

**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 (12S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  General (30G)  Runoff (30R)  Special (30S)  
Election on 11 02 2010 in the State of DC

5. Covering Period 10 14 2010 through 11 22 2010

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

Signature of Treasurer Electronically Filed by Mr. Leonard Russ Date 12 06 2010

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												<b>FEC FORM 3X</b> (Rev. 12/2004)
-----------------	--	--	--	--	--	--	--	--	--	--	--	--------------------------------------

A. Form/Schedule : **F3XA**

Transaction ID :

Amendment due to an error in the way two transactions were entered in our database. Friends of John Boehner and John Spratt for Congress were listed on line 23 of the original filing as negative disbursements. They should have been listed on line 16 as refunds of contributions made to federal candidates. Cash on hand remains the same.

**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
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

	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>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		128897.14
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	113586.28									
(c) Total Receipts (from Line 19) .....	70429.49	889643.63								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	184015.77	1018540.77								
7. Total Disbursements (from Line 31) .....	74000.00	908525.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	110015.77	110015.77								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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: 

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

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) .....	45799.95	768064.82
(ii) Unitemized .....	14629.54	84078.81
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	60429.49	852143.63
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	13000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	60429.49	865143.63
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 .....	10000.00	24500.00
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)) .....	70429.49	889643.63
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	70429.49	889643.63

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	74000.00	906050.00
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	2475.00
(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	2475.00
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))..	74000.00	908525.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	74000.00	908525.00

**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 .....	60429.49	865143.63
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	2475.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	60429.49	862668.63
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 7 / 67  
(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)  
Coral Teresa Andrews

Mailing Address 932 Ward Ave  
Ste 430

City Honolulu State HI Zip Code 96814-2126

FEC ID number of contributing federal political committee. C

Name of Employer Health Association of Hawaii Occupation Executive Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt M M / D D / Y Y Y Y  
10 / 25 / 2010

**Transaction ID:** C1136616

Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
Dirk Anjewierden

Mailing Address 2180 So. 1300 E

City Salt Lake City State UT Zip Code 84106

FEC ID number of contributing federal political committee. C

Name of Employer Utah Health Care Assn. Occupation Executive Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt M M / D D / Y Y Y Y  
10 / 29 / 2010

**Transaction ID:** C1136674

Amount of Each Receipt this Period 206.25

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

Mailing Address 411 Alabama Ave

City League City State TX Zip Code 77573-2615

FEC ID number of contributing federal political committee. C

Name of Employer Baywind Village Occupation Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt M M / D D / Y Y Y Y  
11 / 15 / 2010

**Transaction ID:** C1145407

Amount of Each Receipt this Period 282.50

**SUBTOTAL** of Receipts This Page (optional) ..... 588.75

**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 / 67  
(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) Lyn Bentley		Date of Receipt MM / DD / YYYY 10 / 25 / 2010
Mailing Address 2212 Hidden Valley Ln		<b>Transaction ID:</b> C1136649
City Silver Spring	State MD	Zip Code 20904-5240
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer AHCA	Occupation Director, Regulatory	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00	

**B.**

Full Name (Last, First, Middle Initial) Lyn Bentley		Date of Receipt MM / DD / YYYY 10 / 29 / 2010
Mailing Address 2212 Hidden Valley Ln		<b>Transaction ID:</b> C1136758
City Silver Spring	State MD	Zip Code 20904-5240
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer AHCA	Occupation Director, Regulatory	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00	

**C.**

Full Name (Last, First, Middle Initial) Jim Birchem		Date of Receipt MM / DD / YYYY 10 / 19 / 2010
Mailing Address 920 4th Street, SE		<b>Transaction ID:</b> C1132307
City Little Falls	State MN	Zip Code 56345
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Eldercare of Minnesota	Occupation President/CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>140.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 67
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Elizabeth Blankenship	Date of Receipt MM / DD / YYYY 10 / 19 / 2010
	Mailing Address PO Box 1017	<b>Transaction ID:</b> C1133229
	City State Zip Code Heber Springs AR 72543	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Southridge Village Retirement Center	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1150.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Heath Boddy	Date of Receipt MM / DD / YYYY 10 / 28 / 2010
	Mailing Address 15717 East Aspen Road	<b>Transaction ID:</b> C1136420
	City State Zip Code Adams NE 68301	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Nebraska Health Care Association	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Lane Bowen	Date of Receipt MM / DD / YYYY 10 / 20 / 2010
	Mailing Address 680 South Fourth Street	<b>Transaction ID:</b> C1131680
	City State Zip Code Louisville KY 40202	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Kindred Healthcare	Occupation EVP & President, Health Services Division	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>400.00</b>
<b>TOTAL</b> 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 / 67

(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)  
Greg H. Brown

Mailing Address 155 West Point Court

City State Zip Code  
Tonka Bay MN 55331

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

Name of Employer Occupation  
Covenire Care, LLC President & CFO

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

Date of Receipt

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

Transaction ID: C1133950

Amount of Each Receipt this Period  
300.00

**B.**

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

Mailing Address 1185 Wilde Run Court

City State Zip Code  
Roswell GA 30075

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

Name of Employer Occupation  
Cypress Administrative Services, LLC VP Finance

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 2775.00

Date of Receipt

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

Transaction ID: C1136445

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Karen H. Chadderton

Mailing Address 4 Wagon Road

City State Zip Code  
Enfield CT 06082-5639

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

Name of Employer Occupation  
Riverside Health Rehabilitation Administrator

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 560.00

Date of Receipt

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

Transaction ID: C1131602

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 67  
(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)  
Gregory Chambery

Mailing Address 7 Sweets View Drive

City State Zip Code  
Fairport NY 14450

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

Name of Employer Occupation  
Maplewood Nursing Home Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1450.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

**Transaction ID:** C1136414

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Donna Childress

Mailing Address 1401 West Capitol Avenue

City State Zip Code  
Little Rock AR 72201

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

Name of Employer Occupation  
Arkansas Health Care Association Executive Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

**Transaction ID:** C1133225

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Mark Stuart Clay

Mailing Address 86 Kimberly Drive

City State Zip Code  
Columbus MS 39702-8360

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

Name of Employer Occupation  
Windsor Place Nursing & Rehab Center Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 265.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

**Transaction ID:** C1136412

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **300.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 67  
(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
							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 Coble		Date of Receipt MM / DD / YYYY 10 / 19 / 2010
Mailing Address 1908 12th Avenue NW Suite E		<b>Transaction ID:</b> C1132306
City Ardmore	State OK	Zip Code 73401
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 5000.00
Name of Employer Elmbrook Management Company	Occupation President/CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

**B.**

Full Name (Last, First, Middle Initial) Cliff Coldren		Date of Receipt MM / DD / YYYY 10 / 25 / 2010
Mailing Address 1950 Cliffside Drive		<b>Transaction ID:</b> C1136575
City State College	State PA	Zip Code 16801-7662
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Brookline Village	Occupation Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

**C.**

Full Name (Last, First, Middle Initial) William Council, III		Date of Receipt MM / DD / YYYY 10 / 20 / 2010
Mailing Address 1621 Galleria Boulevard		<b>Transaction ID:</b> C1132118
City Brentwood	State TN	Zip Code 37027
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 4000.00
Name of Employer Advocat	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	9100.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 67  
(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)  
Vickie Cox, RN

Mailing Address 1203 Walker Road

City State Zip Code  
Dover DE 19904

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

Name of Employer Occupation  
Heritage at Dover Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

**Transaction ID:** C1130700

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Greg Crist

Mailing Address 5103 Gardner Drive

City State Zip Code  
Alexandria VA 22304

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

Name of Employer Occupation  
AHCA Vice President, Public Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

**Transaction ID:** C1130904

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Greg Crist

Mailing Address 5103 Gardner Drive

City State Zip Code  
Alexandria VA 22304

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

Name of Employer Occupation  
AHCA Vice President, Public Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

**Transaction ID:** C1136433

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **300.00**

**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 / 67  
(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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Patti Cullen</p> <p>Mailing Address 2104 Palace Ave</p> <p>City State Zip Code St. Paul MN 55105</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Care Providers of Minnesota</p> <p>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 ▼  <span style="border: 1px solid black; padding: 2px;">1400.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 0 / 2 0 / 2 0 1 0</span></p> <p><b>Transaction ID:</b> C1130967</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">100.00</span></p>
---	---

<p><b>B.</b> Full Name (Last, First, Middle Initial) Veronica Damesyn-Sharpe</p> <p>Mailing Address 102 Oakford Avenue</p> <p>City State Zip Code Edgewater MD 21037-4913</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer DCHCA Association</p> <p>Occupation Executive Director</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">550.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 0 / 2 0 / 2 0 1 0</span></p> <p><b>Transaction ID:</b> C1132122</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">400.00</span></p>
---	---

<p><b>C.</b> Full Name (Last, First, Middle Initial) David Dangerfield</p> <p>Mailing Address 255 East 400 South</p> <p>City State Zip Code Salt Lake City UT 84111</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Avalon Health Care, Inc.</p> <p>Occupation President/CEO</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 0 / 1 9 / 2 0 1 0</span></p> <p><b>Transaction ID:</b> C1133949</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">250.00</span></p>
---	---

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">750.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 67  
(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) Jason Delamarter		Date of Receipt MM / DD / YYYY 10 / 20 / 2010
Mailing Address 15304 NE 179th Cir		<b>Transaction ID:</b> C1131689
City Brush Prairie	State WA	Zip Code 98606-7317
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Prestige Care	Occupation VP Business Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**B.**

Full Name (Last, First, Middle Initial) Steven Delaney		Date of Receipt MM / DD / YYYY 10 / 25 / 2010
Mailing Address 13 Northtown Dr Ste 220		<b>Transaction ID:</b> C1136617
City Jackson	State MS	Zip Code 39211-3047
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer Glen Oaks Nursing Center	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

**C.**

Full Name (Last, First, Middle Initial) Joseph DeMattos		Date of Receipt MM / DD / YYYY 10 / 19 / 2010
Mailing Address 7135 Minstrel Way		<b>Transaction ID:</b> C1133224
City Columbia	State MD	Zip Code 21046
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 175.00
Name of Employer Health Facilities Association of Maryland	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 875.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>875.00</b>
<b>TOTAL</b> 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 / 67  
(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)  
Joseph DeMattos

Mailing Address 7135 Minstrel Way

City Columbia State MD Zip Code 21046

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

Name of Employer Health Facilities Association of Maryland Occupation Executive Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 875.00

Date of Receipt 10 / 20 / 2010

Transaction ID: C1130941

Amount of Each Receipt this Period 100.00

**B.**

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

Mailing Address 26 North Broadway

City Schenectady State NY Zip Code 12305

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

Name of Employer DMN Management Services Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 11 / 02 / 2010

Transaction ID: C1136849

Amount of Each Receipt this Period 625.00

**C.**

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

Mailing Address 10009 Dallas Ave

City Takoma Park State MD Zip Code 20901-2240

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

Name of Employer AHCA Occupation Director, Education

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt 10 / 25 / 2010

Transaction ID: C1136651

Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 745.00

**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 / 67  
(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)  
Teresa Eyet  
Mailing Address 10009 Dallas Ave  
City State Zip Code  
Takoma Park MD 20901-2240  
FEC ID number of contributing federal political committee. **C**  
Name of Employer AHCA Occupation Director, Education  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 460.00  
Date of Receipt 10 / 29 / 2010  
Transaction ID: C1136759  
Amount of Each Receipt this Period 20.00

**B.** Full Name (Last, First, Middle Initial)  
Toni Fatone  
Mailing Address 100 Ferncliff Dr  
City State Zip Code  
West Hartfrd CT 06117-1026  
FEC ID number of contributing federal political committee. **C**  
Name of Employer TMF Consulting Services Occupation Long Term Care Consultant  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1050.00  
Date of Receipt 10 / 20 / 2010  
Transaction ID: C1130944  
Amount of Each Receipt this Period 200.00

**C.** Full Name (Last, First, Middle Initial)  
Toni Fatone  
Mailing Address 100 Ferncliff Dr  
City State Zip Code  
West Hartfrd CT 06117-1026  
FEC ID number of contributing federal political committee. **C**  
Name of Employer TMF Consulting Services Occupation Long Term Care Consultant  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1050.00  
Date of Receipt 10 / 25 / 2010  
Transaction ID: C1136615  
Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 320.00  
**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 / 67  
(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)  
Lowell Feldman

Mailing Address 163 West Kingsbridge Road

City State Zip Code  
Bronx NY 10463

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

Name of Employer Terrace Healthcare Center, Inc  
Occupation Administrator

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

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

**Transaction ID:** C1136417

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Debra Finneran

Mailing Address 711 Frankfort Road

City State Zip Code  
Shelbyville KY 40065

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

Name of Employer Masonic Home of Shelbyville  
Occupation Administrator

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

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

**Transaction ID:** C1132119

Amount of Each Receipt this Period  
250.00

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

Mailing Address 215 Pine Road

City State Zip Code  
Sewickley PA 15143

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

Name of Employer The Orchards at Foxcrest  
Occupation Executive Director

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
837.50

Date of Receipt  

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

**Transaction ID:** C1130951

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **450.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 67  
(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)  
Scott Fox

Mailing Address 215 Pine Road

City State Zip Code  
Sewickley PA 15143

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

Name of Employer Occupation  
The Orchards at Foxcrest Executive Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 837.50

Date of Receipt  
MM / DD / YYYY  
10 / 20 / 2010

**Transaction ID:** C1131599

Amount of Each Receipt this Period  
100.00

**B.**

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

Mailing Address 215 Pine Road

City State Zip Code  
Sewickley PA 15143

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

Name of Employer Occupation  
The Orchards at Foxcrest Executive Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 837.50

Date of Receipt  
MM / DD / YYYY  
10 / 20 / 2010

**Transaction ID:** C1132127

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Donald Franco

Mailing Address 5 O'Kill Drive

City State Zip Code  
East Haven CT 06513

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2100.00

Date of Receipt  
MM / DD / YYYY  
10 / 20 / 2010

**Transaction ID:** C1131594

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **700.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 67  
(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) Tim Graves		Date of Receipt MM / DD / YYYY 10 / 28 / 2010
Mailing Address 4214 Medical Parkway Suite 300		<b>Transaction ID:</b> C1136426
City Austin	State TX	Zip Code 78756
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Texas Health Care Association	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

**B.**

Full Name (Last, First, Middle Initial) Mike Greenberg		Date of Receipt MM / DD / YYYY 10 / 28 / 2010
Mailing Address 633 Route 28		<b>Transaction ID:</b> C1136438
City Raritan	State NJ	Zip Code 08869
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Raritan Health & Extended Care	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

**C.**

Full Name (Last, First, Middle Initial) Vicki Groff		Date of Receipt MM / DD / YYYY 10 / 20 / 2010
Mailing Address 11337 Louisiana Cir		<b>Transaction ID:</b> C1130698
City Bloomington	State MN	Zip Code 55438-2827
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer N/A	Occupation Homemaker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 811.25	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	300.00
<b>TOTAL</b> 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 / 67  
(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)  
Vicki Groff

Mailing Address 11337 Louisiana Cir

City State Zip Code  
Bloomington MN 55438-2827

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

Name of Employer N/A Occupation Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 811.25

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: C1130699

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Reita Hall

Mailing Address PO Box 3667

City State Zip Code  
Tupelo MS 38803

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

Name of Employer Community Eldercare Services Occupation VP, Clinical Services

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: C1136573

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Greg Hanson

Mailing Address 2900 14th Ave South

City State Zip Code  
Grand Forks ND 58201-4042

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

Name of Employer Valley Memorial Homes Occupation Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 299.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: C1136612

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **300.00**

**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 / 67  
(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) Bill Hartung		Date of Receipt MM / DD / YYYY 10 / 25 / 2010
Mailing Address 1210 Massachusetts Avenue, NW #407		<b>Transaction ID:</b> C1136654
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 10.00
Name of Employer American Health Care Association	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

**B.**

Full Name (Last, First, Middle Initial) Bill Hartung		Date of Receipt MM / DD / YYYY 10 / 29 / 2010
Mailing Address 1210 Massachusetts Avenue, NW #407		<b>Transaction ID:</b> C1136761
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 10.00
Name of Employer American Health Care Association	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

**C.**

Full Name (Last, First, Middle Initial) David Hebert		Date of Receipt MM / DD / YYYY 10 / 25 / 2010
Mailing Address 7605 Ridgecrest Drive		<b>Transaction ID:</b> C1136574
City Alexandria	State VA	Zip Code 22308-1049
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer AHCA	Occupation Senior Vice President of Advocacy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 984.59	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	120.00
<b>TOTAL</b> 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 / 67  
(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)  
David Hebert  
Mailing Address 7605 Ridgecrest Drive  
City Alexandria State VA Zip Code 22308-1049  
FEC ID number of contributing federal political committee. **C**  
Name of Employer AHCA Occupation Senior Vice President of Advocacy  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 984.59  
Date of Receipt 10 / 25 / 2010  
Transaction ID: C1136659  
Amount of Each Receipt this Period 38.47

**B.** Full Name (Last, First, Middle Initial)  
David Hebert  
Mailing Address 7605 Ridgecrest Drive  
City Alexandria State VA Zip Code 22308-1049  
FEC ID number of contributing federal political committee. **C**  
Name of Employer AHCA Occupation Senior Vice President of Advocacy  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 984.59  
Date of Receipt 10 / 29 / 2010  
Transaction ID: C1136763  
Amount of Each Receipt this Period 38.47

**C.** Full Name (Last, First, Middle Initial)  
J David Hightower  
Mailing Address 6936 North Lakewood Dr  
City Van Buren State AR Zip Code 72956-8120  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Hopes Creek Retirement Living Occupation President/Owner  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00  
Date of Receipt 10 / 19 / 2010  
Transaction ID: C1132311  
Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 176.94  
**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: (check only one)	PAGE 24 / 67
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Delta Holloway		Date of Receipt
	Mailing Address 1475 N Cole Rd		<input type="text" value="10"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Boise	ID	83704-8537
	FEC ID number of contributing federal political committee.		<b>C</b> <input type="text"/>
Name of Employer Western Health Care Corp.		Occupation Consultant RN	<b>Transaction ID:</b> C1131575
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="450.00"/>	<input type="text" value="100.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) Stefanie Hubbard		Date of Receipt
	Mailing Address 7 Fox Trot Court		<input type="text" value="10"/> / <input type="text" value="27"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Haughton	LA	71037
	FEC ID number of contributing federal political committee.		<b>C</b> <input type="text"/>
Name of Employer Nexion Health		Occupation Administrator	<b>Transaction ID:</b> C1136582
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="422.50"/>	<input type="text" value="111.50"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) Jeffrey N Hyatt		Date of Receipt
	Mailing Address 701 N. 39th Avenue		<input type="text" value="10"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Selah	WA	98902
	FEC ID number of contributing federal political committee.		<b>C</b> <input type="text"/>
Name of Employer Hyatt Family Facilities		Occupation SNF AL Owner Operator	<b>Transaction ID:</b> C1130938
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="800.00"/>	<input type="text" value="300.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="511.50"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 67

(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Douglas Johnson		Date of Receipt
	Mailing Address 1501 42nd Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 0 / 2 0 1 0
	City	State	Zip Code
	West Des Moines	IA	50266-1005
	FEC ID number of contributing federal political committee.		Transaction ID: C1131697
		Amount of Each Receipt this Period	<input type="text"/> 100.00
Name of Employer Hawkeye Care Centers, Inc.		Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 2200.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Richard Kase		Date of Receipt
	Mailing Address 5125 Pine Rocklands Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 5 / 2 0 1 0
	City	State	Zip Code
	Lithia	FL	33547
	FEC ID number of contributing federal political committee.		Transaction ID: C1136541
		Amount of Each Receipt this Period	<input type="text"/> 100.00
Name of Employer Cypress Healthcare		Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1099.99

<b>C.</b>	Full Name (Last, First, Middle Initial) Gary Kelso		Date of Receipt
	Mailing Address 10331 E Highway 39		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 0 / 2 0 1 0
	City	State	Zip Code
	Huntsville	UT	84317-9670
	FEC ID number of contributing federal political committee.		Transaction ID: C1130910
		Amount of Each Receipt this Period	<input type="text"/> 100.00
Name of Employer Mission Health Services		Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1100.00

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

300.00

**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 26 / 67

(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)

Cheryl Killian

Mailing Address 3801 Woodside Dr

City State Zip Code  
Arlington TX 76016-3030

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

Name of Employer Occupation  
Legacy Care Centers Inc. President

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

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: C1136458

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Bradford Klitsch

Mailing Address 222 W. Aster Lane

City State Zip Code  
Mequon WI 53092

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

Name of Employer Occupation  
Direct Supply VP Marketing

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 325.00

Date of Receipt

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

Transaction ID: C1130878

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Bradford Klitsch

Mailing Address 222 W. Aster Lane

City State Zip Code  
Mequon WI 53092

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

Name of Employer Occupation  
Direct Supply VP Marketing

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 325.00

Date of Receipt

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

Transaction ID: C1136435

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

225.00

**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 / 67  
(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)  
Jody Knox

Mailing Address 1905 West Pierce Street

City Carlsbad State NM Zip Code 88220-4025

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

Name of Employer Lakeview Christian Home of the Southwe Occupation Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 20 / 2010

**Transaction ID:** C1136508

Amount of Each Receipt this Period 300.00

**B.** Full Name (Last, First, Middle Initial)  
Jody Knox

Mailing Address 1905 West Pierce Street

City Carlsbad State NM Zip Code 88220-4025

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

Name of Employer Lakeview Christian Home of the Southwe Occupation Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 25 / 2010

**Transaction ID:** C1136626

Amount of Each Receipt this Period 100.00

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

Mailing Address 4621 28th Road South

City Arlington State VA Zip Code 22206

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

Name of Employer National Center for Assis- ted Living Occupation Executive Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 909.88

Date of Receipt 10 / 25 / 2010

**Transaction ID:** C1136660

Amount of Each Receipt this Period 39.56

**SUBTOTAL** of Receipts This Page (optional) ..... ► **439.56**

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

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

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

FOR LINE NUMBER: PAGE 28 / 67  
(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)  
David Kylo  
 Mailing Address 4621 28th Road South  
 City State Zip Code  
 Arlington VA 22206  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 2 9 / 2 0 1 0  
**Transaction ID:** C1136764  
 Amount of Each Receipt this Period  
 39.56  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: National Center for Assisted Living  
 Occupation: Executive Director  
 Receipt For:  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 909.88

**B.** Full Name (Last, First, Middle Initial)  
David LaLumia  
 Mailing Address 12761 South Wacousta Road  
 City State Zip Code  
 Eagle MI 48822  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 2 5 / 2 0 1 0  
**Transaction ID:** C1136621  
 Amount of Each Receipt this Period  
 100.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Health Care Association of Michigan  
 Occupation: President  
 Receipt For:  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1100.00

**C.** Full Name (Last, First, Middle Initial)  
Larry Lane  
 Mailing Address 1616 Stephens Dr  
 City State Zip Code  
 Wayne PA 19087-1023  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 2 0 / 2 0 1 0  
**Transaction ID:** C1136505  
 Amount of Each Receipt this Period  
 550.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Genesis  
 Occupation: Sr VP, Regulatory Affairs  
 Receipt For:  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1600.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **689.56**  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 67  
(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)  
Paul Langevin, Jr.

Mailing Address 4 AAA Drive  
Suite 203

City Hamilton State NJ Zip Code 08691

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

Name of Employer Health Care Association of New Jersey Occupation State Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt MM / DD / YYYY  
10 / 20 / 2010

**Transaction ID:** C1132121

Amount of Each Receipt this Period 850.00

**B.**

Full Name (Last, First, Middle Initial)  
Paul Liistro

Mailing Address 1 Meadow Brook Court

City Westport State CT Zip Code 06880

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

Name of Employer Arbors of Hop Brook, LTD Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt MM / DD / YYYY  
10 / 20 / 2010

**Transaction ID:** C1130933

Amount of Each Receipt this Period 300.00

**C.**

Full Name (Last, First, Middle Initial)  
Paul Liistro

Mailing Address 1 Meadow Brook Court

City Westport State CT Zip Code 06880

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

Name of Employer Arbors of Hop Brook, LTD Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt MM / DD / YYYY  
10 / 28 / 2010

**Transaction ID:** C1136434

Amount of Each Receipt this Period 100.00

**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 30 / 67  
(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)  
Kelli Likes

Mailing Address 580 E. Hospital Dr.

City State Zip Code  
Cortez CO 81321-2218

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

Name of Employer Occupation  
Vista Grande Inn Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

**Transaction ID:** C1131587

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Ruby Jo Lubarsky

Mailing Address 9403 Mill Brook Road

City State Zip Code  
Louisville KY 40223

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

Name of Employer Occupation  
Kentucky Association of Health Care Fa President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

**Transaction ID:** C1136563

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Samuel Mahfouz

Mailing Address National Pharmacy  
1301 Wimbledon Boulevard

City State Zip Code  
Alexandria LA 71303

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

**Transaction ID:** C1136639

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 300.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 67
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Tod Mahoney	Date of Receipt MM / DD / YYYY 10 / 20 / 2010
	Mailing Address 1019 Brook Arbor Dr	<b>Transaction ID:</b> C1130864
	City State Zip Code Mansfield TX 76063-5445	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Cross Timbers Rehab	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Patrick Martone	Date of Receipt MM / DD / YYYY 11 / 02 / 2010
	Mailing Address 26 North Broadway	<b>Transaction ID:</b> C1136850
	City State Zip Code Schenectady NY 12305-1932	Amount of Each Receipt this Period 625.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Hallmark Nursing Centre Inc.	Occupation Administrator and CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Christian Mason	Date of Receipt MM / DD / YYYY 10 / 20 / 2010
	Mailing Address 15467 Union School Road	<b>Transaction ID:</b> C1130930
	City State Zip Code Woodburn OR 97071	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Senior Housing Managemnet LLC	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	825.00
<b>TOTAL</b> 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 / 67  
(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)  
Christian Mason

Mailing Address 15467 Union School Road

City State Zip Code  
Woodburn OR 97071

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

Name of Employer Senior Housing Managemnet LLC      Occupation President & CEO

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

**Transaction ID:** C1130931

Amount of Each Receipt this Period  
100.00

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

Mailing Address 455 Reynolds Mill Rd.

City State Zip Code  
York PA 17403

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

Name of Employer Wilmac Corp      Occupation President/CEO

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3050.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

**Transaction ID:** C1131597

Amount of Each Receipt this Period  
100.00

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

Mailing Address 455 Reynolds Mill Rd.

City State Zip Code  
York PA 17403

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

Name of Employer Wilmac Corp      Occupation President/CEO

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3050.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

**Transaction ID:** C1136416

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **300.00**

**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 / 67  
(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) Richard Mendlen		Date of Receipt MM / DD / YYYY 10 / 19 / 2010
Mailing Address 2151 Calle Poco		<b>Transaction ID:</b> C1132313
City San Diego	State CA	Zip Code 92019
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Kennon S. Shea & Associates	Occupation COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2100.00	

**B.**

Full Name (Last, First, Middle Initial) Arlene Miles		Date of Receipt MM / DD / YYYY 10 / 28 / 2010
Mailing Address 6061 South Brook Valley		<b>Transaction ID:</b> C1136441
City Centennial	State CO	Zip Code 80121-3103
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Colorado Health Care Association	Occupation State Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

**C.**

Full Name (Last, First, Middle Initial) Julie Mitchell		Date of Receipt MM / DD / YYYY 10 / 19 / 2010
Mailing Address 618 Crescent Blvd, Suite 203		<b>Transaction ID:</b> C1132492
City Ridgeland	State MS	Zip Code 39157
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Mitchell Day Health Law Firm	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>300.00</b>
<b>TOTAL</b> 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 / 67  
(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) Van Moore		Date of Receipt MM / DD / YYYY 10 / 20 / 2010
Mailing Address 3155 River Rd S		<b>Transaction ID:</b> C1131592
City Salem	State OR	Zip Code 97302-9819
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Westcare Management, Inc.	Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

**B.**

Full Name (Last, First, Middle Initial) Cynthia Klisz Morton		Date of Receipt MM / DD / YYYY 10 / 28 / 2010
Mailing Address 4609 Overbrook Road		<b>Transaction ID:</b> C1136447
City Bethesda	State MD	Zip Code 20816
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer NASL	Occupation EVP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1290.66	

**C.**

Full Name (Last, First, Middle Initial) Steve Mulder		Date of Receipt MM / DD / YYYY 10 / 25 / 2010
Mailing Address 7300 Del Pardo Street		<b>Transaction ID:</b> C1136538
City Boca Raton	State FL	Zip Code 33433
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Whitehall Boca	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>300.00</b>
<b>TOTAL</b> 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 / 67  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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)  
Dennis Murray

Mailing Address 232 W Rockwell Ave

City Soldotna State AK Zip Code 99669-7411

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

Name of Employer Heritage Place Occupation Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 25 / 2010  
**Transaction ID: C1136614**  
Amount of Each Receipt this Period: 250.00

**B.**

Full Name (Last, First, Middle Initial)  
Rocky Nelson

Mailing Address 28220 Cedar Crk

City Platte State SD Zip Code 57369-6436

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 ▼ 274.00

Date of Receipt: 10 / 20 / 2010  
**Transaction ID: C1136506**  
Amount of Each Receipt this Period: 274.00

**C.**

Full Name (Last, First, Middle Initial)  
Michael A Newton

Mailing Address 6937 Warfield Avenue

City Sykesville State MD Zip Code 21784

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

Name of Employer Nexion Health Occupation Director of Human Resources

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: 10 / 19 / 2010  
**Transaction ID: C1132493**  
Amount of Each Receipt this Period: 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 624.00

**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 / 67

(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)

Michael A Newton

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 Director of Human Resources

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1200.00

Date of Receipt

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

Transaction ID: C1136419

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Francesca Fierro O'Reilly

Mailing Address 4005 Nellie Custis Dr

City State Zip Code  
Arlington VA 22207-5107

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

Name of Employer Occupation  
AHCA Sr. Director of Congressional Affairs

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 560.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: C1136645

Amount of Each Receipt this Period

100.00

**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  
AHCA Sr. Director of Congressional Affairs

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 560.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: C1136662

Amount of Each Receipt this Period

20.00

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

220.00

**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 / 67

(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)

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  
AHCA Sr. Director of Congressional Affairs

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 560.00

Date of Receipt

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

Transaction ID: C1136765

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Mary Ousley

Mailing Address 101 Bittersweet Drive

City State Zip Code  
Richmond KY 40475-8639

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

Name of Employer Occupation  
PMD Corp Consultant

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 2100.00

Date of Receipt

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

Transaction ID: C1136503

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Julie Painter

Mailing Address 3614 Connecticut Ave NW  
Apt 22

City State Zip Code  
Washington DC 20008-2436

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

Name of Employer Occupation  
AHCA Senior Director of Constituency Affair

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 265.38

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: C1136664

Amount of Each Receipt this Period

11.54

**SUBTOTAL** of Receipts This Page (optional) .....

1031.54

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 67

(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)

Julie Painter

Mailing Address 3614 Connecticut Ave NW  
Apt 22

City State Zip Code  
Washington DC 20008-2436

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

Name of Employer Occupation  
AHCA Senior Director of Constituency Affair

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 265.38

Date of Receipt

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

Transaction ID: C1136766

Amount of Each Receipt this Period

11.54

**B.**

Full Name (Last, First, Middle Initial)

Lassie Pappas

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, Inc. Director of Finance

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 210.00

Date of Receipt

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

Transaction ID: C1130734

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mark Parkinson

Mailing Address 10590 S Glenview Ln

City State Zip Code  
Olathe KS 66061-7426

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

Name of Employer Occupation  
State of Kansas Governor

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

Date of Receipt

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

Transaction ID: C1136398

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1111.54

**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 / 67

(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)  
Shelly Peterson

Mailing Address 6420 Fox Meadow Dr

City State Zip Code  
Bismarck ND 58503

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

Name of Employer Occupation  
North Dakota LTC Associat- President  
ion

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

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: C1136631

Amount of Each Receipt this Period  
200.00

**B.**

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

Mailing Address 1503 South Main Street

City State Zip Code  
Phillipsburg NJ 08865

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

Name of Employer Occupation  
Care Perspectives Inc. President

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 5200.00

Date of Receipt

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

Transaction ID: C1130685

Amount of Each Receipt this Period  
200.00

**C.**

Full Name (Last, First, Middle Initial)  
Richard Rau

Mailing Address 3876 S. Oakbrook Dr.

City State Zip Code  
Greenfield WI 53228-2140

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

Name of Employer Occupation  
Clement Manor Inc. CEO

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

Date of Receipt

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

Transaction ID: C1130697

Amount of Each Receipt this Period  
200.00

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

600.00

**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 40 / 67

(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)

Richard Rau

Mailing Address 3876 S. Oakbrook Dr.

City State Zip Code  
Greenfield WI 53228-2140

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

Name of Employer Occupation  
Clement Manor Inc. CEO

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

Date of Receipt

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

Transaction ID: C1131562

Amount of Each Receipt this Period  
137.50

**B.**

Full Name (Last, First, Middle Initial)

Stephen Reissman

Mailing Address 5120 W 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 President/CEO

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

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: C1131545

Amount of Each Receipt this Period  
3750.00

**C.**

Full Name (Last, First, Middle Initial)

Bruce Rodgers

Mailing Address 4721 Providence Rd.

City State Zip Code  
Pine Bluff AR 71603

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

Name of Employer Occupation  
Peachtree Menä owner

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 720.00

Date of Receipt

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

Transaction ID: C1132308

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) .....

3987.50

**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: PAGE 41 / 67  
(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) Bruce Rodgers		Date of Receipt MM / DD / YYYY 10 / 20 / 2010
Mailing Address 4721 Providence Rd.		<b>Transaction ID:</b> C1136507
City Pine Bluff	State AR	Zip Code 71603
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Peachtree Mena	Occupation owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	

**B.**

Full Name (Last, First, Middle Initial) Robert Rotolo		Date of Receipt MM / DD / YYYY 10 / 20 / 2010
Mailing Address 529 Pear Orchard Suite C		<b>Transaction ID:</b> C1136502
City Ridgeland	State MS	Zip Code 39157
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2000.00
Name of Employer Harahan Guest House	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3100.00	

**C.**

Full Name (Last, First, Middle Initial) Robert Rotolo		Date of Receipt MM / DD / YYYY 10 / 25 / 2010
Mailing Address 529 Pear Orchard Suite C		<b>Transaction ID:</b> C1136648
City Ridgeland	State MS	Zip Code 39157
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Harahan Guest House	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3100.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	3500.00
<b>TOTAL</b> 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 / 67

(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)  
Shelley Sabo

Mailing Address 6360 Tisbury Dr  
PAYROLL DEDUCTION

City State Zip Code  
Burke VA 22015-4061

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

Name of Employer Occupation  
NCAL Director Assisted Living

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: C1136669

Amount of Each Receipt this Period  
10.00

**B.**

Full Name (Last, First, Middle Initial)  
Shelley Sabo

Mailing Address 6360 Tisbury Dr  
PAYROLL DEDUCTION

City State Zip Code  
Burke VA 22015-4061

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

Name of Employer Occupation  
NCAL Director Assisted Living

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 230.00

Date of Receipt

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

Transaction ID: C1136769

Amount of Each Receipt this Period  
10.00

**C.**

Full Name (Last, First, Middle Initial)  
Cathy Schmidt

Mailing Address 2500 Valley View Heights

City State Zip Code  
Bismarck ND 58501

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

Name of Employer Occupation  
Valley View Heights Director

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 228.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: C1136634

Amount of Each Receipt this Period  
200.00

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

220.00

**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 / 67  
(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) Mark Schryver		Date of Receipt MM / DD / YYYY 10 / 19 / 2010
Mailing Address 12075 E 45th Ave Ste 600		<b>Transaction ID:</b> C1133226
City Denver	State CO	Zip Code 80239-3136
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Schryver Medical	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**B.**

Full Name (Last, First, Middle Initial) Mark Schryver		Date of Receipt MM / DD / YYYY 10 / 25 / 2010
Mailing Address 12075 E 45th Ave Ste 600		<b>Transaction ID:</b> C1136531
City Denver	State CO	Zip Code 80239-3136
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Schryver Medical	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**C.**

Full Name (Last, First, Middle Initial) Linda Sechovec		Date of Receipt MM / DD / YYYY 10 / 19 / 2010
Mailing Address New Mexico Health Care Association 2329 Wisconsin Street NE		<b>Transaction ID:</b> C1133220
City Albuquerque	State NM	Zip Code 87110
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer New Mexico Health Care As- sociation	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	500.00
<b>TOTAL</b> 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 44 / 67  
(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)  
Linda Sechovec

Mailing Address New Mexico Health Care Association  
2329 Wisconsin Street NE

City Albuquerque State NM Zip Code 87110

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

Name of Employer New Mexico Health Care Association Occupation Executive Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt 10 / 25 / 2010  
Transaction ID: C1136641  
Amount of Each Receipt this Period 100.00

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

Mailing Address 210 Jolie Way

City Mena State AR Zip Code 71953

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

Name of Employer N/A Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 751.00

Date of Receipt 10 / 19 / 2010  
Transaction ID: C1132315  
Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
Barbara Shepard

Mailing Address 210 Jolie Way

City Mena State AR Zip Code 71953

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

Name of Employer N/A Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 751.00

Date of Receipt 10 / 20 / 2010  
Transaction ID: C1136515  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 450.00

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

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

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

FOR LINE NUMBER: PAGE 45 / 67  
(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)  
Barbara Shepard  
Mailing Address 210 Jolie Way  
City Mena State AR Zip Code 71953  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Homemaker  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 751.00  
Date of Receipt 10 / 25 / 2010  
Transaction ID: C1136624  
Amount of Each Receipt this Period 300.00

**B.** Full Name (Last, First, Middle Initial)  
Laurie Shepard  
Mailing Address 6429 Earlington Lane  
City Lansing State MI Zip Code 48917  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Ingham Regional Assisted Living Occupation Managing Partner  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 201.00  
Date of Receipt 10 / 28 / 2010  
Transaction ID: C1136421  
Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
Michael Shepard  
Mailing Address PO Box 125  
City Mena State AR Zip Code 71953  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Shepard Group Occupation President  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00  
Date of Receipt 10 / 20 / 2010  
Transaction ID: C1136516  
Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1400.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 67
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Jennifer Shimer	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 1 0
	Mailing Address 9507 Shelly Krasnow Ln	<b>Transaction ID:</b> C1136671
	City State Zip Code Fairfax VA 22031-4720	Amount of Each Receipt this Period 11.54
	FEC ID number of contributing federal political committee. C	
	Name of Employer AHCA Occupation COO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 265.38	

<b>B.</b>	Full Name (Last, First, Middle Initial) Jennifer Shimer	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 1 0
	Mailing Address 9507 Shelly Krasnow Ln	<b>Transaction ID:</b> C1136770
	City State Zip Code Fairfax VA 22031-4720	Amount of Each Receipt this Period 11.54
	FEC ID number of contributing federal political committee. C	
	Name of Employer AHCA Occupation COO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 265.38	

<b>C.</b>	Full Name (Last, First, Middle Initial) Carole Smith	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 1 0
	Mailing Address 6487 Amarillo Lane	<b>Transaction ID:</b> C1136517
	City State Zip Code Boca Raton FL 33433	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Whitehall Boca Raton Occupation Director of Finance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 211.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	123.08
<b>TOTAL</b> 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 47 / 67

(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Matthew D. Smyth		Date of Receipt MM / DD / YYYY 10 / 25 / 2010		
	Mailing Address 2405 I St NW		<b>Transaction ID:</b> C1136672		
	City Washington	State DC	Zip Code 20037-2206	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 442.28			

<b>B.</b>	Full Name (Last, First, Middle Initial) Matthew D. Smyth		Date of Receipt MM / DD / YYYY 10 / 29 / 2010		
	Mailing Address 2405 I St NW		<b>Transaction ID:</b> C1136771		
	City Washington	State DC	Zip Code 20037-2206	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 442.28			

<b>C.</b>	Full Name (Last, First, Middle Initial) J. Craig Souza		Date of Receipt MM / DD / YYYY 10 / 19 / 2010		
	Mailing Address 5109 Bur Oak Cir		<b>Transaction ID:</b> C1133223		
	City Raleigh	State NC	Zip Code 27612-3101	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer North Carolina Health Care Facilities		Occupation Executive Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1200.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	138.48
<b>TOTAL</b> 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 48 / 67  
(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)  
Don Sowell

Mailing Address 5902 Ancient Oaks Dr

City State Zip Code  
Humble TX 77346

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

Name of Employer Occupation  
Nexion Health Regional Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

**Transaction ID:** C1130949

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Don Sowell

Mailing Address 5902 Ancient Oaks Dr

City State Zip Code  
Humble TX 77346

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

Name of Employer Occupation  
Nexion Health Regional Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

**Transaction ID:** C1136431

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Jeffrey Steggerda

Mailing Address 6750 Westown Pkwy

City State Zip Code  
West Des Moines IA 50266-7726

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

Name of Employer Occupation  
Iowa Health Care Association Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

**Transaction ID:** C1130905

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **400.00**

**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 49 / 67  
(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)  
Jeffrey Steggerda

Mailing Address 6750 Westown Pkwy

City State Zip Code  
West Des Moines IA 50266-7726

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

Name of Employer Occupation  
Iowa Health Care Association Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

**Transaction ID:** C1136432

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Martin Stott

Mailing Address PO Box 945

City State Zip Code  
Clinton LA 70722-0945

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

Name of Employer Occupation  
Diversified Health Care Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 1 5 / 2 0 1 0

**Transaction ID:** C1145406

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Muoi Tran

Mailing Address 204 W Nash St

City State Zip Code  
Terrell TX 75160-2607

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

Name of Employer Occupation  
Terrell Healthcare Center Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

**Transaction ID:** C1136448

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **450.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 67  
(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) Peter Van Runkle		Date of Receipt MM / DD / YYYY 10 / 28 / 2010
Mailing Address 7460 Tottenham Pl		<b>Transaction ID:</b> C1136439
City New Albany	State OH	Zip Code 43054-9443
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Ohio Health Care Association	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

**B.**

Full Name (Last, First, Middle Initial) Jack Vetter		Date of Receipt MM / DD / YYYY 10 / 22 / 2010
Mailing Address 20220 Harney Street		<b>Transaction ID:</b> C1136457
City Elkhorn	State NE	Zip Code 68022
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1250.00
Name of Employer Vetter Health Services	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

**C.**

Full Name (Last, First, Middle Initial) Yrene Waldron		Date of Receipt MM / DD / YYYY 10 / 28 / 2010
Mailing Address 726 Loveville Road		<b>Transaction ID:</b> C1136440
City Hockessin	State DE	Zip Code 19707-1536
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Delaware Health Care Facilities Associ	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1450.00
<b>TOTAL</b> 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 51 / 67

(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)

Brett Waters

Mailing Address 2416 Mesa St.

City State Zip Code  
Idaho Falls ID 83401

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

Name of Employer Occupation  
New Beginnings Community Administrator  
Living Home

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 400.00

Date of Receipt

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

Transaction ID: C1130691

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Brett Waters

Mailing Address 2416 Mesa St.

City State Zip Code  
Idaho Falls ID 83401

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

Name of Employer Occupation  
New Beginnings Community Administrator  
Living Home

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: C1136609

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Marilyn K. Weber

Mailing Address PO Box 386

City State Zip Code  
Wellington OH 44090

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

Name of Employer Occupation  
Weber Health Care Center, Superintendent  
Inc.

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1050.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: C1136534

Amount of Each Receipt this Period

100.00

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

250.00

**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 52 / 67  
(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)  
Robert Wehner

Mailing Address 5155 North High Street

City Columbus State OH Zip Code 43214

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

Name of Employer Wesley Glen Occupation Chief Financial Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 618.75

Date of Receipt 11 / 03 / 2010

Transaction ID: C1140720

Amount of Each Receipt this Period 137.50

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

Mailing Address 7442 Stonegate Blvd.

City Parkland State FL Zip Code 33076

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

Name of Employer NuVision Management Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 22 / 2010

Transaction ID: C1136449

Amount of Each Receipt this Period 1250.00

**C.** Full Name (Last, First, Middle Initial)  
Kristin West Kemper

Mailing Address 10890 Prospect Road

City Strongsville State OH Zip Code 44149

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

Name of Employer Kemper Company Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 10 / 20 / 2010

Transaction ID: C1130717

Amount of Each Receipt this Period 200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1587.50

**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: PAGE 53 / 67  
(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)  
Nile Whitney

Mailing Address 4700 Village Green Drive

City State Zip Code  
El Dorado Hills CA 95762

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

Name of Employer Occupation  
Medline Industries LTC Sales

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
10 / 19 / 2010

**Transaction ID:** C1132304

Amount of Each Receipt this Period  
25.00

**B.**

Full Name (Last, First, Middle Initial)  
Nile Whitney

Mailing Address 4700 Village Green Drive

City State Zip Code  
El Dorado Hills CA 95762

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

Name of Employer Occupation  
Medline Industries LTC Sales

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
11 / 22 / 2010

**Transaction ID:** C1147928

Amount of Each Receipt this Period  
25.00

**C.**

Full Name (Last, First, Middle Initial)  
Cathy Williams

Mailing Address 826 W Desmond Street

City State Zip Code  
Winslow AZ 86047-2321

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

Name of Employer Occupation  
Winslow Campus of Care COO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2300.00

Date of Receipt  
MM / DD / YYYY  
10 / 20 / 2010

**Transaction ID:** C1130858

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **150.00**

**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 54 / 67
	(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) Cathy Williams		Date of Receipt
Mailing Address 826 W Desmond Street		<input type="text" value="10"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
City	State	Zip Code
Winslow	AZ	86047-2321
FEC ID number of contributing federal political committee.		Transaction ID: C1136647
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1100.00"/>
Name of Employer Winslow Campus of Care	Occupation COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="2300.00"/>	

**B.**

Full Name (Last, First, Middle Initial) Mark Woolpert		Date of Receipt
Mailing Address 200 S 13th St Ste 205		<input type="text" value="10"/> / <input type="text" value="18"/> / <input type="text" value="2010"/>
City	State	Zip Code
Grover Beach	CA	93433-2263
FEC ID number of contributing federal political committee.		Transaction ID: C1132299
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="5000.00"/>
Name of Employer Compass Health Care	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="5000.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="6100.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="45799.95"/>

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

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

FOR LINE NUMBER: PAGE 55 / 67  
(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)  
Castle Campaign Fund

Mailing Address PO Box 133

City State Zip Code  
Wilmington DE 19899

FEC ID number of contributing federal political committee. **C** C00254938

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

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

**Transaction ID:** C1133215

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
FRIENDS OF JOHN BOEHNER

Mailing Address 7908-I2 Cincinnati Dayton Road

City State Zip Code  
West Chester OH 45069

FEC ID number of contributing federal political committee. **C** C00237198

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

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

**Transaction ID:** C1153617

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
JOHN SPRATT FOR CONGRESS COMMITTEE

Mailing Address POST OFFICE BOX 10986

City State Zip Code  
ROCK HILL SC 29731

FEC ID number of contributing federal political committee. **C** C00155796

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

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

**Transaction ID:** C1153791

Amount of Each Receipt this Period  
2500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **10000.00**

**TOTAL** This Period (last page this line number only) ..... ► **10000.00**

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

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

FOR LINE NUMBER:  
(check only one)

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

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) KINZINGER FOR CONGRESS	Transaction ID: D108436 Date of Disbursement 10 / 20 / 2010
	Mailing Address PO Box 1050	Amount of Each Disbursement this Period 2500.00
	City Bourbonnais State IL Zip Code 60914-7050	
	Purpose of Disbursement Contributions to Federal Candidates	Category/Type
	Candidate Name Adam Kinzinger	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 11	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) KINZINGER FOR CONGRESS	Transaction ID: D108437 Date of Disbursement 10 / 20 / 2010
	Mailing Address PO Box 1050	Amount of Each Disbursement this Period 500.00
	City Bourbonnais State IL Zip Code 60914-7050	
	Purpose of Disbursement Contributions to Federal Candidates	Category/Type
	Candidate Name Adam Kinzinger	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 11	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) KINZINGER FOR CONGRESS	Transaction ID: D108438 Date of Disbursement 10 / 20 / 2010
	Mailing Address PO Box 1050	Amount of Each Disbursement this Period 2000.00
	City Bourbonnais State IL Zip Code 60914-7050	
	Purpose of Disbursement Contributions to Federal Candidates	Category/Type
	Candidate Name Adam Kinzinger	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 11	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5000.00
<b>TOTAL</b> 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 57 / 67

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

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>BATTLE BORN POLITICAL ACTION COMMITTEE</b></p> <p>Mailing Address PO Box 40366 Suite 300</p> <p>City Washington State DC Zip Code 20016</p> <p>Purpose of Disbursement Contributions to Federal Committees</p> <p>Candidate Name</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><b>Transaction ID:</b> D108423 <b>Date of Disbursement</b> 10 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>QUAYLE FOR CONGRESS</b></p> <p>Mailing Address 4247 N 44th St</p> <p>City Phoenix State AZ Zip Code 85018-4218</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Ben Quayle</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 03</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D108447 <b>Date of Disbursement</b> 10 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>BILLY LONG FOR CONGRESS</b></p> <p>Mailing Address 1675 E Seminole St Ste F</p> <p>City Springfield State MO Zip Code 65804-2454</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Billy Long</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 07</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D108421 <b>Date of Disbursement</b> 10 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

8500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 58 / 67

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

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

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

A.	Full Name (Last, First, Middle Initial) DEBICELLA FOR CONGRESS			Transaction ID: D108872 Date of Disbursement																					
	Mailing Address 1 Lazy Brook Rd			<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>1</td><td>0</td><td>/</td><td>2</td><td>8</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	8	/	2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y															
	1	0	/	2	8	/	2	0	1	0															
City Shelton		State CT	Zip Code 06484-3460		Amount of Each Disbursement this Period																				
Purpose of Disbursement Contributions to Federal Candidates		Candidate Name Dan Debicella		<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>		1000.00																			
1000.00																									
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/ Type																					
State: CT District: 04																									

B.	Full Name (Last, First, Middle Initial) BENISHEK FOR CONGRESS			Transaction ID: D108442 Date of Disbursement																					
	Mailing Address 802 Pentoga Trail			<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>1</td><td>0</td><td>/</td><td>2</td><td>0</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	0	/	2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y															
	1	0	/	2	0	/	2	0	1	0															
City Crystal Falls		State MI	Zip Code 49920		Amount of Each Disbursement this Period																				
Purpose of Disbursement Contributions to Federal Candidates		Candidate Name Daniel Benishek		<table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>		5000.00																			
5000.00																									
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/ Type																					
State: MI District: 01																									

C.	Full Name (Last, First, Middle Initial) Friends of Dennis Ross			Transaction ID: D108430 Date of Disbursement																					
	Mailing Address PO Box 7310			<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>1</td><td>0</td><td>/</td><td>2</td><td>0</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	0	/	2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y															
	1	0	/	2	0	/	2	0	1	0															
City Lakeland		State FL	Zip Code 33807-7310		Amount of Each Disbursement this Period																				
Purpose of Disbursement Contributions to Federal Candidates		Candidate Name Dennis Alan Ross		<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>		2500.00																			
2500.00																									
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/ Type																					
State: FL District: 12																									

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 59 / 67

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

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

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

A.	Full Name (Last, First, Middle Initial) DIRIGO PAC	Transaction ID: D108690 Date of Disbursement 10 / 22 / 2010
	Mailing Address PO Box 1355	Amount of Each Disbursement this Period 2000.00
	City Alexandria State VA Zip Code 22313	
	Purpose of Disbursement Contributions to Federal Committees	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) DOC PAC	Transaction ID: D109097 Date of Disbursement 11 / 19 / 2010
	Mailing Address 337 S. Milledge Avenue Ste. 101	Amount of Each Disbursement this Period 1000.00
	City Athens State GA Zip Code 30605	
	Purpose of Disbursement Contributions to Federal PACs	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) McDowell for Congress	Transaction ID: D108425 Date of Disbursement 10 / 20 / 2010
	Mailing Address PO Box 913	Amount of Each Disbursement this Period 1000.00
	City Sault Sainte Marie State MI Zip Code 49783-0913	
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Gary McDowell	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4000.00
<b>TOTAL</b> 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 60 / 67

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

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) JOHN S FUND</p> <p>Mailing Address PO Box 853</p> <p>City Edwardsville State IL Zip Code 62025</p> <p>Purpose of Disbursement Contributions to Federal PACs</p> <p>Candidate Name</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><b>Transaction ID:</b> D109096 <b>Date of Disbursement</b> 11 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 3000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) LONGLEAF PINE PAC</p> <p>Mailing Address 703 GREEN VALLEY ROAD SUITE 201</p> <p>City Greensboro State NC Zip Code 27408</p> <p>Purpose of Disbursement Contributions to Federal PACs</p> <p>Candidate Name</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><b>Transaction ID:</b> D109100 <b>Date of Disbursement</b> 11 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) STUTZMAN FOR CONGRESS</p> <p>Mailing Address 250 W 600 N</p> <p>City Howe State IN Zip Code 46746-9476</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Marlin Stutzman</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 03</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D108456 <b>Date of Disbursement</b> 10 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

13000.00

**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

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) Pompeo for Congress Inc	Transaction ID: D108466 Date of Disbursement
	Mailing Address PO Box 780146	<input type="text" value="10"/> <input type="text" value="0"/> / <input type="text" value="20"/> <input type="text" value="0"/> / <input type="text" value="20"/> <input type="text" value="10"/> <input type="text" value="0"/>
	City Wichita State KS Zip Code 67212	Amount of Each Disbursement this Period
	Purpose of Disbursement Contributions to Federal Candidates	<input type="text" value="5000.00"/>
	Candidate Name Michael Pompeo	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 04	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FRIENDS OF NAN HAYWORTH	Transaction ID: D108439 Date of Disbursement
	Mailing Address 51 Gleneida Ave	<input type="text" value="10"/> <input type="text" value="0"/> / <input type="text" value="20"/> <input type="text" value="0"/> / <input type="text" value="20"/> <input type="text" value="10"/> <input type="text" value="0"/>
	City Carmel State NY Zip Code 10512-1209	Amount of Each Disbursement this Period
	Purpose of Disbursement Contributions to Federal Candidates	<input type="text" value="2500.00"/>
	Candidate Name Nan Hayworth	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 19	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) OCPAC	Transaction ID: D109099 Date of Disbursement
	Mailing Address 976 Pacific Avenue	<input type="text" value="11"/> <input type="text" value="0"/> / <input type="text" value="19"/> <input type="text" value="0"/> / <input type="text" value="20"/> <input type="text" value="10"/> <input type="text" value="0"/>
	City Willows State CA Zip Code 95988	Amount of Each Disbursement this Period
	Purpose of Disbursement Contributions to Federal PACs	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="8500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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) Pat Meehan for Congress	Transaction ID: D108429 Date of Disbursement 10 / 20 / 2010
	Mailing Address PO Box 308	Amount of Each Disbursement this Period 2500.00
	City Media State PA Zip Code 19063-0308	
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Pat Meehan	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: PA District: 07	

B.	Full Name (Last, First, Middle Initial) FRIENDS OF WEINER	Transaction ID: D108686 Date of Disbursement 10 / 22 / 2010
	Mailing Address 1 Ascan Avenue #31	Amount of Each Disbursement this Period 1000.00
	City Forest Hills State NY Zip Code 11375	
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Anthony D. Weiner	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: NY District: 09	

C.	Full Name (Last, First, Middle Initial) BEN CHANDLER FOR CONGRESS	Transaction ID: D108743 Date of Disbursement 10 / 26 / 2010
	Mailing Address P. O. Box 12678	Amount of Each Disbursement this Period 1000.00
	City Lexington State KY Zip Code 40508	
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Ben Chandler	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: KY District: 06	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	4500.00
<b>TOTAL</b> 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 63 / 67

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

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

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

A.	Full Name (Last, First, Middle Initial) <b>BRIGHT FOR CONGRESS.COM</b>	<b>Transaction ID:</b> D108460
	Mailing Address P.O.Box 2106	Date of Disbursement 10 / 20 / 2010
	City Montgomery State AL Zip Code 36102	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Bobby Bright	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) <b>BRALEY FOR CONGRESS</b>	<b>Transaction ID:</b> D108461
	Mailing Address PO Box 390	Date of Disbursement 10 / 20 / 2010
	City Waterloo State IA Zip Code 50704	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Bruce L. Braley	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) <b>FRIENDS OF DAN MAFFEI</b>	<b>Transaction ID:</b> D108457
	Mailing Address PO Box 74	Date of Disbursement 10 / 20 / 2010
	City Syracuse State NY Zip Code 13214	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Dan B. Maffei	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 25	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4000.00</b>
<b>TOTAL</b> 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

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)  
PETERS FOR CONGRESS

Mailing Address PO BOX 226

City BLOOMFIELD HILLS State MI Zip Code 48303

Purpose of Disbursement  
Contributions to Federal Candidates

Candidate Name  
Rep. Gary C. Peters

Office Sought:  House  
 Senate  
 President  
State: MI District: 09

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: D108427

Date of Disbursement

10 / 20 / 2010

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)  
FRIENDS OF JIM CLYBURN

Mailing Address Post Office Box 12567

City Columbia State SC Zip Code 29211

Purpose of Disbursement  
Contributions to Federal Candidates

Candidate Name  
Rep. James Clyburn

Office Sought:  House  
 Senate  
 President  
State: SC District: 06

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: D108434

Date of Disbursement

10 / 20 / 2010

Amount of Each Disbursement this Period

500.00

C.

Full Name (Last, First, Middle Initial)  
JIM JORDAN FOR CONGRESS

Mailing Address 1709 State Route 560 South

City Urbana State OH Zip Code 43078

Purpose of Disbursement  
Contributions to Federal Candidates

Candidate Name  
Rep. Jim Jordan

Office Sought:  House  
 Senate  
 President  
State: OH District: 04

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: D108308

Date of Disbursement

10 / 21 / 2010

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) .....

3500.00

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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) <b>MIKE ROSS FOR CONGRESS COMMITTEE</b>	<b>Transaction ID:</b> D108424
	Mailing Address PO Box 360	Date of Disbursement 10 / 20 / 2010
	City Prescott State AR Zip Code 71857	Amount of Each Disbursement this Period 3000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Mike Ross	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 04	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) <b>NITA LOWEY FOR CONGRESS</b>	<b>Transaction ID:</b> D108685
	Mailing Address PO Box 271	Date of Disbursement 10 / 22 / 2010
	City White Plains State NY Zip Code 10605	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Nita M. Lowey	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 18	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) <b>REPUBLICAN MAJORITY FUND</b>	<b>Transaction ID:</b> D109095
	Mailing Address PO Box 144 Suite 300	Date of Disbursement 11 / 19 / 2010
	City Alexandria State VA Zip Code 22313	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contributions to Federal PACs	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>5000.00</b>
<b>TOTAL</b> 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

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>FRIENDS OF RICH NUGENT</b></p> <p>Mailing Address PO Box 15668</p> <p>City Brooksville State FL Zip Code 34604-0122</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Richard Nugent</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: FL District: 05</p>	<p><b>Transaction ID:</b> D108478</p> <p>Date of Disbursement 10 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>ROB WOODALL FOR CONGRESS</b></p> <p>Mailing Address PO Box 1871</p> <p>City Lawrenceville State GA Zip Code 30046-1871</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rob Woodall</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: GA District: 07</p>	<p><b>Transaction ID:</b> D108445</p> <p>Date of Disbursement 10 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>RYAN FRAZIER FOR COLORADO</b></p> <p>Mailing Address Po Box 140182</p> <p>City Edgewater State CO Zip Code 80214</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Ryan Frazier</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CO District: 07</p>	<p><b>Transaction ID:</b> D108431</p> <p>Date of Disbursement 10 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>7000.00</b>
<b>TOTAL</b> 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

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) <b>RYAN FRAZIER FOR COLORADO</b>	<b>Transaction ID:</b> D108432
	Mailing Address Po Box 140182	Date of Disbursement 10 / 20 / 2010
	City Edgewater State CO Zip Code 80214	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Ryan Frazier	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: CO District: 07	

B.	Full Name (Last, First, Middle Initial) <b>Come Back PAC</b>	<b>Transaction ID:</b> D109098
	Mailing Address PO Box 2485	Date of Disbursement 11 / 19 / 2010
	City Springfield State VA Zip Code 22152	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contributions to Federal Committees	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) <b>THE BILL KEATING COMMITTEE</b>	<b>Transaction ID:</b> D108462
	Mailing Address PO Box 690353	Date of Disbursement 10 / 20 / 2010
	City Quincy State MA Zip Code 02269-0353	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name William Keating	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: MA District: 10	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>7400.00</b>