 21 / 2009

Transaction ID: C759403

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1825.00**

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 / 58
(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)
Dennis W. Wheeler

Mailing Address PO Box 1545

City State Zip Code
Mount Pleasant SC 29465-1545

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

Name of Employer Occupation
Laurel Baye Healthcare President/CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3750.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2009

Transaction ID: C762910

Amount of Each Receipt this Period
1250.00

B.

Full Name (Last, First, Middle Initial)
Bill Williamson

Mailing Address 405 Sugar Mill Rd.

City State Zip Code
Greer SC 29650

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

Name of Employer Occupation
Advantage Health Systems, Inc. VP/COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
MM / DD / YYYY
07 / 17 / 2009

Transaction ID: C753427

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Bruce Yarwood

Mailing Address 200 P Street Apt F31

City State Zip Code
Sacramento CA 95814-6259

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

Name of Employer Occupation
AHCA CEO & President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3750.00

Date of Receipt
MM / DD / YYYY
07 / 08 / 2009

Transaction ID: C747658

Amount of Each Receipt this Period
1250.00

SUBTOTAL of Receipts This Page (optional) ► **3000.00**

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 43 / 58
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A.	Full Name (Last, First, Middle Initial) Alan Zuccari		Date of Receipt																					
	Mailing Address 7712 Carlton Place		<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>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	0		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	7		2	0		2	0	0	9														
	City	State	Zip Code		Transaction ID: C755014																			
	Mclean	VA	22102																					
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>		Amount of Each Receipt this Period																				
Name of Employer Hamilton Insurance Agency		Occupation Insurance Representative		<input type="text" value="1250.00"/>																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="3750.00"/>																						

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1250.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="96863.50"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 44 / 58	
	(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

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

A.	Full Name (Last, First, Middle Initial) Tenn Health Care Association PAC		Date of Receipt	
	Mailing Address 28009 Foster Avenue		M M / D D / Y Y Y Y 07 / 28 / 2009	
	City	State	Zip Code	Transaction ID: C761328
	Nashville	TN	37224-0129	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		1000.00		
Name of Employer		Occupation		
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)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	1000.00

**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)

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<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: D88442 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 9
	Amount of Each Disbursement this Period 956.81
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: D88441 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 9
	Amount of Each Disbursement this Period 229.50

SUBTOTAL of Disbursements This Page (optional)	1186.31
TOTAL This Period (last page this line number only)	1186.31

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) AMERICA'S LEADERSHIP PAC	Transaction ID: D88126 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 3 / 2 0 0 9	
	Mailing Address 607 14th Street NW Suite 800		Amount of Each Disbursement this Period 5000.00
	City Washington State DC Zip Code 20005		
	Purpose of Disbursement Contributions to Federal Candidates/ Committees		
	Candidate Name AMERICA'S LEADERSHIP PAC	Category/ Type	
	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: D87896 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 6 / 2 0 0 9	
	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/ Committees		
	Candidate Name ERICPAC	Category/ Type	
	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) HAWKEYE PAC, THE	Transaction ID: D88129 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 3 / 2 0 0 9	
	Mailing Address PO Box 7255		Amount of Each Disbursement this Period 1000.00
	City Des Moines State IA Zip Code 50309		
	Purpose of Disbursement Contributions to Federal PACs/ Committees		
	Candidate Name HAWKEYE PAC, THE	Category/ Type	
	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) ▼	

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) LEADERSHIP FOR AMERICA'S FUTURE PAC (LEAD PAC)</p> <p>Mailing Address 228 S. Washington Street Suite 115</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement Contributions to Federal PACs/ Committees</p> <p>Candidate Name LEADERSHIP FOR AMERICA'S FUTURE PAC (LEAD PAC)</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D87555 Date of Disbursement 07 / 07 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>B. Full Name (Last, First, Middle Initial) LEADERSHIP IN THE NEW CENTURY (LINCPAC)</p> <p>Mailing Address 124 West Capitol Avenue Suite 630</p> <p>City Little Rock State AR Zip Code 72201</p> <p>Purpose of Disbursement Contributions to Federal PACs/ Committees</p> <p>Candidate Name LEADERSHIP IN THE NEW CENTURY (LINCPAC)</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D88127 Date of Disbursement 07 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>C. Full Name (Last, First, Middle Initial) MAKING BUSINESS EXCEL POLITICAL ACTION COMMITTEE</p> <p>Mailing Address PO Box 3241</p> <p>City Cheyenne State WY Zip Code 82003</p> <p>Purpose of Disbursement Contributions to Federal PACs/ Committees</p> <p>Candidate Name MAKING BUSINESS EXCEL POLITICAL ACTION COMMITTEE</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D88220 Date of Disbursement 07 / 30 / 2009</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)

PAGE 48 / 58

<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) PRESERVING AMERICA'S TRADITIONS (PATPAC)	Transaction ID: D87897
	Mailing Address 228 SOUTH WASHINGTON STREET SUITE B-20	Date of Disbursement MM / DD / YYYY 07 / 16 / 2009
	City ALEXANDRIA	State VA
	Zip Code 22314	Amount of Each Disbursement this Period 3000.00
	Purpose of Disbursement Contributions to Federal PACs/ Committees	Category/ Type
	Candidate Name PRESERVING AMERICA'S TRADITIONS (PATPAC)	
	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:	

B.	Full Name (Last, First, Middle Initial) ANNA ESHOO FOR CONGRESS	Transaction ID: D87893
	Mailing Address PO Box 636	Date of Disbursement MM / DD / YYYY 07 / 16 / 2009
	City Annandale	State VA
	Zip Code 22003-0636	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Anna Eshoo	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: CA District: 14	

C.	Full Name (Last, First, Middle Initial) STUPAK FOR CONGRESS	Transaction ID: D87540
	Mailing Address 817 Ninth Avenue P.O. Box 156	Date of Disbursement MM / DD / YYYY 07 / 06 / 2009
	City Menominee	State MI
	Zip Code 49858	Amount of Each Disbursement this Period -1000.00
	Purpose of Disbursement Voided Contribution	Category/ Type
	Candidate Name Rep. Bart Stupak	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: MI District: 01	

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

<p>A. Full Name (Last, First, Middle Initial) CANTOR FOR CONGRESS</p> <p>Mailing Address P. O. Box 17813</p> <p>City Richmond State VA Zip Code 23226</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Eric I. Cantor</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 07</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D87552 Date of Disbursement 07 / 07 / 2009</p> <p>Amount of Each Disbursement this Period 4000.00</p>
<p>B. Full Name (Last, First, Middle Initial) MASSA FOR CONGRESS</p> <p>Mailing Address 60 EAST MARKET STREET SUITE 244</p> <p>City CORNING State NY Zip Code 14830</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Eric Massa</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 29</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D88137 Date of Disbursement 07 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p>
<p>C. 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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D88222 Date of Disbursement 07 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6500.00

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. FRIENDS OF GINNY BROWN-WAITE

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 865

City Brooksville State FL Zip Code 34605

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Ginny Brown-Waite

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: FL District: 05

Transaction ID: D88141

Date of Disbursement

07 / 23 / 2009

Amount of Each Disbursement this Period

1000.00

B. BERMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address 6380 Wilshire Blvd. #1612

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Howard L. Berman

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: CA District: 28

Transaction ID: D88235

Date of Disbursement

07 / 31 / 2009

Amount of Each Disbursement this Period

4000.00

C. BERMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address 6380 Wilshire Blvd. #1612

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Howard L. Berman

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: CA District: 28

Transaction ID: D88236

Date of Disbursement

07 / 31 / 2009

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ▶

10000.00

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)
BARRETT FOR CONGRESS

Mailing Address P.O. Box 869

City State Zip Code
Westminster SC 29693

Purpose of Disbursement
Voided Contribution

Candidate Name
Rep. J. Gresham Barrett

Office Sought: House
 Senate
 President
State: SC District: 03

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: D87539
Date of Disbursement

/

Amount of Each Disbursement this Period

Category/
Type

B.

Full Name (Last, First, Middle Initial)
LANGEVIN FOR CONGRESS

Mailing Address 181-A KNIGHT ST

City State Zip Code
WARWICK RI 02886

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. James R. Langevin

Office Sought: House
 Senate
 President
State: RI District: 02

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: D88138
Date of Disbursement

/

Amount of Each Disbursement this Period

Category/
Type

C.

Full Name (Last, First, Middle Initial)
INSLEE FOR CONGRESS

Mailing Address PO Box 686

City State Zip Code
Selah WA 98942-0686

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Jay Inslee

Office Sought: House
 Senate
 President
State: WA District: 01

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: D88133
Date of Disbursement

/

Amount of Each Disbursement this Period

Category/
Type

SUBTOTAL of Disbursements This Page (optional) ►

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 JOHN BARROW	Transaction ID: D88125
	Mailing Address 2141 W Broad St	Date of Disbursement 07 / 23 / 2009
	City Athens State GA Zip Code 30606-3545	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. John Barrow	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 12	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BARROW	Transaction ID: D87543
	Mailing Address 2141 W Broad St	Date of Disbursement 07 / 06 / 2009
	City Athens State GA Zip Code 30606-3545	Amount of Each Disbursement this Period -1000.00
	Purpose of Disbursement Voided Contribution	Category/ Type
	Candidate Name Rep. John Barrow	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 12	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) CASTOR FOR CONGRESS	Transaction ID: D88131
	Mailing Address 301 W. Platt Street #385	Date of Disbursement 07 / 23 / 2009
	City Tampa State FL Zip Code 33606	Amount of Each Disbursement this Period 1000.00
	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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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) BRADY FOR CONGRESS	Transaction ID: D87541
	Mailing Address P.O. Box 8277	Date of Disbursement MM / DD / YYYY 07 / 06 / 2009
	City The Woodlands State TX Zip Code 77387	Amount of Each Disbursement this Period -1000.00
	Purpose of Disbursement Voided Contribution	Category/ Type
	Candidate Name Rep. Kevin Brady	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 08	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) LEE TERRY FOR CONGRESS	Transaction ID: D88221
	Mailing Address 1107 So. 119th st	Date of Disbursement MM / DD / YYYY 07 / 30 / 2009
	City Omaha State NE Zip Code 68144	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Lee Terry	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS OF LOIS CAPPs	Transaction ID: D88226
	Mailing Address 38 Ivy St SE	Date of Disbursement MM / DD / YYYY 07 / 30 / 2009
	City Washington State DC Zip Code 20003-4006	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Lois Capps	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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)
MARION BERRY FOR CONGRESS

Mailing Address P.O. BOX 8084

City JONESBORO State AR Zip Code 72403

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Marion Berry

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: AR District: 01

Transaction ID: D88124

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
NITA LOWEY FOR CONGRESS

Mailing Address PO Box 271

City White Plains State NY Zip Code 10605

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Nita M. Lowey

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NY District: 18

Transaction ID: D88135

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
PATRICK MURPHY FOR CONGRESS

Mailing Address P.O. Box 868

City Levittown State PA Zip Code 19058

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Patrick J. Murphy

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: PA District: 08

Transaction ID: D88223

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ▶

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

A. Full Name (Last, First, Middle Initial)
HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL)

Mailing Address POST OFFICE BOX 711

City State Zip Code
ROCKWALL TX 75087

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Ralph M. Hall

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: TX District: 04

Transaction ID: D88225

Date of Disbursement

07 / 30 / 2009

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
RICHARD E NEAL FOR CONGRESS COMMITTEE

Mailing Address 76 MAGNOLIA TERRACE

City State Zip Code
SPRINGFIELD MA 01108

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Richard E. Neal

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: MA District: 02

Transaction ID: D88224

Date of Disbursement

07 / 30 / 2009

Amount of Each Disbursement this Period

3000.00

C. Full Name (Last, First, Middle Initial)
FRIENDS OF ROSA DELAURO

Mailing Address 49 HUNTINGTON STREET

City State Zip Code
NEW HAVEN CT 06511

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Rosa Delauro

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: CT District: 03

Transaction ID: D88134

Date of Disbursement

07 / 23 / 2009

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) ►

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) STEPHANIE HERSETH SANDLIN FOR SOUTH DAKOTA</p> <p>Mailing Address PO Box 2009</p> <p>City Sioux Falls State SD Zip Code 57101</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Stephanie Herseth Herseth Sandlin</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D88139</p> <p>Date of Disbursement 07 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) HOOSIERS SUPPORTING BUYER FOR CONGRESS</p> <p>Mailing Address 200 North Main St. P.O. Box 712</p> <p>City Monticello State IN Zip Code 47960</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Steve Buyer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 04</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D87554</p> <p>Date of Disbursement 07 / 07 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) ZACK SPACE FOR CONGRESS COMMITTEE</p> <p>Mailing Address 714 N WOOSTER AVENUE</p> <p>City DOVER State OH Zip Code 44622</p> <p>Purpose of Disbursement Voided Contribution</p> <p>Candidate Name Rep. Zack Space</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 18</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D87542</p> <p>Date of Disbursement 07 / 06 / 2009</p> <p>Amount of Each Disbursement this Period -2000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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) FRIENDS OF SCHUMER</p> <p>Mailing Address 509 MADISON AVE SUITE 1902</p> <p>City NEW YORK State NY Zip Code 10022</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Sen. Charles E. Schumer</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D87550 Date of Disbursement 07 / 07 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>B. Full Name (Last, First, Middle Initial) FRIENDS OF SCHUMER</p> <p>Mailing Address 509 MADISON AVE SUITE 1902</p> <p>City NEW YORK State NY Zip Code 10022</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Sen. Charles E. Schumer</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D87551 Date of Disbursement 07 / 07 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>C. Full Name (Last, First, Middle Initial) FRIENDS FOR HARRY REID</p> <p>Mailing Address P.O. BOX 19163</p> <p>City LAS VEGAS State NV Zip Code 89132</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Sen. Harry Reid</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D87892 Date of Disbursement 07 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</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)

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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

A.

Full Name (Last, First, Middle Initial)

SENATE MAJORITY FUND

Mailing Address P.O. Box 32025

City Phoenix State AZ Zip Code 85064

Purpose of Disbursement
Contributions to Federal PACs/ Committees

Candidate Name
SENATE MAJORITY FUND

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: D87894

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	6		2	0	0	9

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

83500.00