

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 Washington DC 20005 Check if different than previously reported. (ACC)

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

5. Covering Period 05 01 2007 through 05 31 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Robert Van Dyk

Signature of Treasurer Electronically Filed by Robert Van Dyk Date 06 20 2007

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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

Report Covering the Period: From: 

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		140530.01
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	111012.29									
(c) Total Receipts (from Line 19) .....	112870.60	294364.26								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	223882.89	434894.27								
7. Total Disbursements (from Line 31) .....	68052.23	279063.61								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	155830.66	155830.66								
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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

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

Report Covering the Period: From: 

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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	104981.42	275845.61
(i) Itemized (use Schedule A) .....	4889.18	15518.65
(ii) Unitemized .....	109870.60	291364.26
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	109870.60	291364.26
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) .....	-1000.00	-1000.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	4000.00	4000.00
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)) .....	112870.60	294364.26
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	112870.60	294364.26

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

<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.....	1252.23	3863.61
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	1252.23	3863.61
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	66800.00	275200.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	68052.23	279063.61
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	68052.23	279063.61

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	109870.60	291364.26
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	109870.60	291364.26
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1252.23	3863.61
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	-1000.00	-1000.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	2252.23	4863.61

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A.** Full Name (Last, First, Middle Initial)  
Kelley C. Roberson

Mailing Address 3675 Kilauea Ave.

City Honolulu State HI Zip Code 96816-2398

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

Name of Employer Hawaii Health Systems Occupation COO & CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 5 / 0 2 / 2 0 0 7

**Transaction ID:** 25879997

Amount of Each Receipt this Period  
 300.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Cynthia Klisz Morton

Mailing Address 4609 Overbrook Road

City Bethesda State MD Zip Code 20816-1742

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

Name of Employer AHCA Occupation Sr. Director of Cong. Relations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 5 / 0 2 / 2 0 0 7

**Transaction ID:** 25880520

Amount of Each Receipt this Period  
 100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Rick Miller

Mailing Address 25117 SW Parkway Suite F

City Wilsonville State OR Zip Code 97070-9697

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

Name of Employer Avamere Health Services, NC Occupation President & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 5 / 0 4 / 2 0 0 7

**Transaction ID:** 25895707

Amount of Each Receipt this Period  
 1250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1650.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Ms. Michaela Miller

Mailing Address 20023 SW Corrine Street

City State Zip Code  
Beaverton OR 97007-8637

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

Name of Employer Occupation  
Avamere Health Services Shareholder

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

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 0 4 / 2 0 0 7

**Transaction ID: 25895723**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Frank Romano

Mailing Address 57 Summer St.

City State Zip Code  
Rowley MA 01969-1835

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

Name of Employer Occupation  
Essex Group CEO

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

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 0 4 / 2 0 0 7

**Transaction ID: 25895725**

Amount of Each Receipt this Period  
1250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Charles Perry

Mailing Address 2912 W. Oakley Blvd.

City State Zip Code  
Las Vegas NV 89102-2081

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

Name of Employer Occupation  
Nevada Health Care Assn. Executive Director

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

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 0 4 / 2 0 0 7

**Transaction ID: 25895727**

Amount of Each Receipt this Period  
2500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>6250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

Full Name (Last, First, Middle Initial) <b>A.</b> Mr Timothy J Boyle		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 4 / 2 0 0 7
Mailing Address 4412 Applewood		<b>Transaction ID:</b> 25895730
City Sioux City	State IA	Zip Code 51106-3602
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1250.00
Name of Employer Care Center Mgmt Co	Occupation Chief Operating Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. James Gomez		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 4 / 2 0 0 7
Mailing Address 2201 K Street		<b>Transaction ID:</b> 25895732
City Sacramento	State CA	Zip Code 95816-4922
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer CA Association of Health Facilities	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Neil Pruitt, Jr.		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 4 / 2 0 0 7
Mailing Address P.O. Box 1210		<b>Transaction ID:</b> 25895736
City Toccoa	State GA	Zip Code 30577-1421
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1250.00
Name of Employer Pruitt Corporation	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Ms. Susan Chase

Mailing Address 5374 Long Shadow Ct.

City State Zip Code  
Westlake Village CA 91362-5223

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

Name of Employer Occupation  
The Chase Group Partner

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 2 / 2 0 0 7

**Transaction ID:** 25909411

Amount of Each Receipt this Period  
1250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr Phil Chase

Mailing Address 3075 E. Thousand Oaks Blvd.

City State Zip Code  
Thousand Oaks CA 91362-3453

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

Name of Employer Occupation  
The Chase Group Nursing Home Consult

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 2 / 2 0 0 7

**Transaction ID:** 25909413

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Elizabeth Casey

Mailing Address 3075 E. Thousand Oaks Blvd.

City State Zip Code  
Westlake Village CA 91362

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

Name of Employer Occupation  
The Chase Group Partner

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 2 / 2 0 0 7

**Transaction ID:** 25909414

Amount of Each Receipt this Period  
1250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b> Full Name (Last, First, Middle Initial) Ms Adele Wilzack		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 4 / 2 0 0 7	
Mailing Address 7060 Oakland Mills Road Suite M		<b>Transaction ID:</b> 25926935	
City State Zip Code Columbia MD 21046-1694		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Health Facilities Assn of MD Occupation Executive Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>B.</b> Full Name (Last, First, Middle Initial) John Barber		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 7 / 2 0 0 7	
Mailing Address PO Box 3347		<b>Transaction ID:</b> 25926939	
City State Zip Code Spartanburg SC 29302-4335		Amount of Each Receipt this Period 1250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer White Oak Manor Occupation Executive VP/CFO			
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) Mr Lee Marchant		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 7 / 2 0 0 7	
Mailing Address 3800 Gifford Road		<b>Transaction ID:</b> 25926940	
City State Zip Code Bloomington IN 47403-2612		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer LJM Enterprises Occupation President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

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

**A.** Full Name (Last, First, Middle Initial)  
Mr Travis Tomlinson

Mailing Address 513 E Whitaker Mill Rd

City Raleigh State NC Zip Code 27608-2699

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

Name of Employer Mayview Conv Home Inc Occupation Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
05 / 07 / 2007

Transaction ID: 25926941

Amount of Each Receipt this Period  
500.00

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

Mailing Address 7235 Whipple Ave. NW

City North Canton State OH Zip Code 44720-7137

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

Name of Employer Altercare Occupation Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
05 / 07 / 2007

Transaction ID: 25926942

Amount of Each Receipt this Period  
450.00

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

Mailing Address 7 Limestone Drive

City Williamsville State NY Zip Code 14221-7899

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

Name of Employer Elderwood Affiliates Inc Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
05 / 07 / 2007

Transaction ID: 25926950

Amount of Each Receipt this Period  
1250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2200.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Jim Birchem

Mailing Address 211 1 st Street SE

City State Zip Code  
Little Falls MN 56345-3064

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

Name of Employer Occupation  
Eldercare of Minneata President/CEO

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 9 / 2 0 0 7

Transaction ID: 25926964

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr Daniel Salmon

Mailing Address 85 Beaumont Dr

City State Zip Code  
Northbridge MA 01534-1093

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

Name of Employer Occupation  
Beaumont Nursing Home Administrator

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 9 / 2 0 0 7

Transaction ID: 25926967

Amount of Each Receipt this Period  
125.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Timothy F Nicholson

Mailing Address 304 Gilbert Road

City State Zip Code  
Dillsburg PA 17019-9511

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

Name of Employer Occupation  
Lyric Health Care President & CEO

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 9 / 2 0 0 7

Transaction ID: 25926970

Amount of Each Receipt this Period  
1250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1625.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Roberts Nelson		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 2 / 2 0 0 7
Mailing Address 3075 E. Thousand Oaks Blvd.		<b>Transaction ID:</b> 25927582
City State Zip Code Westlake Village CA 91362-3453	Amount of Each Receipt this Period 1250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer The Chase Group	Occupation Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Christopher J. Urban		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 4 / 2 0 0 7
Mailing Address PO Box 75		<b>Transaction ID:</b> 25927697
City State Zip Code Solana Beach CA 92075-0075	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Ambrose Capital	Occupation Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Kelley Schild		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 4 / 2 0 0 7
Mailing Address 47 NW 32nd Place		<b>Transaction ID:</b> 25927703
City State Zip Code Miami FL 33125-4914	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Floridean Nursing Home	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2450.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

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

Full Name (Last, First, Middle Initial) <b>A.</b> Ms Robin Hillier		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 7	
Mailing Address 4433 Pebble Creek Lane		<b>Transaction ID:</b> 25927713	
City State Zip Code Long Grove IL 60047-5283	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer RLH Consulting	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. David Sylvester		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 7	
Mailing Address 411 N. Dillard Street		<b>Transaction ID:</b> 25927715	
City State Zip Code Winter Garden FL 34787-2816	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Health Central Park	Occupation Sr. VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Don Gormly		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 7	
Mailing Address 1685 Shaffer		<b>Transaction ID:</b> 25927718	
City State Zip Code Atwater CA 95301-4456	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Anberry Rehab Hosp	Occupation Owner		
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) ..... ▶	7000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

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

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Darrell R. Cammack		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 4 / 2 0 0 7	
Mailing Address 9900 Walthen Blvd		Transaction ID: 25927720	
City State Zip Code Baltimore MD 21234-5785	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Quail Run Assisted Living	Occupation Owner, CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Mr Angelo S. Rotella		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 4 / 2 0 0 7	
Mailing Address 303 Rhodes Ave		Transaction ID: 25927724	
City State Zip Code Woonsocket RI 02895-2899	Amount of Each Receipt this Period 1250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Friendly Home Inc	Occupation President/Admin		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Gary Catlett		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 4 / 2 0 0 7	
Mailing Address 4 Wisteria Court		Transaction ID: 25927728	
City State Zip Code Spartanburg SC 29307-3513	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer White Oak Manor	Occupation Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

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

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Richard Herrick		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 7
Mailing Address 33 Elk St. #300		<b>Transaction ID:</b> 25927735
City State Zip Code Albany NY 12207-1073	Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer NYS Health Facilities Association	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms Alice Kim Lew		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 7
Mailing Address 58-130 Kam Hwy		<b>Transaction ID:</b> 25927740
City State Zip Code Haleiwa HI 96712-9714	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Crawford's Convalescent Home	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Brian Holloway		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 7
Mailing Address 1001 Center Street		<b>Transaction ID:</b> 25927743
City State Zip Code Little Egg Harbor NJ 08087-1364	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Seacrest Village	Occupation Owner/President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	875.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Cliff Coldren		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 4 / 2 0 0 7	
Mailing Address 1930 Cliff Side Dr.		<b>Transaction ID:</b> 25927745	
City STATE COLLEGE	State PA	Zip Code 16801-7694	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Brookline	Occupation Developer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Jesse Johnson, Jr.		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 4 / 2 0 0 7	
Mailing Address 1500 E. First St.		<b>Transaction ID:</b> 25927755	
City Newberg	State OR	Zip Code 97132	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Newberg Care Home	Occupation Administrator/Owner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Terry Schmoyer, Jr.CPA, Pr		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 4 / 2 0 0 7	
Mailing Address 1330 Lady Street, Ste. 507		<b>Transaction ID:</b> 25927769	
City Columbia	State SC	Zip Code 29201-3300	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Schmoyer & Co. ,LLC	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 60
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Ms Judith Dicker</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 7	
Mailing Address 182-15 Hillside Ave		<b>Transaction ID: 25927800</b>	
City State Zip Code Jamaica NY 11432-4853	Amount of Each Receipt this Period 1250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Hillside Manor	Occupation Executive Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00		

Full Name (Last, First, Middle Initial) <b>B. Mr. Dion Sena</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 7	
Mailing Address 1301 NE 104th Street		<b>Transaction ID: 25927804</b>	
City State Zip Code Miami Shores FL 33138-2661	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Alachua Health Consultants Inc.	Occupation Owner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. Dr. Stanley Dicker</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 7	
Mailing Address 182-15 Hillside Ave		<b>Transaction ID: 25927806</b>	
City State Zip Code Jamaica NY 11432-4853	Amount of Each Receipt this Period 1250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Hillside Manor Rehab Ctr	Occupation Executive Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Mr Michael McBride

Mailing Address 101 Grace Drive

City State Zip Code  
Easley SC 29640-9088

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

Name of Employer Health Management Resources  
Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  
MM / DD / YYYY  
05 / 14 / 2007

**Transaction ID:** 25927808

Amount of Each Receipt this Period  
1250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr Robert Decker

Mailing Address 3156 River Road Suite 100

City State Zip Code  
Salem OR 97302-9701

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

Name of Employer Westcare Management  
Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
05 / 08 / 2007

**Transaction ID:** 25944976

Amount of Each Receipt this Period  
5000.00

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

Mailing Address 7605 Ridgecrest Drive

City State Zip Code  
Alexandria VA 22308-1049

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

Name of Employer AHCA  
Occupation Senior Vice President of Advocacy

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
372.98

Date of Receipt  
MM / DD / YYYY  
05 / 08 / 2007

**Transaction ID:** 25945003

Amount of Each Receipt this Period  
43.65

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>6293.65</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 60
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Mr David Kylo		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 7
Mailing Address 4621 28th Road South PAYROLL DEDUCTION		<b>Transaction ID:</b> 25945027
City Arlington    State VA    Zip Code 22206-1143	Amount of Each Receipt this Period 39.56	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AHCA	Occupation Director, Assisted Living	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 395.60	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Chance Becnel		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 7
Mailing Address 935 Bellevue Place		<b>Transaction ID:</b> 25945045
City Jackson    State MS    Zip Code 39202-2702	Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Tara Cares	Occupation COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Michael Morton		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 7
Mailing Address 415 Rogers Avenue		<b>Transaction ID:</b> 25945048
City Fort Smith    State AR    Zip Code 72901-1926	Amount of Each Receipt this Period 1250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Central Arkansas Nursing Ctrs	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1414.56
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 60
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Marjorie Shell</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 7	
Mailing Address 625 East Water St.		<b>Transaction ID: 25945051</b>	
City State Zip Code Pendleton IN 46064-8730		Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Fall Creek Retirement Village Owner			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>B. Mr Michael Scharfenberger</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 7	
Mailing Address 7265 Kenwood Rd #300		<b>Transaction ID: 25945052</b>	
City State Zip Code Cincinnati OH 45236-4414		Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Nursing Care Management Exec Vice President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Ms Toni Fatone</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 7	
Mailing Address 99 East River Drive 8th Floor		<b>Transaction ID: 25945059</b>	
City State Zip Code East Hartford CT 06108-3288		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Connecticut Association of HC Facilities Executive Vice President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3125.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A.</b> Mr William Levering		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 7	
Mailing Address 201 North Main St.		<b>Transaction ID:</b> 25945062	
City State Zip Code Mount Vernon OH 43050-2400	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Levering Management Inc.	Occupation President & CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Rickie Shearer		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 7	
Mailing Address P. O. Box 1259		<b>Transaction ID:</b> 25945063	
City State Zip Code Laurens SC 29360-1259	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer National Healthcare of Laurens	Occupation Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Robert Siebel		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 7	
Mailing Address 13185 W. Great Mountain Drive		<b>Transaction ID:</b> 25945200	
City State Zip Code Lakewood CO 80228-3512	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Carriage Healthcare Companies, Inc.	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Blaine Hendrickson</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 7	
Mailing Address PO Box 7		<b>Transaction ID: 25945206</b>	
City State Zip Code Rancho Mirage CA 92270-0007		Amount of Each Receipt this Period 1250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Legacy Healthcare CEO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Charles J. Herman</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 7	
Mailing Address One Seagate, Suite 1500		<b>Transaction ID: 25945211</b>	
City State Zip Code Toledo OH 43604-1590		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Health Care REIT, Inc. VP & Chief Investment Officer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Ms Cheryl Rapp</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 7	
Mailing Address 4001 Ponds Court		<b>Transaction ID: 25945235</b>	
City State Zip Code Pleasanton CA 94566-7523		Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation CARREI President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3750.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 24 / 60
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A.</b> Mr Thomas G. Rau		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 6 / 2 0 0 7
Mailing Address 10503 Citation Drive		<b>Transaction ID:</b> 25945239
City State Zip Code Brighton MI 48116-6549	Amount of Each Receipt this Period 1250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Nexcare Health Systems, LLC	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Terry Bane		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 6 / 2 0 0 7
Mailing Address 1469 Humbold Rd #175		<b>Transaction ID:</b> 25945241
City State Zip Code Clinco CA 95928	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer President	Occupation Riverside Health Care Corp.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr Dave Helmsin		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 0 / 2 0 0 7
Mailing Address 1717 I Street		<b>Transaction ID:</b> 25945496
City State Zip Code Sacramento CA 95814-3001	Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Capitol Advocacy	Occupation Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1625.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b> Full Name (Last, First, Middle Initial) Ms Gail Clarkson Mailing Address 1387 Club Drive City Bloomfield Hills State MI Zip Code 48302-0823 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 7 <b>Transaction ID: 25973905</b> Amount of Each Receipt this Period 1250.00
Name of Employer: The Medilodge Group Occupation: Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Mr Jack Vetter Mailing Address 5020 South 118th St. City Omaha State NE Zip Code 68137-2223 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 7 <b>Transaction ID: 25973985</b> Amount of Each Receipt this Period 2500.00
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 ▼ 2500.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Dr. Rodney Slone Mailing Address 1100 N. 4th St. City Longview State TX Zip Code 75601-4739 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 7 <b>Transaction ID: 25974056</b> Amount of Each Receipt this Period 300.00
Name of Employer: Highland Pines Nursing & Rehab Occupation: Medical Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>4050.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

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

**A.** Full Name (Last, First, Middle Initial)  
Mr David Beck

Mailing Address 1250 H Street NW Suite 555

City State Zip Code  
Washington DC 20005-3965

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

Name of Employer Beverly Enterprises Occupation Government Relations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 14 / 2007

**Transaction ID:** 25974057

Amount of Each Receipt this Period  
125.00

**B.** Full Name (Last, First, Middle Initial)  
Mr Louis Serra

Mailing Address 2525 Pennsylvania Ave

City State Zip Code  
Weirton WV 26062-3693

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

Name of Employer Weirton Geriatric Center Occupation Owner/Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 14 / 2007

**Transaction ID:** 25974080

Amount of Each Receipt this Period  
500.00

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

Mailing Address 994 Sharon Lane

City State Zip Code  
Ventura CA 93001-3847

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

Name of Employer Sun Health Care Occupation Director Government Relations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 14 / 2007

**Transaction ID:** 25974151

Amount of Each Receipt this Period  
125.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Howard Groff</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 1 / 2 0 0 7	
Mailing Address 9031 Penn. Ave. South		<b>Transaction ID: 25976099</b>	
City Bloomington	State MN	Amount of Each Receipt this Period 1250.00	
Zip Code 55431-2225		Transaction ID: 25976099	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1250.00	
Name of Employer Tealwood Care Centers Inc	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00		

Full Name (Last, First, Middle Initial) <b>B. Mr. Richard Miller</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 1 / 2 0 0 7	
Mailing Address 3611 Glenfield Court		<b>Transaction ID: 25976114</b>	
City Louisville	State KY	Amount of Each Receipt this Period 250.00	
Zip Code 40241-2513		Transaction ID: 25976114	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Golden Ventures	Occupation Consultant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. Mr Don C. Bedell</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 1 / 2 0 0 7	
Mailing Address 731 North Main St. PO Box 1210		<b>Transaction ID: 25976117</b>	
City Sikeston	State MO	Amount of Each Receipt this Period 1250.00	
Zip Code 63801-2176		Transaction ID: 25976117	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1250.00	
Name of Employer Health Facilities Mgmt Co- rp	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	2750.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Don B. Bedell		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 1 / 2 0 0 7
Mailing Address P.O. Box 1210		<b>Transaction ID:</b> 25976119
City State Zip Code Sikeston MO 63801-1210	Amount of Each Receipt this Period 1250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Health Facilities Mgmt Co.	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr Richard Miller		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 1 / 2 0 0 7
Mailing Address 3594 E US Highway 30		<b>Transaction ID:</b> 25976121
City State Zip Code Warsaw IN 46580-6720	Amount of Each Receipt this Period 1250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer MMM Invest Inc	Occupation CEO/CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Marilyn K. Weber		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 1 / 2 0 0 7
Mailing Address PO Box 386		<b>Transaction ID:</b> 25976123
City State Zip Code Wellington OH 44090-0386	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Weber Health Care Center, Inc.	Occupation Superintendent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Bernardo Carotenuto

Mailing Address 702 S Kings Ave

City State Zip Code  
Brandon FL 33511-5925

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

Name of Employer I.H.S. of Brandon Occupation Executive Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
05 / 21 / 2007

Transaction ID: 25976125

Amount of Each Receipt this Period  
250.00

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

Mailing Address 922 McDonough Rd

City State Zip Code  
Jackson GA 30233-1522

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

Name of Employer Westbury Medical Care Home Inc Occupation Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 21 / 2007

Transaction ID: 25976129

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr Kenneth Greiner

Mailing Address 4350 Will Rogers Pkwy Ste 300

City State Zip Code  
Oklahoma City OK 73108-1839

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

Name of Employer Grace Living Center Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
05 / 21 / 2007

Transaction ID: 25976131

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Kathleen Collins Pagels</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 1 / 2 0 0 7	
Mailing Address 5020 B, N. 8th Place, Suite A		<b>Transaction ID: 25976133</b>	
City State Zip Code Phoenix AZ 85014-3265	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Arizona 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 ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. Ms. Kathryn Bandstra</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 0 7	
Mailing Address 5000 Hakes Drive Suite 600		<b>Transaction ID: 25977581</b>	
City State Zip Code Norton Shores MI 49441-5567	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Community Care Group	Occupation Co-owner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) <b>C. Mr Steven Bandstra</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 0 7	
Mailing Address 5000 Hakes Drive Suite 600		<b>Transaction ID: 25977582</b>	
City State Zip Code Norton Shores MI 49441-5567	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Community Care Group	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) ..... ▶	10125.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 31 / 60
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

Mailing Address 8028 Ritchie Hwy. #118

City State Zip Code  
Pasadena MD 21122-1069

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

Name of Employer FutureCare Health & Mgmt. Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
05 / 17 / 2007

**Transaction ID:** 25979399

Amount of Each Receipt this Period  
1250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr Jerry R. Tretwold

Mailing Address P.O. Box 829

City State Zip Code  
Brewster WA 98812-0829

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

Name of Employer Harmony House Health Care Center Occupation Owner/ Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 17 / 2007

**Transaction ID:** 25979400

Amount of Each Receipt this Period  
125.00

**C.** Full Name (Last, First, Middle Initial)  
Mr Robert Van Dyk

Mailing Address 304 South Van Dien

City State Zip Code  
Ridgewood NJ 07450-5200

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

Name of Employer Van Dyk Health Care Occupation President/CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
05 / 17 / 2007

**Transaction ID:** 25979401

Amount of Each Receipt this Period  
1250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2625.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 32 / 60
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Bruce Yarwood

Mailing Address 200 P St #F31

City State Zip Code  
Sacramento CA 95814-6259

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

Name of Employer AHCA Occupation CEO & President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 5 / 2 0 0 7

**Transaction ID:** 25993518

Amount of Each Receipt this Period  
1500.00

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

Mailing Address 1810 Gillespie Way, Suite 212

City State Zip Code  
El Cajon CA 92020-0921

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 5 / 2 0 0 7

**Transaction ID:** 25993520

Amount of Each Receipt this Period  
1250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr Richard Rau

Mailing Address 3939 S. 92nd St.

City State Zip Code  
Greenfield WI 53228-2199

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

Name of Employer Clement Manor Inc. Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 5 / 2 0 0 7

**Transaction ID:** 25993522

Amount of Each Receipt this Period  
125.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2875.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Steve A Streetman

Mailing Address 2 ROB Roy Road

City Austin State TX Zip Code 78746-3120

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

Name of Employer Littleton Company Occupation Risk Management

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 2 5 / 2 0 0 7

Transaction ID: 25993525

Amount of Each Receipt this Period  
 125.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Ruth Braswell

Mailing Address 3674 Pacific Ave

City Riverside State CA Zip Code 92509-1948

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

Name of Employer Vista Pacifica Enterprises Occupation Comm. Relations Coordinator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 2 5 / 2 0 0 7

Transaction ID: 25993527

Amount of Each Receipt this Period  
 2500.00

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

Mailing Address 2180 So. 1300 E Suite 445

City Salt Lake City State UT Zip Code 84106-2813

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 ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 2 5 / 2 0 0 7

Transaction ID: 25993529

Amount of Each Receipt this Period  
 125.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b> Full Name (Last, First, Middle Initial) Mr Bruce Kelly		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 1 / 2 0 0 7
Mailing Address 312 Main St.		<b>Transaction ID:</b> 25993559
City State Zip Code Natchez MS 39120-3462	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Senior Living Centers Occupation Owner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Linda Black-Kurek		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 1 / 2 0 0 7
Mailing Address 7445 Liberty Woods Lane		<b>Transaction ID:</b> 25993560
City State Zip Code Dayton OH 45459-3911	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Liberty Health Care Corp Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Lyn Bentley		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 2 / 2 0 0 7
Mailing Address 2212 Hidden Valley Lane		<b>Transaction ID:</b> 25995839
City State Zip Code Silver Spring MD 20904-5240	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		
Name of Employer AHCA Occupation Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3020.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 60
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. David Hebert		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 7	
Mailing Address 7605 Ridgecrest Drive		<b>Transaction ID:</b> 25995849	
City State Zip Code Alexandria VA 22308-1049	Amount of Each Receipt this Period 43.65		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 416.63		

Full Name (Last, First, Middle Initial) <b>B.</b> Francesca O'Reilly		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 7	
Mailing Address 4005 Nellie Custis Drive		<b>Transaction ID:</b> 25995851	
City State Zip Code Arlington VA 22207-5107	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Sr. Director of Congressional Affairs	Occupation American Health Care Association		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Mr David Kylo		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 7	
Mailing Address 4621 28th Road South PAYROLL DEDUCTION		<b>Transaction ID:</b> 25995853	
City State Zip Code Arlington VA 22206-1143	Amount of Each Receipt this Period 39.56		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AHCA	Occupation Director, Assisted Living		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 435.16		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	103.21
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 60
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Chance Becnel		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 7	
Mailing Address 935 Bellevue Place		<b>Transaction ID:</b> 25995924	
City State Zip Code Jackson MS 39202-2702	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Tara Cares	Occupation COO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Brad Moorhouse		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 7	
Mailing Address 344 Green Hill Drive		<b>Transaction ID:</b> 25995986	
City State Zip Code Anderson SC 29621-2433	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer National Health Corp.	Occupation Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Bobby Beebe		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 7	
Mailing Address 763 Avery Blvd North		<b>Transaction ID:</b> 25996812	
City State Zip Code Ridgeland MS 39157-5218	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Magnolia Management	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2600.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1200.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Steven Delaney		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 7
Mailing Address 13 Northtown Drive Suite 220		<b>Transaction ID:</b> 25996813
City State Zip Code Jackson MS 39211-3047	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Delco	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mrs. Ina Schlossberg		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 7
Mailing Address 4200 W Peterson #140		<b>Transaction ID:</b> 25997729
City State Zip Code Chicago IL 60646-6819	Amount of Each Receipt this Period 1250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Alden Enterprises	Occupation Special Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr Floyd Schlossberg		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 7
Mailing Address 4200 W. Peterson #140		<b>Transaction ID:</b> 25997741
City State Zip Code Chicago IL 60646-6812	Amount of Each Receipt this Period 1250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Alden Management Inc	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2600.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Gary Anderson

Mailing Address 6618 McMakin Court

City State Zip Code  
Colleyville TX 76034-5752

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

Name of Employer Preferred Care Management Occupation President/Management Company

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 3 0 / 2 0 0 7

Transaction ID: 25997762

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Douglas Burr

Mailing Address 1185 Wilde Run Court

City State Zip Code  
Roswell GA 30075-7160

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

Name of Employer Cypress Healthcare Management Occupation VP Finance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 3 0 / 2 0 0 7

Transaction ID: 25997771

Amount of Each Receipt this Period  
125.00

**C.** Full Name (Last, First, Middle Initial)  
Ms Sally Rapp

Mailing Address 3308 Ocean Blvd Suite 280

City State Zip Code  
Corona Del Mar CA 92625-3256

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

Name of Employer SR Management Svcs. Inc. Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 3 0 / 2 0 0 7

Transaction ID: 25997773

Amount of Each Receipt this Period  
1250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1875.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Leonard Russ		Date of Receipt M M / D D / Y Y Y Y 05 / 30 / 2007	
Mailing Address 40 Keogh Lane		<b>Transaction ID:</b> 25997778	
City State Zip Code New Rochelle NY 10805-1397	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Bayberry Nursing Home Administrator	Aggregate Year-to-Date ▼ 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Ms Jan Thayer		Date of Receipt M M / D D / Y Y Y Y 05 / 29 / 2007	
Mailing Address 404 Woodland Dr		<b>Transaction ID:</b> 26004627	
City State Zip Code Grand Island NE 68801-8857	Amount of Each Receipt this Period 1250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Riverside Lodge Owner/Administrator	Aggregate Year-to-Date ▼ 2500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Steven Delaney		Date of Receipt M M / D D / Y Y Y Y 05 / 29 / 2007	
Mailing Address 13 Northtown Drive Suite 220		<b>Transaction ID:</b> 26004630	
City State Zip Code Jackson MS 39211-3047	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Delco Manager	Aggregate Year-to-Date ▼ 475.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 60
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Mr Abraham Morse</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 7	
Mailing Address 2310 Washington St #300		<b>Transaction ID: 26004632</b>	
City State Zip Code Newton Lower Falls MA 02462-1440		Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation MA Extended Care Federation Executive Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Chris Wright</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 7	
Mailing Address 341 Bidwell Street		<b>Transaction ID: 26006486</b>	
City State Zip Code Manchester CT 06040-6470		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation iCare Management, LLC CEO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Mr John Elliot</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 7	
Mailing Address 240 Captol Street 500		<b>Transaction ID: 26006488</b>	
City State Zip Code Charleston WV 25301-2297		Amount of Each Receipt this Period 1250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation AMFM Inc CEO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1875.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Ms. Fonda Elliot

Mailing Address 240 Captol Street Suite 500

City State Zip Code  
Charleston WV 25301-2297

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

Name of Employer AMFM, Inc. Occupation Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
05 / 29 / 2007

Transaction ID: 26006490

Amount of Each Receipt this Period  
1250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr Gerald Cox

Mailing Address PO Box 7728

City State Zip Code  
Rocky Mount NC 27804-0728

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

Name of Employer Autumn Corp Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
05 / 23 / 2007

Transaction ID: 26017682

Amount of Each Receipt this Period  
3750.00

**C.** Full Name (Last, First, Middle Initial)  
Mr Edward L. Kuntz

Mailing Address 680 South Fourth St.

City State Zip Code  
Louisville KY 40202-2412

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

Name of Employer Kindred Healthcare Occupation Chairman, CEO & President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 23 / 2007

Transaction ID: 26017685

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 42 / 60	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Jon Reardon

Mailing Address 1202 Weiss

City State Zip Code  
Saginaw MI 48602-5471

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

Name of Employer  
Hoyt Nursing & Rehab Center

Occupation  
Owner

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	3	1	/	2	0	0	7

**Transaction ID: 26017719**

Amount of Each Receipt this Period  
125.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	125.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	104981.42

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 43 / 60
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15
		<input checked="" type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A.</b> Larson for Congress		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 7
Mailing Address 1087 Old Maine Street		<b>Transaction ID:</b> 25996002
City State Zip Code East Hartford CT 06108	Amount of Each Receipt this Period 3000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation		
Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary	Aggregate Year-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> National Health Corporation PAC		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 7
Mailing Address 100 Vine Street		<b>Transaction ID:</b> 25996041
City State Zip Code Murfreesboro TN 37130	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	4000.00
<b>TOTAL</b> This Period (last page this line number only) .....	4000.00



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Friends of Joe Barton</b>		<b>Transaction ID: 25896602</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 7
Mailing Address PO Box 1444		Amount of Each Disbursement this Period 2000.00
City Ennis State TX Zip Code 75120	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mr. Joe Barton		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 6	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Tim Johnson for South Dakota</b>		<b>Transaction ID: 25896611</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 7
Mailing Address 420 C Street NE Lower Level		Amount of Each Disbursement this Period 2500.00
City Washington State DC Zip Code 20002	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mr Tim Johnson		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 1	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Andrews for Congress</b>		<b>Transaction ID: 25896593</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 7
Mailing Address 16 Somerdale		Amount of Each Disbursement this Period 1000.00
City Somerdale State NJ Zip Code 08083	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mr. Robert Andrews		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 1	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5500.00
<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)

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

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

Full Name (Last, First, Middle Initial) <b>A. Nathan Deal for Congress</b>		<b>Transaction ID: 25896610</b>	
Mailing Address 4775 Clarks Bridge Road		Date of Disbursement 05 / 06 / 2007	
City Gainsville	State GA	Zip Code 30506	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Mr. Nathan Deal			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: GA	District: 9		

Full Name (Last, First, Middle Initial) <b>B. Radanovich for Congress</b>		<b>Transaction ID: 25896600</b>	
Mailing Address 2377 W. Shaw, Ste. 204		Date of Disbursement 05 / 06 / 2007	
City Fresno	State CA	Zip Code 93711	Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Mr. George Radanovich			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CA	District: 19		

Full Name (Last, First, Middle Initial) <b>C. Ben Nelson for US Senate</b>		<b>Transaction ID: 25896606</b>	
Mailing Address 2912 South 84th Street Suite B		Date of Disbursement 05 / 06 / 2007	
City Omaha	State NE	Zip Code 68124	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Mr. Ben Nelson			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: NE	District: 2012 Primary		

<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

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

Full Name (Last, First, Middle Initial) <b>A. Marion Berry for Cong Cmt</b>		<b>Transaction ID: 25896596</b>	
Mailing Address PO Box 8084		Date of Disbursement 05 / 06 / 2007	
City Jonesboro	State AR	Zip Code 72055	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Mr. Marion Berry			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: AR	District: 1		

Full Name (Last, First, Middle Initial) <b>B. Langevin for Congress</b>		<b>Transaction ID: 25896601</b>	
Mailing Address 181-A Knight St.		Date of Disbursement 05 / 06 / 2007	
City Warwick	State RI	Zip Code 02886	Amount of Each Disbursement this Period 3000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Mr. James Langevin			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: RI	District: 2		

Full Name (Last, First, Middle Initial) <b>C. Dennis Moore for Congress</b>		<b>Transaction ID: 25896597</b>	
Mailing Address PO Box 14631		Date of Disbursement 05 / 06 / 2007	
City Shawnee Mission	State KS	Zip Code 66285	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Mr. Dennis Moore			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: KS	District: 3		

<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

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

Full Name (Last, First, Middle Initial) <b>A. Murphy for Congress</b>		<b>Transaction ID: 25896607</b>	
Mailing Address PO Box 11721		Date of Disbursement 05 / 06 / 2007	
City Pittsburgh	State PA	Zip Code 15228	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Mr. Timothy Murphy			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: PA	District: 18		

Full Name (Last, First, Middle Initial) <b>B. Scott Garrett for Congress</b>		<b>Transaction ID: 25896605</b>	
Mailing Address PO Box 905		Date of Disbursement 05 / 06 / 2007	
City Newton	State NJ	Zip Code 07860	Amount of Each Disbursement this Period 500.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Mr. Scott Garrett			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NJ	District: 5		

Full Name (Last, First, Middle Initial) <b>C. LEGPAC</b>		<b>Transaction ID: 25896599</b>	
Mailing Address 38 Ivy St. SE		Date of Disbursement 05 / 06 / 2007	
City Washington	State DC	Zip Code 20003	Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement		011 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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>6500.00</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

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

Full Name (Last, First, Middle Initial) <b>A. TOMPAC</b>		<b>Transaction ID: 25896592</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 7
Mailing Address PO Box 16488		Amount of Each Disbursement this Period 5000.00
City Arlington	State VA	
Zip Code 22215		
Purpose of Disbursement		
Candidate Name		011 Category/ Type
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:	

Full Name (Last, First, Middle Initial) <b>B. Great Plains Leadership Fund</b>		<b>Transaction ID: 25896604</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 7
Mailing Address 122 Maryland Avenue NE Ste. 3A		Amount of Each Disbursement this Period 5000.00
City Washington	State DC	
Zip Code 20002		
Purpose of Disbursement		
Candidate Name		011 Category/ Type
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:	

Full Name (Last, First, Middle Initial) <b>C. Geoff Davis For Congress</b>		<b>Transaction ID: 25896612</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 7
Mailing Address 3161 Dixie Highway Suite F		Amount of Each Disbursement this Period 1000.00
City Erlanger	State KY	
Zip Code 41018		
Purpose of Disbursement		
Candidate Name Rep. Geoffrey Davis		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: KY	District: 4	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	11000.00
<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)

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

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

Full Name (Last, First, Middle Initial) <b>A. John Salazar For Congress</b>		<b>Transaction ID: 25896603</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 7
Mailing Address P.O. Box 534		Amount of Each Disbursement this Period 2000.00
City Pueblo State CO Zip Code 81002	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. John Salazar		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 3	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Senate Majority Fund</b>		<b>Transaction ID: 25896595</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 7
Mailing Address 507 Capitol Court NE		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20002	011 Category/ Type	
Purpose of Disbursement		
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Freedom Fund</b>		<b>Transaction ID: 25896598</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 7
Mailing Address 128 N Columbus Street		Amount of Each Disbursement this Period 2500.00
City Alexandria State VA Zip Code 22344	011 Category/ Type	
Purpose of Disbursement		
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) ..... ▶	5500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

Use separate schedule(s)  
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Detailed Summary Page

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

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

Full Name (Last, First, Middle Initial) <b>A. Dreier For Congress Committee</b>		<b>Transaction ID: 25896594</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 7
Mailing Address P.O. Box 505		Amount of Each Disbursement this Period 1000.00
City Upland State CA Zip Code 91785	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. David Dreier		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 26	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Citizens For Altmire</b>		<b>Transaction ID: 25896608</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 7
Mailing Address PO Box 1776		Amount of Each Disbursement this Period 1000.00
City Freedom State PA Zip Code 15042	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Jason Altmire		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 4	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Red PAC</b>		<b>Transaction ID: 25896609</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 7
Mailing Address Post Office Box 51		Amount of Each Disbursement this Period 1000.00
City Homeland State FL Zip Code 33847	011 Category/ Type	
Purpose of Disbursement		
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) ..... ▶	3000.00
<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)

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

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

Full Name (Last, First, Middle Initial) <b>A. McConnell Senate Committee</b>		<b>Transaction ID: 25927903</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 7	
Mailing Address 1930 Bishop Lane, Ste 1018		Amount of Each Disbursement this Period 1000.00	
City Louisville State KY Zip Code 40218	011 Category/ Type		
Purpose of Disbursement			
Candidate Name Senator Mitch McConnell			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 2	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Committee to Re-Elect Ed Towns to Congress</b>		<b>Transaction ID: 25927887</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 7	
Mailing Address 321 Stuyvesant Avenue		Amount of Each Disbursement this Period 1000.00	
City Brooklyn State NY Zip Code 11233	011 Category/ Type		
Purpose of Disbursement			
Candidate Name Mr. Edolphus Towns			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 10	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Arlen Specter for US Sen Comm</b>		<b>Transaction ID: 25927896</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 7	
Mailing Address 417 Warden Drive		Amount of Each Disbursement this Period 1000.00	
City Philadelphia State PA Zip Code 19129	011 Category/ Type		
Purpose of Disbursement			
Candidate Name Senator Arlen Specter			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 1	Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2010Primary		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Earl Pomeroy for Congress</b>		<b>Transaction ID: 25927892</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 7
Mailing Address PO Box 746		Amount of Each Disbursement this Period 5000.00
City Bismarck	State ND	
Zip Code 58502		
Purpose of Disbursement		
Candidate Name Mr. Earl Pomeroy		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ND District: 1		

Full Name (Last, First, Middle Initial) <b>B. Peter King for Congress</b>		<b>Transaction ID: 25927894</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 7
Mailing Address 1442 Roth Rd 118 Cannon House Ofc Bldg		Amount of Each Disbursement this Period 1000.00
City Seaford	State NY	
Zip Code 11783		
Purpose of Disbursement		
Candidate Name Mr. Peter King		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY District: 3		

Full Name (Last, First, Middle Initial) <b>C. Michaud for Congress</b>		<b>Transaction ID: 25927888</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 7
Mailing Address 213 Lisbon Street		Amount of Each Disbursement this Period 1000.00
City Lewiston	State ME	
Zip Code 04204		
Purpose of Disbursement		
Candidate Name Mr. Mike Michaud		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ME District: 2		

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Brad Miller Congressional Campaign</b>		<b>Transaction ID: 25927898</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 7	
Mailing Address PO Box 20307		Amount of Each Disbursement this Period 1000.00	
City Raleigh State NC Zip Code 27619	Purpose of Disbursement 011 Category/ Type		
Candidate Name Mr. Brad Miller			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 13	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Lucille Roybal-Allard For Congress</b>		<b>Transaction ID: 25927885</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 7	
Mailing Address P.O. Box 582		Amount of Each Disbursement this Period 1000.00	
City Kensington State MD Zip Code 20895	Purpose of Disbursement 011 Category/ Type		
Candidate Name Rep. Lucille Roybal-Allard			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 34	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. CAMPAC</b>		<b>Transaction ID: 25927886</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 7	
Mailing Address 5915 Eastman Avenue Suite 100		Amount of Each Disbursement this Period 2000.00	
City Midland State MI Zip Code 48640	Purpose of Disbursement 011 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) ..... ▶	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)

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

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

Full Name (Last, First, Middle Initial) <b>A. Neil Abercrombie</b>		<b>Transaction ID: 25977522</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 7
Mailing Address Prince Kuhio Fed. Bldg. 300 Ala Moana Blvd., Rm. 4-104		Amount of Each Disbursement this Period 2300.00
City Honolulu State HI Zip Code 96850	Purpose of Disbursement 011 Category/Type	
Candidate Name Mr. Neil Abercrombie	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: HI District: 1		

Full Name (Last, First, Middle Initial) <b>B. Hoyer for Congress Committee</b>		<b>Transaction ID: 25977517</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 7
Mailing Address 7905 Malcolm Road, Suite 102		Amount of Each Disbursement this Period 5000.00
City Clinton State MD Zip Code 20735	Purpose of Disbursement 011 Category/Type	
Candidate Name Mr. Steny Hoyer	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 5		

Full Name (Last, First, Middle Initial) <b>C. Friends of Lois Capps</b>		<b>Transaction ID: 25977516</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 7
Mailing Address 38 Ivy Street SE		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20003	Purpose of Disbursement 011 Category/Type	
Candidate Name Ms. Lois Capps	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 22		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>8300.00</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

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

Full Name (Last, First, Middle Initial) <b>A. Mike Pence for Congress</b>		<b>Transaction ID: 25977521</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 7
Mailing Address 802 S. Anderson Street		Amount of Each Disbursement this Period 1000.00
City Elmwood State IN Zip Code 46036	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mr. Mike Pence		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 2	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. ERICPAC</b>		<b>Transaction ID: 25977520</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 7
Mailing Address 209 Pennsylvania Ave. SE		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20003	011 Category/ Type	
Purpose of Disbursement		
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Pat Roberts For Senate</b>		<b>Transaction ID: 25977519</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 7
Mailing Address PO Box 433		Amount of Each Disbursement this Period 5000.00
City Great Bend State KS Zip Code 67530	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Sen. Pat Roberts		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 2	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	11000.00
<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)

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

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

Full Name (Last, First, Middle Initial) <b>A. America's Leadership PAC</b>		<b>Transaction ID: 25977514</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 7
Mailing Address 607 14th Street NW Suite 800		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20005		
Purpose of Disbursement Candidate Name	011 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Butterfield For Congress Committee</b>		<b>Transaction ID: 25977515</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 7
Mailing Address PO Box 2571		Amount of Each Disbursement this Period 1000.00
City Wilson State NC Zip Code 27894		
Purpose of Disbursement Candidate Name Rep. George Butterfield	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 1	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Synergy PAC</b>		<b>Transaction ID: 25977518</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 7
Mailing Address 6849 Old Dominion Drive Suite 222		Amount of Each Disbursement this Period 5000.00
City McLean State VA Zip Code 22101		
Purpose of Disbursement Candidate Name	011 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	11000.00
<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)

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

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

Full Name (Last, First, Middle Initial) <b>A. McCrery for Congress</b>		Transaction ID: 25979805 Date of Disbursement 05 / 24 / 2007
Mailing Address Suite 350, 6425 Youree Dr.		Amount of Each Disbursement this Period -2000.00
City Shreveport State LA Zip Code 71105-0650	Purpose of Disbursement Void - McCrery for Congress Candidate Name Mr. Jim McCrery Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 5	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General	Void - McCrery for Congress

Full Name (Last, First, Middle Initial) <b>B. Levin for Congress Cmte</b>		Transaction ID: 25979809 Date of Disbursement 05 / 24 / 2007
Mailing Address 436 New Jersey Ave SE		Amount of Each Disbursement this Period -4000.00
City Washington State DC Zip Code 20003	Purpose of Disbursement Void - Levin for Congress Cmte Candidate Name Mr. Sander Levin Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 12	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Void - Levin for Congress Cmte

Full Name (Last, First, Middle Initial) <b>C. Lewis for Congress Committee</b>		Transaction ID: 25979806 Date of Disbursement 05 / 24 / 2007
Mailing Address 1150 Brookside Ave.		Amount of Each Disbursement this Period -5000.00
City Redlands State CA Zip Code 92373	Purpose of Disbursement Void - Lewis for Congress Committee Candidate Name Mr. Jerry Lewis Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 40	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General	Void - Lewis for Congress Committee

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	-11000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Committee for the Preservation of Capitalism</b>		<b>Transaction ID: 25979804</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 7
Mailing Address PO Box 65314		Amount of Each Disbursement this Period -3000.00
City Washington State DC Zip Code 20036	011 Category/ Type	
Purpose of Disbursement Void - Committee for the Preservation of Capitalism		Void - Committee for the Preservation of Capitalism
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Markey Committee, The</b>		<b>Transaction ID: 25979807</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 7
Mailing Address P.O. Box 526		Amount of Each Disbursement this Period -5000.00
City Medford State MA Zip Code 02155	011 Category/ Type	
Purpose of Disbursement Void - Markey Committee, The		Void - Markey Committee, The
Candidate Name Rep. Edward Markey		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 7	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General	

Full Name (Last, First, Middle Initial) <b>C. Zack Space For Congress Committee</b>		<b>Transaction ID: 25979808</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 7
Mailing Address 714 N Wooster Avenue		Amount of Each Disbursement this Period -5000.00
City Dover State OH Zip Code 44622	011 Category/ Type	
Purpose of Disbursement Void - Zack Space For Congress Committee		Void - Zack Space For Congress Committee
Candidate Name Mr. Zachary Space		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 18	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	-13000.00
<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)

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

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

Full Name (Last, First, Middle Initial) <b>A. Committee for the Preservation of Capitalism</b>		<b>Transaction ID: 25995651</b> Date of Disbursement
Mailing Address PO Box 65314		<input type="text" value="05"/> / <input type="text" value="29"/> / <input type="text" value="2007"/>
City Washington	State DC	Zip Code 20036
Purpose of Disbursement	<input type="text" value="2000.00"/>	
Candidate Name	<input type="text" value="011"/> Category/ Type	
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:		

Full Name (Last, First, Middle Initial) <b>B. John Lewis For Congress</b>		<b>Transaction ID: 25995663</b> Date of Disbursement
Mailing Address 2015 Wallace Rd.		<input type="text" value="05"/> / <input type="text" value="29"/> / <input type="text" value="2007"/>
City Atlanta	State GA	Zip Code 30331
Purpose of Disbursement	<input type="text" value="1000.00"/>	
Candidate Name Rep. John Lewis	<input type="text" value="011"/> Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: GA District: 5		

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

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