

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>CHARLIE CRIST FOR US SENATE</b></p> <p>Mailing Address PO BOX 1694</p> <p>City Tallahassee State FL Zip Code 32302</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 PO Box 496</p> <p>City Sacramento State CA Zip Code 95812</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: Special</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 PO Box 1071</p> <p>City Seymour State IN Zip Code 47274</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: IN District: 09</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>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>9000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	