

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
American Health Care Association Political Action Committee

ADDRESS (number and street) 1201 L Street, NW  
 Check if different than previously reported. (ACC)  
Washington DC 20005

2. **FEC IDENTIFICATION NUMBER** C00006080  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 09 01 2009 through 09 30 2009

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

Type or Print Name of Treasurer Ms. Gail Clarkson

Signature of Treasurer Electronically Filed by Ms. Gail Clarkson Date 10 20 2009

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

Office Use Only								
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**FEC FORM 3X**  
(Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		121831.57
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	193041.25									
(c) Total Receipts (from Line 19) .....	35276.35	677199.70								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	228317.60	799031.27								
7. Total Disbursements (from Line 31) .....	72881.18	643594.85								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	155436.42	155436.42								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period: From: 

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	30275.74	614483.69
(ii) Unitemized .....	5000.61	52716.01
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	35276.35	667199.70
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	10000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	35276.35	677199.70
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	35276.35	677199.70
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	35276.35	677199.70

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1181.18	11624.85
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1181.18	11624.85
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	71700.00	631970.00
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))..	72881.18	643594.85
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	72881.18	643594.85

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	35276.35	677199.70
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	35276.35	677199.70
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1181.18	11624.85
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1181.18	11624.85

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 44  
(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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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.**

Full Name (Last, First, Middle Initial) Tom Accomando		Date of Receipt MM / DD / YYYY 09 / 02 / 2009
Mailing Address Green Valley Health Care and Rehab 6850 Rufe Snow Drive		Transaction ID: C775573
City Watauga	State TX	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 117.00
Name of Employer Green Valley Health Care and Rehab	Occupation Administrator	Aggregate Year-to-Date 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**B.**

Full Name (Last, First, Middle Initial) Bryan C. Atchley		Date of Receipt MM / DD / YYYY 09 / 25 / 2009
Mailing Address Sevier County HCC PO Box 5349		Transaction ID: C783074
City Sevierville	State TN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Sevier County Health Care Center	Occupation Assistant Administrator	Aggregate Year-to-Date 1100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**C.**

Full Name (Last, First, Middle Initial) Steve Bellone		Date of Receipt MM / DD / YYYY 09 / 10 / 2009
Mailing Address 921 East Fort Avenue Suite 240		Transaction ID: C778470
City Baltimore	State MD	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer White Oak Healthcare, LLC	Occupation President/ CEO	Aggregate Year-to-Date 1500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	717.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 7 / 44  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Lyn Bentley  
Mailing Address 1201 L Street NW  
City Washington State DC Zip Code 20005  
FEC ID number of contributing federal political committee. **C**  
Name of Employer AHCA Occupation Director  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00  
Date of Receipt 09 / 08 / 2009  
Transaction ID: C778327  
Amount of Each Receipt this Period 20.00

**B.** Full Name (Last, First, Middle Initial)  
Lyn Bentley  
Mailing Address 1201 L Street NW  
City Washington State DC Zip Code 20005  
FEC ID number of contributing federal political committee. **C**  
Name of Employer AHCA Occupation Director  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00  
Date of Receipt 09 / 21 / 2009  
Transaction ID: C782330  
Amount of Each Receipt this Period 20.00

**C.** Full Name (Last, First, Middle Initial)  
Jill Capela  
Mailing Address 1101 S. Capital of TX Hwy Bldg. G  
City Austin State TX Zip Code 78746  
FEC ID number of contributing federal political committee. **C**  
Name of Employer ONR Inc. Occupation CEO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 3750.00  
Date of Receipt 09 / 04 / 2009  
Transaction ID: C776670  
Amount of Each Receipt this Period 1250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1290.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 44  
(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)  
Elizabeth Casey

Mailing Address 3075 E Thousand Oaks Blvd

City State Zip Code  
Westlake Village CA 91362-3402

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

Name of Employer Occupation  
The Chase Group Partner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 02 / 2009

**Transaction ID:** C775824

Amount of Each Receipt this Period  
1250.00

**B.**

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

Mailing Address 4 Wagon Road

City State Zip Code  
Enfield CT 06082-5639

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

Name of Employer Occupation  
Riverside Health Rehabilitation Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 17 / 2009

**Transaction ID:** C780206

Amount of Each Receipt this Period  
150.00

**C.**

Full Name (Last, First, Middle Initial)  
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:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 02 / 2009

**Transaction ID:** C775822

Amount of Each Receipt this Period  
1250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2650.00**

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 44  
(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) Kathleen Collins Pagels		Date of Receipt <table border="1" style="font-size: small;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>9</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		1	5		2	0	0	9													
Mailing Address 1440 East Missouri Street Suite C-102		<b>Transaction ID:</b> C780212																				
City Phoenix	State AZ	Zip Code 85014																				
FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span>		Amount of Each Receipt this Period <table border="1" style="font-size: small;"> <tr><td colspan="10" style="text-align: right;">100.00</td></tr> </table>	100.00																			
100.00																						
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 ▼ <table border="1" style="font-size: small;"> <tr><td colspan="10" style="text-align: right;">575.00</td></tr> </table>	575.00																				
575.00																						

**B.**

Full Name (Last, First, Middle Initial) Patricia Cullen		Date of Receipt <table border="1" style="font-size: small;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>9</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		2	9		2	0	0	9													
Mailing Address 7851 Metro Pkwy Suite 200		<b>Transaction ID:</b> C785500																				
City Bloomington	State MN	Zip Code 55425-1524																				
FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span>		Amount of Each Receipt this Period <table border="1" style="font-size: small;"> <tr><td colspan="10" style="text-align: right;">100.00</td></tr> </table>	100.00																			
100.00																						
Name of Employer Care Providers of Minnesota	Occupation VP, Public Affairs																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="font-size: small;"> <tr><td colspan="10" style="text-align: right;">250.00</td></tr> </table>	250.00																				
250.00																						

**C.**

Full Name (Last, First, Middle Initial) John Derr		Date of Receipt <table border="1" style="font-size: small;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>9</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		0	3		2	0	0	9													
Mailing Address 2001 Piper Circle		<b>Transaction ID:</b> C778322																				
City Anacortes	State WA	Zip Code 98221-3125																				
FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span>		Amount of Each Receipt this Period <table border="1" style="font-size: small;"> <tr><td colspan="10" style="text-align: right;">500.00</td></tr> </table>	500.00																			
500.00																						
Name of Employer JD 7 Associates Enterprises	Occupation Partner																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="font-size: small;"> <tr><td colspan="10" style="text-align: right;">500.00</td></tr> </table>	500.00																				
500.00																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<table border="1" style="font-size: small;"> <tr><td colspan="10" style="text-align: right;">700.00</td></tr> </table>	700.00									
700.00											
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1" style="font-size: small;"> <tr><td colspan="10" style="text-align: right;"> </td></tr> </table>										

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 44  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial) William Dunn		Date of Receipt MM / DD / YYYY 09 / 02 / 2009
Mailing Address 870 Bexley Ave		<b>Transaction ID:</b> C778321
City Marion	State OH	Zip Code 43302-5463
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 125.00
Name of Employer Marion Manor Nursing Hm Inc	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**B.**

Full Name (Last, First, Middle Initial) Gregory J. Elliot		Date of Receipt MM / DD / YYYY 09 / 08 / 2009
Mailing Address AMFM, Inc. 240 Capitol Street		<b>Transaction ID:</b> C778324
City Charleston	State WV	Zip Code 25301-2297
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 72.00
Name of Employer AMFM, Inc.	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 288.00	

**C.**

Full Name (Last, First, Middle Initial) Teresa Eyt		Date of Receipt MM / DD / YYYY 09 / 08 / 2009
Mailing Address 1201 L Street NW		<b>Transaction ID:</b> C778328
City Washington	State DC	Zip Code 20001
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer AHCA	Occupation Education	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	217.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 11 / 44  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Teresa Eyet  
 Mailing Address 1201 L Street NW  
 City Washington State DC Zip Code 20001  
 Date of Receipt 09 / 21 / 2009  
**Transaction ID: C782331**  
 Amount of Each Receipt this Period 20.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer AHCA Occupation Education  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 400.00

**B.** Full Name (Last, First, Middle Initial)  
Susan Feeny  
 Mailing Address 7005 Metropolitan PI  
 City Falls Church State VA Zip Code 22043-2330  
 Date of Receipt 09 / 08 / 2009  
**Transaction ID: C778330**  
 Amount of Each Receipt this Period 19.24  
 FEC ID number of contributing federal political committee. C  
 Name of Employer American Health Care Association Occupation Vice President, Public Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 384.56

**C.** Full Name (Last, First, Middle Initial)  
Susan Feeny  
 Mailing Address 7005 Metropolitan PI  
 City Falls Church State VA Zip Code 22043-2330  
 Date of Receipt 09 / 21 / 2009  
**Transaction ID: C782332**  
 Amount of Each Receipt this Period 19.24  
 FEC ID number of contributing federal political committee. C  
 Name of Employer American Health Care Association Occupation Vice President, Public Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 384.56

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 58.48  
**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 44

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Lowell Feldman

Mailing Address 163 West Kingsbridge Road

City State Zip Code  
Bronx NY 10463

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

Name of Employer Occupation  
Terrace Healthcare Center, Inc Administrator

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

Date of Receipt

M M / D D / Y Y Y Y  
09 / 25 / 2009

Transaction ID: C782552

Amount of Each Receipt this Period

300.00

**B.**

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

Mailing Address 10067 East Windrose Drive

City State Zip Code  
Scottsdale AZ 85260-4655

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

Name of Employer Occupation  
Management Southwest Corp Administrator

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1100.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 15 / 2009

Transaction ID: C778599

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Neil Gulsvig

Mailing Address My Innerview  
500 Third Street

City State Zip Code  
Wausau WI 54403

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 450.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 21 / 2009

Transaction ID: C780476

Amount of Each Receipt this Period

450.00

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

1750.00

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

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

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

FOR LINE NUMBER: PAGE 13 / 44  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dennis Haws

Mailing Address: **Midwestern Healthcare Center**  
601 Midwestern Parkway

City: **Wichita Falls**   State: **TX**   Zip Code: **76302**

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

Name of Employer: **Midwestern Healthcare Center**   Occupation: **Information Requested**

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼: **500.00**

Date of Receipt: **09 / 02 / 2009**

Transaction ID: **C775577**

Amount of Each Receipt this Period: **500.00**

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

Mailing Address: **7605 Ridgecrest Drive**

City: **Alexandria**   State: **VA**   Zip Code: **22308-1049**

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

Name of Employer: **AHCA**   Occupation: **Senior Vice President of Advocacy**

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼: **769.39**

Date of Receipt: **09 / 08 / 2009**

Transaction ID: **C778335**

Amount of Each Receipt this Period: **38.47**

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

Mailing Address: **7605 Ridgecrest Drive**

City: **Alexandria**   State: **VA**   Zip Code: **22308-1049**

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

Name of Employer: **AHCA**   Occupation: **Senior Vice President of Advocacy**

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼: **769.39**

Date of Receipt: **09 / 21 / 2009**

Transaction ID: **C782336**

Amount of Each Receipt this Period: **38.47**

**SUBTOTAL** of Receipts This Page (optional) ..... ► **576.94**

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

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

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

FOR LINE NUMBER: PAGE 14 / 44  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

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

Mailing Address 334 Fountainhead Drive

City State Zip Code  
Jefferson GA 30549

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

Name of Employer Georgia Health Care Association      Occupation State Executive

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      2200.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	4	/	2	0	0	9

**Transaction ID:** C776668

Amount of Each Receipt this Period  
1200.00

**B.** Full Name (Last, First, Middle Initial)  
Joel M. Kelsh

Mailing Address 4624 Grand Avenue

City State Zip Code  
Minneapolis MN 55409

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

Name of Employer Information Requested      Occupation Information Requested

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

Date of Receipt  

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

**Transaction ID:** C778468

Amount of Each Receipt this Period  
1050.00

**C.** Full Name (Last, First, Middle Initial)  
Cheryl Killian

Mailing Address 3801 Woodside Dr

City State Zip Code  
Arlington TX 76016-3030

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

Name of Employer Legacy Care Centers Inc.      Occupation President

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      225.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	5	/	2	0	0	9

**Transaction ID:** C787720

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2275.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 44  
(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) Johann Komurek		Date of Receipt MM / DD / YYYY 09 / 25 / 2009	
Mailing Address Elderwood @ Maplewood 50 Nicholas Lane		Transaction ID: C782556	
City Lancaster	State NY	Zip Code 14086	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer Elderwood @ Maplewood	Occupation Information Requested		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

**B.**

Full Name (Last, First, Middle Initial) David Kylo		Date of Receipt MM / DD / YYYY 09 / 08 / 2009	
Mailing Address 4621 28th Road South		Transaction ID: C778336	
City Arlington	State VA	Zip Code 22206	Amount of Each Receipt this Period 39.56
FEC ID number of contributing federal political committee. C			
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 ▼ 791.20		

**C.**

Full Name (Last, First, Middle Initial) David Kylo		Date of Receipt MM / DD / YYYY 09 / 21 / 2009	
Mailing Address 4621 28th Road South		Transaction ID: C782337	
City Arlington	State VA	Zip Code 22206	Amount of Each Receipt this Period 39.56
FEC ID number of contributing federal political committee. C			
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 ▼ 791.20		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	379.12
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 16 / 44  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Ted LeNeave

Mailing Address 5372 Fallowater Lane  
Suite 200

City State Zip Code  
Roanoke VA 24018-0909

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

Name of Employer American HealthCare, LLC   Occupation Administrator

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 18 / 2009

**Transaction ID: C780351**

Amount of Each Receipt this Period  
1350.00

**B.** Full Name (Last, First, Middle Initial)  
William Levering

Mailing Address 201 North Main Street

City State Zip Code  
Mount Vernon OH 43050

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

Name of Employer Levering Management Inc.   Occupation President & CEO

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 28 / 2009

**Transaction ID: C787722**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Kelly McCullum

Mailing Address Diagnostic Laboratories  
2820 North Ontario Street

City State Zip Code  
Burbank CA 91504

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

Name of Employer Diagnostic Laboratories   Occupation Information Requested

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 25 / 2009

**Transaction ID: C782555**

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **2650.00**

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



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

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

FOR LINE NUMBER: PAGE 17 / 44  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Arlene Miles

Mailing Address 6061 South Brook Valley

City State Zip Code  
Centennial CO 80121-3103

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

Name of Employer Colorado Health Care Association  
Occupation State Executive

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	8	/	2	0	0	9

**Transaction ID:** C787723

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
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 Avamere Health Services  
Occupation Shareholder

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

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

**Transaction ID:** C785501

Amount of Each Receipt this Period  
2000.00

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

Mailing Address 4609 Overbrook Road

City State Zip Code  
Bethesda MD 20816

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

Name of Employer American Health Care Association  
Occupation Government Affairs

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
398.66

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	8	/	2	0	0	9

**Transaction ID:** C778337

Amount of Each Receipt this Period  
19.24

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2519.24**

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

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

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

FOR LINE NUMBER: PAGE 18 / 44  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 4609 Overbrook Road

City State Zip Code  
Bethesda MD 20816

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

Name of Employer American Health Care Association      Occupation Government Affairs

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 398.66

Date of Receipt  
MM / DD / YYYY  
09 / 21 / 2009

**Transaction ID: C782338**

Amount of Each Receipt this Period  
19.24

**B.** Full Name (Last, First, Middle Initial)  
Roberts Nelson

Mailing Address 3075 E Thousand Oaks Blvd

City State Zip Code  
Westlake Village CA 91362-3402

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

Name of Employer The Chase Group      Occupation Partner

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
09 / 02 / 2009

**Transaction ID: C775823**

Amount of Each Receipt this Period  
1250.00

**C.** Full Name (Last, First, Middle Initial)  
Robert Norton

Mailing Address Mangar USA  
1111 Jupiter Road

City State Zip Code  
Plano TX 75074

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

Name of Employer Mangar USA      Occupation Sales

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
09 / 09 / 2009

**Transaction ID: C778317**

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1569.24**

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

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

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

FOR LINE NUMBER: PAGE 19 / 44  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Stephen O'Neill

Mailing Address Campbell Hall Rehabilitation Center  
23 Kiernan Road

City State Zip Code  
Campbell Hall NY 10916

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

Name of Employer Occupation  
Campbell Hall Rehabilitation Center, I Information Requested

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

Date of Receipt  
MM / DD / YYYY  
09 / 21 / 2009

**Transaction ID:** C782329

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Francesca Fierro O'Reilly

Mailing Address 4005 Nellie Custis Dr

City State Zip Code  
Arlington VA 22207-5107

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

Name of Employer Occupation  
Sr. Director of Congressional Affairs American Health Care Association

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

Date of Receipt  
MM / DD / YYYY  
09 / 08 / 2009

**Transaction ID:** C778338

Amount of Each Receipt this Period  
20.00

**C.** Full Name (Last, First, Middle Initial)  
Francesca Fierro O'Reilly

Mailing Address 4005 Nellie Custis Dr

City State Zip Code  
Arlington VA 22207-5107

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

Name of Employer Occupation  
Sr. Director of Congressional Affairs American Health Care Association

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

Date of Receipt  
MM / DD / YYYY  
09 / 21 / 2009

**Transaction ID:** C782339

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 290.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 44  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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

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

**A.**

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

Mailing Address 2555 No Price Road

City State Zip Code  
Chandler AZ 85244

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

Name of Employer  
Freedom Plaza

Occupation  
Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
09 / 15 / 2009

Transaction ID: C778594

Amount of Each Receipt this Period  
100.00

**B.**

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

Mailing Address 2555 No Price Road

City State Zip Code  
Chandler AZ 85244

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

Name of Employer  
Freedom Plaza

Occupation  
Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
09 / 29 / 2009

Transaction ID: C785457

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Julie Painter

Mailing Address 3614 Connecticut Ave NW  
Apt 22

City State Zip Code  
Washington DC 20008-2436

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

Name of Employer  
AHCA

Occupation  
Senior Director of Constituency Affair

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.76

Date of Receipt  
MM / DD / YYYY  
09 / 08 / 2009

Transaction ID: C778339

Amount of Each Receipt this Period  
11.54

**SUBTOTAL** of Receipts This Page (optional) ..... ► **211.54**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 44  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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

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

**A.**

Full Name (Last, First, Middle Initial) Julie Painter		Date of Receipt MM / DD / YYYY 09 / 21 / 2009
Mailing Address 3614 Connecticut Ave NW Apt 22		Transaction ID: C782340
City Washington	State DC	Zip Code 20008-2436
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 11.54
Name of Employer AHCA	Occupation Senior Director of Constituency Affair	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.76	

**B.**

Full Name (Last, First, Middle Initial) Ronald R. Payne		Date of Receipt MM / DD / YYYY 09 / 08 / 2009
Mailing Address 17760 Preston Rd Ste 310		Transaction ID: C778326
City Dallas	State TX	Zip Code 75252-5663
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 5000.00
Name of Employer Southwest LTC	Occupation CEO/Managing Member	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

**C.**

Full Name (Last, First, Middle Initial) Douglas Pendergras		Date of Receipt MM / DD / YYYY 09 / 25 / 2009
Mailing Address 11608 Scott Simpson Dr		Transaction ID: C782553
City El Paso	State TX	Zip Code 79936-6210
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Convalescent Enterprises, Inc.	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5311.54
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 44  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

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

**A.**

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

Mailing Address 11608 Scott Simpson Dr

City State Zip Code  
El Paso TX 79936-6210

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

Name of Employer  
Convalescent Enterprises, Inc.

Occupation  
President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1300.00

Date of Receipt  
MM / DD / YYYY  
09 / 25 / 2009

Transaction ID: C782554

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Shelly Peterson

Mailing Address 1900 N 11th Street

City State Zip Code  
Bismarck ND 58501-1914

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

Name of Employer  
North Dakota LTC Association

Occupation  
President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1300.00

Date of Receipt  
MM / DD / YYYY  
09 / 10 / 2009

Transaction ID: C782199

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Maryanne Sapio

Mailing Address 1324 South Kenmore Circle

City State Zip Code  
Arlington VA 22204

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

Name of Employer  
AHCA

Occupation  
Director, Government Relations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.76

Date of Receipt  
MM / DD / YYYY  
09 / 08 / 2009

Transaction ID: C778342

Amount of Each Receipt this Period  
11.54

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2011.54**

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

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

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

FOR LINE NUMBER: PAGE 23 / 44  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Maryanne Sapio  
 Mailing Address 1324 South Kenmore Circle  
 City Arlington State VA Zip Code 22204  
 Date of Receipt 09 / 21 / 2009  
**Transaction ID: C782344**  
 Amount of Each Receipt this Period 11.54  
 FEC ID number of contributing federal political committee. C  
 Name of Employer AHCA Occupation Director, Government Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.76

**B.** Full Name (Last, First, Middle Initial)  
Jerry Schroer, Jr.  
 Mailing Address 1608 Muirfield NW  
 City Canton State OH Zip Code 44708  
 Date of Receipt 09 / 21 / 2009  
**Transaction ID: C780471**  
 Amount of Each Receipt this Period 150.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Altercare Occupation Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2650.00

**C.** Full Name (Last, First, Middle Initial)  
Jennifer Shimer  
 Mailing Address 9507 Shelly Krasnow Ln  
 City Fairfax State VA Zip Code 22031-4720  
 Date of Receipt 09 / 08 / 2009  
**Transaction ID: C778343**  
 Amount of Each Receipt this Period 11.54  
 FEC ID number of contributing federal political committee. C  
 Name of Employer AHCA Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.76

**SUBTOTAL** of Receipts This Page (optional) ..... ► 173.08  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 24 / 44  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Jennifer Shimer  
Mailing Address 9507 Shelly Krasnow Ln  
City Fairfax State VA Zip Code 22031-4720  
FEC ID number of contributing federal political committee. **C**  
Name of Employer AHCA Occupation Vice President  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 230.76  
Date of Receipt 09 / 21 / 2009  
Transaction ID: C782345  
Amount of Each Receipt this Period 11.54

**B.** Full Name (Last, First, Middle Initial)  
Matthew D. Smyth  
Mailing Address 1201 L Street NW  
City Washington State DC Zip Code 20005  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Health Care Association Occupation Director of Grassroots  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 384.79  
Date of Receipt 09 / 08 / 2009  
Transaction ID: C778344  
Amount of Each Receipt this Period 19.24

**C.** Full Name (Last, First, Middle Initial)  
Matthew D. Smyth  
Mailing Address 1201 L Street NW  
City Washington State DC Zip Code 20005  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Health Care Association Occupation Director of Grassroots  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 384.79  
Date of Receipt 09 / 21 / 2009  
Transaction ID: C782346  
Amount of Each Receipt this Period 19.24

**SUBTOTAL** of Receipts This Page (optional) ..... ► 50.02  
**TOTAL** This Period (last page this line number only) ..... ►



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 44

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Christopher Snow

Mailing Address Cypress Health Care Management  
7031 Bennington Lane

City State Zip Code  
Cumming GA 30041

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

Name of Employer Occupation  
Cypress Health Care Management Business Development/ Marketing

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

Date of Receipt

M M / D D / Y Y Y Y  
09 / 02 / 2009

Transaction ID: C775559

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Patricia Torrington

Mailing Address 305 South Calle De Madrid

City State Zip Code  
Tucson AZ 85711

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

Name of Employer Occupation  
The Forum at Tuscon Executive Director

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 227.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 15 / 2009

Transaction ID: C778598

Amount of Each Receipt this Period

101.00

**C.**

Full Name (Last, First, Middle Initial)

Christopher J. Urban

Mailing Address PO Box 75

City State Zip Code  
Solana Beach CA 92075-0075

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

Name of Employer Occupation  
Ambrose Capital Finance

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

Date of Receipt

M M / D D / Y Y Y Y  
09 / 14 / 2009

Transaction ID: C780218

Amount of Each Receipt this Period

500.00

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

1101.00

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

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

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

FOR LINE NUMBER: PAGE 26 / 44  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Paul Ver Lee

Mailing Address Village Rehabilitation and Care Co  
22600 West Main Street

City Armada State MI Zip Code 48005-3237

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

Name of Employer Village Rehabilitation and Care Commun Occupation Owner

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 02 / 2009  
**Transaction ID: C775821**  
 Amount of Each Receipt this Period: 150.00

**B.** Full Name (Last, First, Middle Initial)  
Bill Watson

Mailing Address Vivian Healthcare Center  
912 South Pecan

City Vivian State LA Zip Code 71082

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1035.30

Date of Receipt: 09 / 02 / 2009  
**Transaction ID: C775578**  
 Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
Marilyn K. Weber

Mailing Address PO Box 386

City Wellington State OH Zip Code 44090-0386

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

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

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2100.00

Date of Receipt: 09 / 04 / 2009  
**Transaction ID: C776669**  
 Amount of Each Receipt this Period: 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1650.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 44

(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)  
Marilyn K. Weber

Mailing Address PO Box 386

City State Zip Code  
Wellington OH 44090-0386

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

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

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

Date of Receipt

M M / D D / Y Y Y Y  
09 / 09 / 2009

Transaction ID: C778318

Amount of Each Receipt this Period

600.00

**B.**

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

Mailing Address 5155 North High Street

City State Zip Code  
Columbus OH 43214

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

Name of Employer Occupation  
Wesley Glen Chief Financial Officer

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

Date of Receipt

M M / D D / Y Y Y Y  
09 / 14 / 2009

Transaction ID: C780217

Amount of Each Receipt this Period

125.00

**C.**

Full Name (Last, First, Middle Initial)  
Kristin West

Mailing Address 10890 Prospect Road

City State Zip Code  
Strongsville OH 44149

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

Name of Employer Occupation  
Kemper Company Vice President

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 650.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 29 / 2009

Transaction ID: C785499

Amount of Each Receipt this Period

150.00

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

875.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 28 / 44	
	(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Bruce Yarwood		Date of Receipt																					
	Mailing Address 200 P Street Apt F31		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	9		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	9		2	9		2	0	0	9														
	City	State	Zip Code	<b>Transaction ID:</b> C785453																				
	Sacramento	CA	95814-6259	Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		C	1250.00																					
Name of Employer AHCA		Occupation CEO & 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) .....	▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	30275.74

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

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

FOR LINE NUMBER: (check only one)

PAGE 29 / 44

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

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

A.	Full Name (Last, First, Middle Initial) BB & T CREDIT CARD	Transaction ID: D89295 Date of Disbursement 09 / 30 / 2009
	Mailing Address 2200 Wilson Blvd Ste 200	Amount of Each Disbursement this Period 930.62
	City Arlington State VA Zip Code 22201-3324	
	Purpose of Disbursement CC Fees	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) BB & T	Transaction ID: D89294 Date of Disbursement 09 / 30 / 2009
	Mailing Address PO Box 819 Operations Center	Amount of Each Disbursement this Period 250.56
	City Wilson State NC Zip Code 27894-0819	
	Purpose of Disbursement Bank fees	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) ▼

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

1181.18

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

1181.18

# 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

<b>A.</b> Full Name (Last, First, Middle Initial) Coulson for Congress Mailing Address PO BOX 2354 City Glenview State IL Zip Code 60025 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Elizabeth Coulson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D88913 Date of Disbursement 09 / 17 / 2009
	Amount of Each Disbursement this Period 1000.00

<b>B.</b> Full Name (Last, First, Middle Initial) CITIZENS FOR ELEANOR HOLMES NORTON Mailing Address 2201 Wisconsin Avenue, NW City Washington State DC Zip Code 20007 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Del. Eleanor Holmes Norton Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DC District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D88713 Date of Disbursement 09 / 10 / 2009
	Amount of Each Disbursement this Period 1000.00

<b>C.</b> Full Name (Last, First, Middle Initial) A NEW DIRECTION PAC Mailing Address PO BOX 4234 City Concord State NH Zip Code 03302 Purpose of Disbursement Contributions to Federal PACs/ Committees Candidate Name A NEW DIRECTION PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D88601 Date of Disbursement 09 / 03 / 2009
	Amount of Each Disbursement this Period 5000.00

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>CHARLIE CRIST FOR US SENATE</b></p> <p>Mailing Address <b>PO BOX 1694</b></p> <p>City <b>Tallahassee</b> State <b>FL</b> Zip Code <b>32302</b></p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name <b>CHARLIE CRIST FOR US SENATE</b></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p><b>Transaction ID:</b> D89090 <b>Date of Disbursement</b> 09 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>Garamendi for Congress</b></p> <p>Mailing Address <b>PO Box 496</b></p> <p>City <b>Sacramento</b> State <b>CA</b> Zip Code <b>95812</b></p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name <b>Garamendi for Congress</b></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: <b>Special</b></p>	<p><b>Transaction ID:</b> D89088 <b>Date of Disbursement</b> 09 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 3000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>HOOSIERS FOR HILL</b></p> <p>Mailing Address <b>PO Box 1071</b></p> <p>City <b>Seymour</b> State <b>IN</b> Zip Code <b>47274</b></p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name <b>Rep. Baron Hill</b></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: <b>IN</b> District: <b>09</b></p>	<p><b>Transaction ID:</b> D88719 <b>Date of Disbursement</b> 09 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

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

9000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>STUPAK FOR CONGRESS</b></p> <p>Mailing Address 817 Ninth Avenue P.O. Box 156</p> <p>City Menominee State MI Zip Code 49858</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Bart Stupak</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MI District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D88900</p> <p>Date of Disbursement 09 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>BEN CHANDLER FOR CONGRESS</b></p> <p>Mailing Address P. O. Box 12678</p> <p>City Lexington State KY Zip Code 40508</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Ben Chandler</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: KY District: 06</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D88715</p> <p>Date of Disbursement 09 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>BRIGHT FOR CONGRESS.COM</b></p> <p>Mailing Address P.O.Box 2106</p> <p>City Montgomery State AL Zip Code 36102</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Bobby Bright</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: AL District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D88714</p> <p>Date of Disbursement 09 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

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

4500.00

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



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>COMMITTEE TO ELECT CHRIS MURPHY</b></p> <p>Mailing Address P.O. Box 127</p> <p>City Cheshire State CT Zip Code 06410</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Christopher S. Murphy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 05</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D88907 <b>Date of Disbursement</b> 09 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>LOESACK FOR CONGRESS</b></p> <p>Mailing Address P.O.Box 1457</p> <p>City Iowa City State IA Zip Code 52244-1457</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Dave Loebsack</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D89082 <b>Date of Disbursement</b> 09 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>EARL POMEROY FOR CONGRESS</b></p> <p>Mailing Address P.O. Box 9336</p> <p>City Fargo State ND Zip Code 58106</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Earl Pomeroy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D88909 <b>Date of Disbursement</b> 09 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p>

<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

**A.** Full Name (Last, First, Middle Initial)  
**EARL POMEROY FOR CONGRESS**

Mailing Address P.O. Box 9336

City State Zip Code  
Fargo ND 58106

Purpose of Disbursement  
Contributions to Federal Candidates

Candidate Name  
Rep. Earl Pomeroy

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: ND District: 00

Transaction ID: D88910

Date of Disbursement

/  /

Amount of Each Disbursement this Period

**B.** Full Name (Last, First, Middle Initial)  
**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Mailing Address PO BOX 1631

City State Zip Code  
BALTIMORE MD 21203

Purpose of Disbursement  
Contributions to Federal Candidates

Candidate Name  
Rep. Elijah Cummings

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: MD District: 07

Transaction ID: D88710

Date of Disbursement

/  /

Amount of Each Disbursement this Period

**C.** Full Name (Last, First, Middle Initial)  
**FRIENDS OF GINNY BROWN-WAITE**

Mailing Address P.O. Box 865

City State Zip Code  
Brooksville FL 34605

Purpose of Disbursement  
Contributions to Federal Candidates

Candidate Name  
Rep. Ginny Brown-Waite

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: FL District: 05

Transaction ID: D88603

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>CITIZENS FOR ALTMIRE</b></p> <p>Mailing Address 499 S Capitol St SW Ste 404</p> <p>City Washington State DC Zip Code 20003-4004</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Jason Altmire</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: PA District: 04</p>	<p><b>Transaction ID:</b> D88902</p> <p>Date of Disbursement 09 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>Matheson for Congress</b></p> <p>Mailing Address 677 So. 200 West Suite A</p> <p>City Salt Lake City State UT Zip Code 84101</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Jim Matheson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: UT District: 02</p>	<p><b>Transaction ID:</b> D89089</p> <p>Date of Disbursement 09 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>LARSON FOR CONGRESS</b></p> <p>Mailing Address 1087 Old Maine Street</p> <p>City East Hartford State CT Zip Code 06108</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. John B. Larson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CT District: 01</p>	<p><b>Transaction ID:</b> D88717</p> <p>Date of Disbursement 09 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p>

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

9500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>ADLER FOR CONGRESS</b></p> <p>Mailing Address 14 KNIGHTSWOOD DRIVE</p> <p>City MARLTON State NJ Zip Code 08053</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. John H. Adler</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D88709 <b>Date of Disbursement</b> 09 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>COURTNEY FOR CONGRESS</b></p> <p>Mailing Address 38 Risley Road</p> <p>City Vernon State CT Zip Code 06066</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Joseph Courtney</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D88716 <b>Date of Disbursement</b> 09 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>LOUISE SLAUGHTER RE-ELECTION COMMITTEE</b></p> <p>Mailing Address P.O. Box 730</p> <p>City Honeoye State NY Zip Code 14471</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Louise McIntosh Slaughter</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 28</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D89084 <b>Date of Disbursement</b> 09 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) ARCURI FOR CONGRESS	Transaction ID: D89083 Date of Disbursement 09 / 29 / 2009
	Mailing Address P.O. Box 8508	Amount of Each Disbursement this Period 1000.00
	City Utica State NY Zip Code 13505	
	Purpose of Disbursement Contributions to Federal Candidates	Category/Type
	Candidate Name Rep. Michael Arcuri	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) MIKE PENCE COMMITTEE	Transaction ID: D89081 Date of Disbursement 09 / 29 / 2009
	Mailing Address P. O. Box 408	Amount of Each Disbursement this Period 1000.00
	City Anderson State IN Zip Code 46015	
	Purpose of Disbursement Contributions to Federal Candidates	Category/Type
	Candidate Name Rep. Mike Pence	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS OF PATRICK J. KENNEDY INC.	Transaction ID: D88623 Date of Disbursement 09 / 03 / 2009
	Mailing Address P.O. Box 321	Amount of Each Disbursement this Period 1000.00
	City Pawtucket State RI Zip Code 02860	
	Purpose of Disbursement Contributions to Federal Candidates	Category/Type
	Candidate Name Rep. Patrick J. Kennedy	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 01	Disbursement For: 2010 <input checked="" 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

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>ROSKAM FOR CONGRESS COMMITTEE</b></p> <p>Mailing Address 141 Shelley Ln</p> <p>City Wheaton State IL Zip Code 60187-7423</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Peter J. Roskam</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 06</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D89087 <b>Date of Disbursement</b> 09 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>RODNEY ALEXANDER FOR CONGRESS INC.</b></p> <p>Mailing Address PO Box 367</p> <p>City Quitman State LA Zip Code 71268</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Rodney Alexander</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 05</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D88912 <b>Date of Disbursement</b> 09 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>KIND FOR CONGRESS COMMITTEE</b></p> <p>Mailing Address 505 King St</p> <p>City La Crosse State WI Zip Code 54601</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Ron J. Kind</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D88711 <b>Date of Disbursement</b> 09 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3500.00</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

A.	Full Name (Last, First, Middle Initial) <b>KIND FOR CONGRESS COMMITTEE</b>	<b>Transaction ID:</b> D88712
	Mailing Address 505 King St	Date of Disbursement 09 / 10 / 2009
	City La Crosse State WI Zip Code 54601	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/Type
	Candidate Name Rep. Ron J. Kind	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 03	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) <b>Graves for Congress</b>	<b>Transaction ID:</b> D88901
	Mailing Address PO Box 34744	Date of Disbursement 09 / 17 / 2009
	City Kansas City State MO Zip Code 64116-1144	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/Type
	Candidate Name Rep. Sam Graves	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) <b>LEVIN FOR CONGRESS</b>	<b>Transaction ID:</b> D88903
	Mailing Address 230 North Avenue	Date of Disbursement 09 / 17 / 2009
	City Mt. Clemens State MI Zip Code 48043	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/Type
	Candidate Name Rep. Sander M. Levin	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 12	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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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) LEVIN FOR CONGRESS Mailing Address 230 North Avenue City Mt. Clemens State MI Zip Code 48043 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Sander M. Levin Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 12 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D88904 Date of Disbursement 09 / 17 / 2009
	Amount of Each Disbursement this Period 1000.00

<b>B.</b> Full Name (Last, First, Middle Initial) SCOTT MURPHY FOR CONGRESS COMMITTEE Mailing Address 615 GLEN ST City GLENS FALLS State NY Zip Code 12801 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Scott Murphy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D89086 Date of Disbursement 09 / 29 / 2009
	Amount of Each Disbursement this Period 1000.00

<b>C.</b> Full Name (Last, First, Middle Initial) STEVE AUSTRIA FOR CONGRESS Mailing Address 2537 Obetz Drive City Beaver creek State OH Zip Code 45434 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Steve Austria Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 07 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D88720 Date of Disbursement 09 / 10 / 2009
	Amount of Each Disbursement this Period 1000.00

<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)

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

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

**A.** Full Name (Last, First, Middle Initial)  
**TAMMY BALDWIN FOR CONGRESS**

Mailing Address P.O. Box 696

City Madison State WI Zip Code 53701

Purpose of Disbursement  
Contributions to Federal Candidates

Candidate Name  
Rep. Tammy Baldwin

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: WI District: 02

Transaction ID: D88602

Date of Disbursement

09 / 03 / 2009

Amount of Each Disbursement this Period

200.00

**B.** Full Name (Last, First, Middle Initial)  
**MINNICK FOR CONGRESS**

Mailing Address 8150 W. Emerald Street

City Boise State ID Zip Code 83704

Purpose of Disbursement  
Contributions to Federal Candidates

Candidate Name  
Rep. Walt Clifford Minnick

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: ID District: 01

Transaction ID: D88908

Date of Disbursement

09 / 17 / 2009

Amount of Each Disbursement this Period

1500.00

**C.** Full Name (Last, First, Middle Initial)  
**ZACK SPACE FOR CONGRESS COMMITTEE**

Mailing Address 714 N WOOSTER AVENUE

City DOVER State OH Zip Code 44622

Purpose of Disbursement  
Contributions to Federal Candidates

Candidate Name  
Rep. Zack Space

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: OH District: 18

Transaction ID: D88718

Date of Disbursement

09 / 10 / 2009

Amount of Each Disbursement this Period

1000.00

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

2700.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) GRASSLEY COMMITTEE INC	Transaction ID: D88905 Date of Disbursement 09 / 17 / 2009
	Mailing Address PO BOX 1000	Amount of Each Disbursement this Period 2000.00
	City DES MOINES State IA Zip Code 50304	
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Sen. Charles E. Grassley	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) PAT ROBERTS FOR SENATE	Transaction ID: D89091 Date of Disbursement 09 / 29 / 2009
	Mailing Address PO BOX 433	Amount of Each Disbursement this Period 1000.00
	City GREAT BEND State KS Zip Code 67530-0433	
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Sen. Pat Roberts	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 00	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) WYDEN FOR SENATE	Transaction ID: D88911 Date of Disbursement 09 / 17 / 2009
	Mailing Address 232 NE 9TH AVENUE	Amount of Each Disbursement this Period 2500.00
	City PORTLAND State OR Zip Code 97232	
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Sen. Ron Wyden	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

A.	Full Name (Last, First, Middle Initial) <b>CARPER FOR SENATE</b>	<b>Transaction ID:</b> D89085
	Mailing Address 19 EAST COMMONS BLVD SECOND FLOOR	Date of Disbursement 09 / 29 / 2009
	City NEW CASTLE State DE Zip Code 19720	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Sen. Thomas R. Carper	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) <b>FRIENDS OF TREY GRAYSON</b>	<b>Transaction ID:</b> D88604
	Mailing Address PO BOX 175726	Date of Disbursement 09 / 03 / 2009
	City Fort Mitchell State KY Zip Code 41017	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name FRIENDS OF TREY GRAYSON	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) <b>VICTORY IN NOVEMBER ELECTION PAC (VINEPAC)</b>	<b>Transaction ID:</b> D89092
	Mailing Address 227 Massachusetts Ave. NE	Date of Disbursement 09 / 29 / 2009
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Contributions to Federal PACs/ Committees	Category/ Type
	Candidate Name VICTORY IN NOVEMBER ELECTION PAC (VINEPAC)	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4500.00</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)

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

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

A.

Full Name (Last, First, Middle Initial)  
GRASSLEY COMMITTEE INC

Mailing Address PO BOX 1000

City DES MOINES State IA Zip Code 50304

Purpose of Disbursement  
Reattribution/Redesignation to General

Candidate Name  
Sen. Charles E. Grassley

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: IA District: 00

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: D88862

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**[MEMO ITEM]**

Redesignated Contribution

B.

Full Name (Last, First, Middle Initial)  
GRASSLEY COMMITTEE INC

Mailing Address PO BOX 1000

City DES MOINES State IA Zip Code 50304

Purpose of Disbursement  
Reattribution/Redesignation to General

Candidate Name  
Sen. Charles E. Grassley

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: IA District: 00

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: D88863

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**[MEMO ITEM]**

Redesignated Contribution

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

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