

# 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 05 01 2009 through 05 31 2009

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

Signature of Treasurer Electronically Filed by Ms. Gail Clarkson Date 06 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**

FEC Form 3X (Rev. 02/2003)

Page 2

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

Report Covering the Period: From: 

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>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 .....	252917.53									
(c) Total Receipts (from Line 19) .....	31427.60	408708.35								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	284345.13	530539.92								
7. Total Disbursements (from Line 31) .....	146435.07	392629.86								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	137910.06	137910.06								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

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

Report Covering the Period: From: 

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	5

D	D
3	1

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	27968.50	373923.65
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	3459.10	30784.70
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	31427.60	404708.35
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	4000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	31427.60	408708.35
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)) .....	31427.60	408708.35
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	31427.60	408708.35

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1435.07	6239.86
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1435.07	6239.86
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	145000.00	386390.00
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))..	146435.07	392629.86
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	146435.07	392629.86

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3 .....	31427.60	408708.35
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	31427.60	408708.35
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1435.07	6239.86
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1435.07	6239.86

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 36
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mark Ballif	Date of Receipt MM / DD / YYYY 05 / 14 / 2009
	Mailing Address 100 E San Marcos Blvd Suite 200	<b>Transaction ID:</b> C722018
	City State Zip Code San Marcos CA 92069	Amount of Each Receipt this Period 1250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Plum Healthcare Group Occupation Executive Assistant Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Steve Bellone	Date of Receipt MM / DD / YYYY 05 / 13 / 2009
	Mailing Address 921 East Fort Avenue Suite 240	<b>Transaction ID:</b> C722190
	City State Zip Code Baltimore MD 21230	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer White Oak Healthcare, LLC Occupation President/ CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Lyn Bentley	Date of Receipt MM / DD / YYYY 05 / 05 / 2009
	Mailing Address 1201 L Street NW	<b>Transaction ID:</b> C720315
	City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AHCA Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1770.00
<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: (check only one)	PAGE 7 / 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Lyn Bentley	Date of Receipt MM / DD / YYYY 05 / 19 / 2009
	Mailing Address 1201 L Street NW	<b>Transaction ID:</b> C724870
	City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AHCA Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Steve Boymel	Date of Receipt MM / DD / YYYY 05 / 11 / 2009
	Mailing Address 12100 Reed Hartman Highway	<b>Transaction ID:</b> C722020
	City State Zip Code Cincinnati OH 45241-6036	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Brookwood Retirement Community Occupation Owner/Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Richard Brockman	Date of Receipt MM / DD / YYYY 05 / 14 / 2009
	Mailing Address 569 Brookwood Village Suite 901	<b>Transaction ID:</b> C724853
	City State Zip Code Birmingham AL 35209	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Johnston, Barton, Proctor & Powell Occupation Partner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2270.00
<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 8 / 36  
(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)  
Gerald Cox

Mailing Address PO Box 7728

City State Zip Code  
Rocky Mount NC 27804-0728

FEC ID number of contributing federal political committee. C

Name of Employer Autumn Corp      Occupation President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 05 / 14 / 2009  
**Transaction ID: C724852**  
 Amount of Each Receipt this Period 2500.00

**B.** Full Name (Last, First, Middle Initial)  
Teresa Eyt

Mailing Address 1201 L Street NW

City State Zip Code  
Washington DC 20001

FEC ID number of contributing federal political committee. C

Name of Employer AHCA      Occupation Education

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 05 / 2009  
**Transaction ID: C720316**  
 Amount of Each Receipt this Period 20.00

**C.** Full Name (Last, First, Middle Initial)  
Teresa Eyt

Mailing Address 1201 L Street NW

City State Zip Code  
Washington DC 20001

FEC ID number of contributing federal political committee. C

Name of Employer AHCA      Occupation Education

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 19 / 2009  
**Transaction ID: C724871**  
 Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional) ..... 2540.00

**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 / 36  
(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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Susan Feeney</p> <p>Mailing Address 7005 Metropolitan PI</p> <p>City Falls Church      State VA      Zip Code 22043-2330</p> <p>FEC ID number of contributing federal political committee.      <b>C</b></p> <p>Name of Employer: American Health Care Association      Occupation: Vice President, Public Affairs</p> <p>Receipt For:  <input type="checkbox"/> Primary    <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 211.40</p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 5 / 0 5 / 2 0 0 9</span></p> <p><b>Transaction ID:</b> C720317</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">19.24</span></p>
--	--

<p><b>B.</b> Full Name (Last, First, Middle Initial) Susan Feeney</p> <p>Mailing Address 7005 Metropolitan PI</p> <p>City Falls Church      State VA      Zip Code 22043-2330</p> <p>FEC ID number of contributing federal political committee.      <b>C</b></p> <p>Name of Employer: American Health Care Association      Occupation: Vice President, Public Affairs</p> <p>Receipt For:  <input type="checkbox"/> Primary    <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 211.40</p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 5 / 1 9 / 2 0 0 9</span></p> <p><b>Transaction ID:</b> C724872</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">19.24</span></p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Tripp Francis</p> <p>Mailing Address 102 Woodchase Park Drive</p> <p>City Clinton      State MS      Zip Code 39056-4113</p> <p>FEC ID number of contributing federal political committee.      <b>C</b></p> <p>Name of Employer: Trinity Mission of Clinton LLC      Occupation: Administrator</p> <p>Receipt For:  <input type="checkbox"/> Primary    <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 5000.00</p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 5 / 2 6 / 2 0 0 9</span></p> <p><b>Transaction ID:</b> C725696</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">1000.00</span></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">1038.48</span>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 36  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Gavin Gadberry

Mailing Address PO Box 9158

City Amarillo State TX Zip Code 79105

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

Name of Employer Underwood Law Firm Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 06 / 2009

Transaction ID: C718541

Amount of Each Receipt this Period 250.00

**B.**

Full Name (Last, First, Middle Initial)  
Patricia Giorgio

Mailing Address Evergreen Estates  
3410 12th Avenue SW

City Cedar Rapids State IA Zip Code 52404-1307

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

Name of Employer Evergreen Estates Occupation Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 04 / 2009

Transaction ID: C720307

Amount of Each Receipt this Period 500.00

**C.**

Full Name (Last, First, Middle Initial)  
Thomas Goeritz

Mailing Address Southview Acres Health Care Center  
2000 Oakdale Avenue

City West Saint Paul State MN Zip Code 55118

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 ▼ 202.00

Date of Receipt 05 / 19 / 2009

Transaction ID: C724868

Amount of Each Receipt this Period 202.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 952.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 36

(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)  
Don Gormly

Mailing Address 1685 Shaffer Rd

City State Zip Code  
Atwater CA 95301-4456

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

Name of Employer Occupation  
Anberry Rehab Hosp Owner

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

Date of Receipt

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

Transaction ID: C725493

Amount of Each Receipt this Period  
1250.00

**B.**

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

Mailing Address 9031 Penn Avenue S

City State Zip Code  
Bloomington MN 55431-2225

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

Name of Employer Occupation  
Tealwood Care Centers Inc President

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

Date of Receipt

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

Transaction ID: C716829

Amount of Each Receipt this Period  
1250.00

**C.**

Full Name (Last, First, Middle Initial)  
Gerald Hamilton

Mailing Address 7612 Rio Penasco Court NW

City State Zip Code  
Albuquerque NM 87120-5315

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

Name of Employer Occupation  
Bee Hive Homes of Albuquerque Information Requested

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

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

Transaction ID: C716830

Amount of Each Receipt this Period  
250.00

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

2750.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 36  
(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)  
David Hebert

Mailing Address 7605 Ridgecrest Drive

City State Zip Code  
Alexandria VA 22308-1049

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

Name of Employer AHCA Occupation Senior Vice President of Advocacy

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 423.16

Date of Receipt  
MM / DD / YYYY  
05 / 05 / 2009

Transaction ID: C720320

Amount of Each Receipt this Period  
38.47

**B.**

Full Name (Last, First, Middle Initial)  
David Hebert

Mailing Address 7605 Ridgecrest Drive

City State Zip Code  
Alexandria VA 22308-1049

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

Name of Employer AHCA Occupation Senior Vice President of Advocacy

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 423.16

Date of Receipt  
MM / DD / YYYY  
05 / 19 / 2009

Transaction ID: C724875

Amount of Each Receipt this Period  
38.47

**C.**

Full Name (Last, First, Middle Initial)  
Brian Holloway

Mailing Address 1001 Center Street

City State Zip Code  
Little Egg Harbor NJ 08087-1364

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

Name of Employer Seacrest Village Occupation Owner/President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 05 / 2009

Transaction ID: C716831

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **326.94**

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

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

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

FOR LINE NUMBER: PAGE 13 / 36  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Jeffrey N Hyatt

Mailing Address 5102 Scenic Dr

City State Zip Code  
Yakima WA 98908-2229

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

Name of Employer: Hyatt Family Facilities   Occupation: Owner

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: MM / DD / YYYY  
05 / 06 / 2009

**Transaction ID: C718512**

Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
Evan Lansing Kolb

Mailing Address 2701 Marye Street

City State Zip Code  
Alexandria LA 71301

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

Name of Employer: Magnolia Management Corporation   Occupation: Executive

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY  
05 / 26 / 2009

**Transaction ID: C731183**

Amount of Each Receipt this Period: 250.00

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

Mailing Address 4621 28th Road South  
PAYROLL DEDUCTION

City State Zip Code  
Arlington VA 22206

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

Name of Employer: AHCA   Occupation: Director, Assisted Living

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ 435.16

Date of Receipt: MM / DD / YYYY  
05 / 05 / 2009

**Transaction ID: C720321**

Amount of Each Receipt this Period: 39.56

**SUBTOTAL** of Receipts This Page (optional) ..... ► **789.56**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 36  
(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) David Kylo		Date of Receipt MM / DD / YYYY 05 / 19 / 2009
Mailing Address 4621 28th Road South PAYROLL DEDUCTION		Transaction ID: C724877
City Arlington	State VA	Zip Code 22206
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 39.56
Name of Employer AHCA	Occupation Director, Assisted Living	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 435.16	

**B.**

Full Name (Last, First, Middle Initial) Howard Lipschutz		Date of Receipt MM / DD / YYYY 05 / 19 / 2009
Mailing Address 1304 Laurel Oak Rd		Transaction ID: C724863
City Voorhees	State NJ	Zip Code 08043-4310
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Burnt Tavern Rehabilitation HealthCare	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

**C.**

Full Name (Last, First, Middle Initial) Rick Mendlen		Date of Receipt MM / DD / YYYY 05 / 22 / 2009
Mailing Address 1810 Gillespie Ways Suite 212		Transaction ID: C725494
City El Cajon	State CA	Zip Code 92020-0921
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Kennon S. Shea & Associates	Occupation Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1539.56
<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 15 / 36  
(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) Abraham Morse		Date of Receipt MM / DD / YYYY 05 / 08 / 2009
Mailing Address 21 Sagamore Road		<b>Transaction ID:</b> C720337
City Newton Highlands	State MA	Zip Code 02461
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Massachusetts Senior Care Association	Occupation President	
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) Cynthia Klisz Morton		Date of Receipt MM / DD / YYYY 05 / 05 / 2009
Mailing Address 4609 Overbrook Road		<b>Transaction ID:</b> C720322
City Bethesda	State MD	Zip Code 20816
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.24
Name of Employer American Health Care Association	Occupation Government Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.50	

**C.**

Full Name (Last, First, Middle Initial) Cynthia Klisz Morton		Date of Receipt MM / DD / YYYY 05 / 19 / 2009
Mailing Address 4609 Overbrook Road		<b>Transaction ID:</b> C724879
City Bethesda	State MD	Zip Code 20816
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.24
Name of Employer American Health Care Association	Occupation Government Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.50	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	538.48
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 16 / 36  
(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)  
Steve Mulder

Mailing Address 7300 Del Pardo Street

City State Zip Code  
Boca Raton FL 33433

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

Name of Employer Occupation  
Whitehall Boca Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 14 / 2009

**Transaction ID:** C722017

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Cornelius Murray

Mailing Address 54 State Street

City State Zip Code  
Albany NY 12207

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

Name of Employer Occupation  
O'Connell & Aronowitz Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 19 / 2009

**Transaction ID:** C724866

Amount of Each Receipt this Period  
250.00

**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:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
MM / DD / YYYY  
05 / 05 / 2009

**Transaction ID:** C720323

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **520.00**

**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 / 36

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Francesca Fierro O'Reilly

Mailing Address 4005 Nellie Custis Dr

City State Zip Code  
Arlington VA 22207-5107

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

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

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 9 / 2 0 0 9

Transaction ID: C724886

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Jeffrey Parrish

Mailing Address 11156 Sardis-Scotts Hill Road

City State Zip Code  
Scotts Hill TN 38374

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

Name of Employer Occupation  
Tennessee Health Management General Counsel

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

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 1 / 2 0 0 9

Transaction ID: C718513

Amount of Each Receipt this Period

125.00

**C.**

Full Name (Last, First, Middle Initial)

Teddy Rae Price

Mailing Address PO Box 1438

City State Zip Code  
Winnfield LA 71483-1438

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

Name of Employer Occupation  
Central Management Company President & CEO

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

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 6 / 2 0 0 9

Transaction ID: C718518

Amount of Each Receipt this Period

1250.00

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

1395.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 36  
(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)  
Robert Rosenthal

Mailing Address 6400 SW 44th Street

City Miami State FL Zip Code 33155-5145

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

Name of Employer 21st Century Health Group Inc. Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 21 / 2009

Transaction ID: C725307

Amount of Each Receipt this Period 500.00

**B.**

Full Name (Last, First, Middle Initial)  
Joani Schelm

Mailing Address 6330 South 104th Street

City Omaha State NE Zip Code 68127

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

Name of Employer Vetter Health Services, Inc. Occupation Director of Financial Services

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 06 / 2009

Transaction ID: C718517

Amount of Each Receipt this Period 500.00

**C.**

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

Mailing Address 9031 Penn Ave S

City Bloomington State MN Zip Code 55431-2225

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

Name of Employer Tealwood Care Centers Occupation Healthcare Mangement

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 19 / 2009

Transaction ID: C724864

Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 2000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 36  
(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)  
Dean Shuford

Mailing Address 103 Club Ct

City State Zip Code  
Warner Robins GA 31088-7534

FEC ID number of contributing federal political committee. C

Name of Employer  
Ethica Health & Retirement Communities

Occupation  
Executive VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
05 / 07 / 2009

**Transaction ID:** C720650

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Matthew D. Smyth

Mailing Address 1201 L Street NW

City State Zip Code  
Washington DC 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 ▼  
211.63

Date of Receipt  
05 / 05 / 2009

**Transaction ID:** C720329

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 State Zip Code  
Washington DC 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 ▼  
211.63

Date of Receipt  
05 / 19 / 2009

**Transaction ID:** C724895

Amount of Each Receipt this Period  
19.24

**SUBTOTAL** of Receipts This Page (optional) ..... 1038.48

**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 20 / 36  
(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)  
Dean Solden

Mailing Address 12005 Scio Church Road

City State Zip Code  
Chelsea MI 48118-9612

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

Name of Employer Solden Development Company LLC  
Occupation President & Owner

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

Date of Receipt: MM / DD / YYYY  
05 / 19 / 2009

**Transaction ID: C724867**

Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Steven Wannemacher

Mailing Address PO Box 3188

City State Zip Code  
Bloomington IL 61702-3188

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

Name of Employer Heritage Enterprises  
Occupation Sr VP Cong Svc

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: MM / DD / YYYY  
05 / 20 / 2009

**Transaction ID: C725654**

Amount of Each Receipt this Period: 2000.00

**C.** 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 Weber Health Care Center, Inc.  
Occupation Superintendent

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

Date of Receipt: MM / DD / YYYY  
05 / 28 / 2009

**Transaction ID: C731452**

Amount of Each Receipt this Period: 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2750.00

**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 21 / 36  
(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)  
Arnold Whitman

Mailing Address 1035 Powers Place

City State Zip Code  
Alpharetta GA 30004

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

Name of Employer Occupation  
Formation Capital CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
05 / 18 / 2009

**Transaction ID:** C725310

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
Chris Wright

Mailing Address iCare Management  
341 Bidwell Street

City State Zip Code  
Manchester CT 06040-6470

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

Name of Employer Occupation  
iCare Management, LLC CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 26 / 2009

**Transaction ID:** C731185

Amount of Each Receipt this Period  
750.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5750.00**

**TOTAL** This Period (last page this line number only) ..... ► **27968.50**

**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 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: D86960 Date of Disbursement 05 / 31 / 2009
	Mailing Address 2200 Wilson Blvd Ste 200	Amount of Each Disbursement this Period 1134.34
	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: D86959 Date of Disbursement 05 / 31 / 2009
	Mailing Address PO Box 819 Operations Center	Amount of Each Disbursement this Period 300.73
	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) .....

1435.07

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

1435.07

# 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>BATTLE BORN POLITICAL ACTION COMMITTEE</b></p> <p>Mailing Address PO Box 40366 Suite 300</p> <p>City Washington State DC Zip Code 20016</p> <p>Purpose of Disbursement Contributions to Federal PACs/ Committees</p> <p>Candidate Name <b>BATTLE BORN POLITICAL ACTION COMMITTEE</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 checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> D84676 <b>Date of Disbursement</b> 05 / 14 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>Chet Edwards for Congress</b></p> <p>Mailing Address 5006 Lakeland Circle 328 Cannon House Ofc Bldg</p> <p>City Waco State TX Zip Code 76710</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name <b>Rep. Chet Edwards</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) ▼</p> <p>State: TX District: 17</p>	<p><b>Transaction ID:</b> D84673 <b>Date of Disbursement</b> 05 / 14 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>Democratic Senatorial Campaign Committee</b></p> <p>Mailing Address 430 S Capitol St SE</p> <p>City Washington State DC Zip Code 20003-4024</p> <p>Purpose of Disbursement Contributions to Federal PACs/ Committees</p> <p>Candidate Name <b>Democratic Senatorial Campaign Committee</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 checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> D84749 <b>Date of Disbursement</b> 05 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 15000.00</p>

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

19500.00

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





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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) <b>OUR CONGRESS POLITICAL ACTION COMMITTEE</b>	<b>Transaction ID:</b> D84684
	Mailing Address <b>PO BOX 344</b>	Date of Disbursement MM / DD / YYYY <b>05 / 14 / 2009</b>
	City <b>PRESCOTT</b> State <b>AR</b> Zip Code <b>71857</b>	Amount of Each Disbursement this Period <b>5000.00</b>
	Purpose of Disbursement Contributions to Federal PACs/ Committees	Category/ Type
	Candidate Name <b>OUR CONGRESS POLITICAL ACTION COMMITTEE</b>	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) <b>KIRKPATRICK FOR ARIZONA</b>	<b>Transaction ID:</b> D84659
	Mailing Address <b>PO Box 993</b>	Date of Disbursement MM / DD / YYYY <b>05 / 14 / 2009</b>
	City <b>Prescott</b> State <b>AZ</b> Zip Code <b>86302</b>	Amount of Each Disbursement this Period <b>5000.00</b>
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name <b>Rep. Ann Kirkpatrick</b>	
	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>AZ</b> District: <b>01</b>	

C.	Full Name (Last, First, Middle Initial) <b>CONGRESSMAN BART GORDON COMMITTEE</b>	<b>Transaction ID:</b> D84674
	Mailing Address <b>P.O. Box 2008</b>	Date of Disbursement MM / DD / YYYY <b>05 / 14 / 2009</b>
	City <b>Murfreesboro</b> State <b>TN</b> Zip Code <b>37133</b>	Amount of Each Disbursement this Period <b>1000.00</b>
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name <b>Rep. Bart Gordon</b>	
	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>TN</b> District: <b>06</b>	

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

**11000.00**

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>GUTHRIE FOR CONGRESS</b></p> <p>Mailing Address <b>PO BOX 9639</b></p> <p>City <b>BOWLING GREEN</b> State <b>KY</b> Zip Code <b>42102</b></p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name <b>Rep. Brett Guthrie</b></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: <b>KY</b> District: <b>02</b></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> D84743 <b>Date of Disbursement</b> 05 / 19 / 2009</p> <p>Amount of Each Disbursement this Period <b>1000.00</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>DAVE CAMP FOR CONGRESS 2008</b></p> <p>Mailing Address <b>5915 EASTMAN AVE. SUITE 100</b></p> <p>City <b>MIDLAND</b> State <b>MI</b> Zip Code <b>48640</b></p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name <b>Rep. Dave Camp</b></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: <b>MI</b> District: <b>04</b></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> D84742 <b>Date of Disbursement</b> 05 / 19 / 2009</p> <p>Amount of Each Disbursement this Period <b>2500.00</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>FRIENDS OF DENNIS CARDOZA</b></p> <p>Mailing Address <b>PO Box 2749</b></p> <p>City <b>Merced</b> State <b>CA</b> Zip Code <b>95340</b></p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name <b>Rep. Dennis Cardoza</b></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: <b>CA</b> District: <b>18</b></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> D84665 <b>Date of Disbursement</b> 05 / 14 / 2009</p> <p>Amount of Each Disbursement this Period <b>5000.00</b></p>

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

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

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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) TITUS FOR CONGRESS</p> <p>Mailing Address 3711 East Sunset Road</p> <p>City Las Vegas State NV Zip Code 89120</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Dina Titus</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV 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> D84660 <b>Date of Disbursement</b> 05 / 14 / 2009</p> <p>Amount of Each Disbursement this Period 4000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) TITUS FOR CONGRESS</p> <p>Mailing Address 3711 East Sunset Road</p> <p>City Las Vegas State NV Zip Code 89120</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Dina Titus</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D84661 <b>Date of Disbursement</b> 05 / 14 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) EARL POMEROY FOR CONGRESS</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> D84650 <b>Date of Disbursement</b> 05 / 14 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

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

6000.00

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

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

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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) <b>FRANK KRATOVIL FOR CONGRESS</b>	<b>Transaction ID:</b> D84666
	Mailing Address 222 Main Sail Drive	Date of Disbursement 05 / 14 / 2009
	City Stevensville State MD Zip Code 21666	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Frank Kratovil, Jr.	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 01	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>PETERS FOR CONGRESS</b>	<b>Transaction ID:</b> D84663
	Mailing Address PO BOX 226	Date of Disbursement 05 / 14 / 2009
	City BLOOMFIELD HILLS State MI Zip Code 48303	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Gary C. Peters	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 09	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>GEOFF DAVIS FOR CONGRESS</b>	<b>Transaction ID:</b> D84646
	Mailing Address 3161 Dixie Highway	Date of Disbursement 05 / 14 / 2009
	City Erlanger State KY Zip Code 41018	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Geoff Davis	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 04	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>11000.00</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

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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>FRIENDS OF GLENN NYE</b></p> <p>Mailing Address <b>PO BOX 68444</b></p> <p>City <b>VIRGINIA BEACH</b> State <b>VA</b> Zip Code <b>23471</b></p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name <b>Rep. Glenn C. Nye</b></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>VA</b> District: <b>02</b></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> D84653 <b>Date of Disbursement</b> 05 / 14 / 2009</p> <p>Amount of Each Disbursement this Period <b>5000.00</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>HARRY MITCHELL FOR CONGRESS</b></p> <p>Mailing Address <b>PO Box 23748</b></p> <p>City <b>Tempe</b> State <b>AZ</b> Zip Code <b>85285</b></p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name <b>Rep. Harry E. Mitchell</b></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>AZ</b> District: <b>05</b></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> D84669 <b>Date of Disbursement</b> 05 / 14 / 2009</p> <p>Amount of Each Disbursement this Period <b>5000.00</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>HARRY TEAGUE FOR CONGRESS</b></p> <p>Mailing Address <b>PO BOX 5153</b></p> <p>City <b>HOBBS</b> State <b>NM</b> Zip Code <b>88241</b></p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name <b>Rep. Harry Teague</b></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>NM</b> District: <b>02</b></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> D84654 <b>Date of Disbursement</b> 05 / 14 / 2009</p> <p>Amount of Each Disbursement this Period <b>5000.00</b></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>15000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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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) <b>TIERNEY FOR CONGRESS</b>	<b>Transaction ID:</b> D84671
	Mailing Address PO Box 8013	Date of Disbursement 05 / 14 / 2009
	City SALEM State MA Zip Code 01971-8013	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. John F. Tierney	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 06	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>JOHN LEWIS FOR CONGRESS</b>	<b>Transaction ID:</b> D84647
	Mailing Address 2015 Wallace Rd.	Date of Disbursement 05 / 14 / 2009
	City Atlanta State GA Zip Code 30331	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. John Lewis	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 05	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>KISSELL FOR CONGRESS</b>	<b>Transaction ID:</b> D84652
	Mailing Address P.O. Box 1530	Date of Disbursement 05 / 14 / 2009
	City Biscoe State NC Zip Code 27209	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Larry Kissell	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 08	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>7000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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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></p> <p>Full Name (Last, First, Middle Initial) ARCURI FOR CONGRESS</p> <p>Mailing Address P.O. Box 8508</p> <p>City Utica State NY Zip Code 13505</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Michael Arcuri</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24</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> D84656</p> <p>Date of Disbursement 05 / 14 / 2009</p> <p>Amount of Each Disbursement this Period 4000.00</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) ARCURI FOR CONGRESS</p> <p>Mailing Address P.O. Box 8508</p> <p>City Utica State NY Zip Code 13505</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Michael Arcuri</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D84657</p> <p>Date of Disbursement 05 / 14 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) MICHAEL BURGESS FOR CONGRESS</p> <p>Mailing Address PO Box 2334</p> <p>City Denton State TX Zip Code 76202-2334</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Michael C. Burgess</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 26</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> D84878</p> <p>Date of Disbursement 05 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p>

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

10000.00

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

**SCHEDULE B (FEC Form 3X)  
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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) <b>CAPUANO FOR CONGRESS COMMITTEE</b>	<b>Transaction ID:</b> D84672
	Mailing Address <b>PO BOX 440305</b>	Date of Disbursement MM / DD / YYYY <b>05 / 14 / 2009</b>
	City <b>SOMERVILLE</b> State <b>MA</b> Zip Code <b>02144</b>	Amount of Each Disbursement this Period <b>1000.00</b>
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name <b>Rep. Michael E. Capuano</b>	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>MA</b> District: <b>08</b>	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>MIKE PENCE COMMITTEE</b>	<b>Transaction ID:</b> D84675
	Mailing Address <b>P. O. Box 408</b>	Date of Disbursement MM / DD / YYYY <b>05 / 14 / 2009</b>
	City <b>Anderson</b> State <b>IN</b> Zip Code <b>46015</b>	Amount of Each Disbursement this Period <b>1000.00</b>
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name <b>Rep. Mike Pence</b>	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>IN</b> District: <b>06</b>	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>GRIFFITH FOR CONGRESS</b>	<b>Transaction ID:</b> D84658
	Mailing Address <b>PO BOX 2619</b>	Date of Disbursement MM / DD / YYYY <b>05 / 14 / 2009</b>
	City <b>HUNTSVILLE</b> State <b>AL</b> Zip Code <b>35804</b>	Amount of Each Disbursement this Period <b>5000.00</b>
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name <b>Rep. Parker Griffith</b>	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>AL</b> District: <b>05</b>	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>7000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) MCHENRY FOR CONGRESS	Transaction ID: D84678 Date of Disbursement 05 / 14 / 2009
	Mailing Address PO BOX 1406	Amount of Each Disbursement this Period 1000.00
	City HICKORY State NC Zip Code 28603	
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Patrick T. McHenry	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 10	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) KIND FOR CONGRESS COMMITTEE	Transaction ID: D84741 Date of Disbursement 05 / 19 / 2009
	Mailing Address 505 King St	Amount of Each Disbursement this Period 2500.00
	City La Crosse State WI Zip Code 54601	
	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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) BERKLEY FOR CONGRESS	Transaction ID: D84651 Date of Disbursement 05 / 14 / 2009
	Mailing Address PO Box 7397	Amount of Each Disbursement this Period 1000.00
	City Las Vegas State NV Zip Code 89125-7397	
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Shelley Berkley	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV 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) .....	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) <b>HOYER FOR CONGRESS</b>	<b>Transaction ID:</b> D84677
	Mailing Address 7905 MALCOLM ROAD SUITE 102	Date of Disbursement 05 / 14 / 2009
	City CLINTON State MD Zip Code 20735	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Steny H. Hoyer	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05	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>HOYER FOR CONGRESS</b>	<b>Transaction ID:</b> D84748
	Mailing Address 7905 MALCOLM ROAD SUITE 102	Date of Disbursement 05 / 19 / 2009
	City CLINTON State MD Zip Code 20735	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Steny H. Hoyer	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) <b>DRIEHAUS FOR CONGRESS</b>	<b>Transaction ID:</b> D84655
	Mailing Address 650 FOX TRAILS WAY	Date of Disbursement 05 / 14 / 2009
	City CINCINNATI State OH Zip Code 45233	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Steve L. Driehaus	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH 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) .....	<b>15000.00</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) KOSMAS FOR CONGRESS	Transaction ID: D84662
	Mailing Address PO Box 1547	Date of Disbursement 05 / 14 / 2009
	City New Smyrna Beach State FL Zip Code 32170	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Suzanne M. Kosmas	
	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: FL District: 24	

B.	Full Name (Last, First, Middle Initial) CHILDERS FOR CONGRESS	Transaction ID: D84664
	Mailing Address PO BOX 177	Date of Disbursement 05 / 14 / 2009
	City BOONEVILLE State MS Zip Code 38829	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Travis W Childers	
	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: MS District: 01	

C.	Full Name (Last, First, Middle Initial) MINNICK FOR CONGRESS	Transaction ID: D84667
	Mailing Address 8150 W. Emerald Street	Date of Disbursement 05 / 14 / 2009
	City Boise State ID Zip Code 83704	Amount of Each Disbursement this Period 4000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Walt Minnick	
	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: ID District: 01	

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

14000.00

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) <b>MINNICK FOR CONGRESS</b>	<b>Transaction ID:</b> D84668
	Mailing Address 8150 W. Emerald Street	Date of Disbursement 05 / 14 / 2009
	City Boise State ID Zip Code 83704	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Walt Minnick	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: ID District: 01	

B.	Full Name (Last, First, Middle Initial) <b>SYNERGY PAC</b>	<b>Transaction ID:</b> D84746
	Mailing Address 6849 OLD DOMINION DRIVE SUITE 222	Date of Disbursement 05 / 19 / 2009
	City MCLEAN State VA Zip Code 22101	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contributions to Federal PACs/ Committees	Category/ Type
	Candidate Name SYNERGY PAC	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) <b>VICTORY IN NOVEMBER ELECTION PAC (VINEPAC)</b>	<b>Transaction ID:</b> D84670
	Mailing Address 227 Massachusetts Ave. NE	Date of Disbursement 05 / 14 / 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	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>8500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>14500.00</b>