

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 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 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / through / /

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

Type or Print Name of Treasurer Mr. Michael Wylie

Signature of Treasurer Mr. Michael Wylie [Electronically Filed] Date / /

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		<input type="text" value="213354.30"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="329482.24"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="40152.87"/>	<input type="text" value="255497.42"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="369635.11"/>	<input type="text" value="468851.72"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="107874.91"/>	<input type="text" value="207091.52"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="261760.20"/>	<input type="text" value="261760.20"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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: / / To: / /

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).....	37714.52	236877.26
(ii) Unitemized	2438.35	9620.16
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	40152.87	246497.42
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	40152.87	251497.42
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	4000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (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))..... ▶	40152.87	255497.42
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	40152.87	255497.42

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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	1874.91	4591.52
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1874.91	4591.52
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	106000.00	197500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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	5000.00
(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	5000.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	107874.91	207091.52
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	107874.91	207091.52

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

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)	40152.87	251497.42
34. Total Contribution Refunds (from Line 28(d))	0.00	5000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	40152.87	246497.42
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	1874.91	4591.52
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	1874.91	4591.52

**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 OF 31
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 5420 West Plano Parkway

City Plano	State TX	Zip Code 75093-4823
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FEC ID number of contributing federal political committee. **C**

Name of Employer Preferred Care Partners Mgmt Group	Occupation Director, Operations
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	23	/	2015

Transaction ID : C2960705

Amount of Each Receipt this Period
5000.00

Full Name (Last, First, Middle Initial)
B. Scott Averill

Mailing Address 511 Market

City Overbrook	State KS	Zip Code 66524
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FEC ID number of contributing federal political committee. **C**

Name of Employer Brookside Retirement Community	Occupation CEO
--	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	09	/	2015

Transaction ID : C2945299

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. Mark Berger

Mailing Address 521 Gleason St.

City Brusly	State LA	Zip Code 70719
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FEC ID number of contributing federal political committee. **C**

Name of Employer Louisiana Nursing Home Association	Occupation Reimbursement Director
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2015

Transaction ID : C2958513

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....	5750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 31
	<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	<input type="checkbox"/> 17

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

A. Heath Boddy
Full Name (Last, First, Middle Initial)

Mailing Address 2201 N 98th Street

City Lincoln State NE Zip Code 68505

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

Name of Employer Nebraska Health Care Association Occupation State Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **262.50**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 17 / 2015

Transaction ID : C2947440

Amount of Each Receipt this Period
87.50

B. Calvin Callaway
Full Name (Last, First, Middle Initial)

Mailing Address 510 Mill Street

City Folsom State CA Zip Code 95630

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

Name of Employer Folsom Care Center Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 10 / 2015

Transaction ID : C2945746

Amount of Each Receipt this Period
500.00

C. Lori Cooper
Full Name (Last, First, Middle Initial)

Mailing Address 1891 Andrews Drive

City Concord State CA Zip Code 94521

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

Name of Employer Stonebrook Healthcare Center Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 17 / 2015

Transaction ID : C2949167

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	837.50
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Gerald Cox

Mailing Address **PO Box 7728**

City **Rocky Mount** State **NC** Zip Code **27804-0728**

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

Name of Employer **Autumn Corporation** Occupation **President**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2500.00**

Date of Receipt
03 / 09 / 2015
Transaction ID : C2963381

Amount of Each Receipt this Period
2500.00

Full Name (Last, First, Middle Initial)
B. Kendra Ellis

Mailing Address **318 1st Ave S #607**

City **Seattle** State **WA** Zip Code **98104**

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

Name of Employer **Embassy Management LLC** Occupation **State Director**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
03 / 27 / 2015
Transaction ID : C2968749

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Tiffany Exline

Mailing Address **4541 East Anaheim Street**

City **Long Beach** State **CA** Zip Code **90804**

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

Name of Employer **Mueller Prost** Occupation **Director of Long Term Care**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
03 / 24 / 2015
Transaction ID : C2963770

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **3250.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Heather Friebus
 Full Name (Last, First, Middle Initial)
 Mailing Address 933 N Gadsden Pl
 City Tucson State AZ Zip Code 85710-2643
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Devon Gables Rehabilitation Center Occupation Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 13 / 2015
Transaction ID : C2963396
 Amount of Each Receipt this Period
250.00

B. Tonya Gregory
 Full Name (Last, First, Middle Initial)
 Mailing Address 1195 Puryears Bend Rd.
 City Hartsville State TN Zip Code 37074
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Quality Care Occupation Data Processing
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 09 / 2015
Transaction ID : C2963380
 Amount of Each Receipt this Period
1000.00

C. Don Greiner
 Full Name (Last, First, Middle Initial)
 Mailing Address 4350 Will Rogers Pkwy Ste 350
 City Oklahoma City State OK Zip Code 73108-1857
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Grace Living Centers Occupation President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **5000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 25 / 2015
Transaction ID : C2963799
 Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)..... **6250.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 31
<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. Shellie Greiner
Full Name (Last, First, Middle Initial)

Mailing Address 4350 Will Rogers Pkwy

City Oklahoma City State OK Zip Code 73108

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

Name of Employer N/A Occupation Homemaker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2015
Transaction ID : C2963802

Amount of Each Receipt this Period
5000.00

B. Healthmark Services, Inc.
Full Name (Last, First, Middle Initial)

Mailing Address 217 Lakewood Road

City Van Buren State AR Zip Code 72956

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2015
Transaction ID : C2970071

Amount of Each Receipt this Period
2500.00

See refund issued 4/1/2015 on next report

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

Mailing Address 4621 28th Road South

City Arlington State VA Zip Code 22206

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

Name of Employer National Center for Assisted Living Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
326.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 24 / 2015
Transaction ID : C2963780

Amount of Each Receipt this Period
217.40

* Payroll Deduction: \$108.70 Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	7717.40
TOTAL This Period (last page this line number only).....	

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

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

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

A. William Bruce Levering
Full Name (Last, First, Middle Initial)

Mailing Address 6180 Sparta Road

City State Zip Code
Fredericktown OH 43019

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

Name of Employer Occupation
Levering Management CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 24 / 2015
Transaction ID : C2963771

Amount of Each Receipt this Period
1500.00

B. Marcus Naquin
Full Name (Last, First, Middle Initial)

Mailing Address 1702 South Elm Street

City State Zip Code
Hammond LA 70403

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

Name of Employer Occupation
Hammond Nursing Home Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 06 / 2015
Transaction ID : C2944217

Amount of Each Receipt this Period
250.00

C. Clifton Porter
Full Name (Last, First, Middle Initial)

Mailing Address 3929 Azalea Court

City State Zip Code
Maumee OH 43537

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

Name of Employer Occupation
American Health Care Association SVP Government Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1153.86

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 24 / 2015
Transaction ID : C2963782

Amount of Each Receipt this Period
384.62

* Payroll Deduction: \$192.31 Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ▶ 2134.62

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

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

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

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

A. Joseph William Sadler
 Full Name (Last, First, Middle Initial)
 Mailing Address 2000 N Causeway Approach
 City Mandeville State LA Zip Code 70471-3043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Magnolia Ancillary Services Occupation Regional Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 30 / 2015
Transaction ID : C2970064
 Amount of Each Receipt this Period
 500.00

B. Jerry Sams
 Full Name (Last, First, Middle Initial)
 Mailing Address 3316 Pecan Grove Lane
 City Alma State AR Zip Code 72921
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Central Arkansas Nursing Occupation CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2015
Transaction ID : C2963792
 Amount of Each Receipt this Period
 5000.00

C. Jeanne Sanders
 Full Name (Last, First, Middle Initial)
 Mailing Address 19 NH Route 104
 City Meredith State NH Zip Code 03253-5715
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Golden View Health Care Occupation Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 09 / 2015
Transaction ID : C2963382
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	5750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 31
<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. Dion Sena
Full Name (Last, First, Middle Initial)

Mailing Address 1301 NE 104th Street

City Miami Shores State FL Zip Code 33138

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

Name of Employer Stellar Health Properties LLC Occupation Managing Member

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2015
Transaction ID : C2942033

Amount of Each Receipt this Period
 500.00

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

Mailing Address 20 St. Mark's Bay

City Faribault State MN Zip Code 55021

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

Name of Employer Tealwood Care Centers Occupation Chief Clinical Operations Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 03 / 2015
Transaction ID : C2983498

Amount of Each Receipt this Period
 1000.00

C. Harry D. Shuford
Full Name (Last, First, Middle Initial)

Mailing Address 103 Club Ct

City Warner Robins State GA Zip Code 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2015
Transaction ID : C2970062

Amount of Each Receipt this Period
 500.00

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: (check only one)	PAGE 14 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Sam Thompson
Full Name (Last, First, Middle Initial)

Mailing Address 6502 Stinespring Dr

City Paducah State KY Zip Code 42001-8676

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

Name of Employer Southgate Health Care Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt
03 / 27 / 2015

Transaction ID : C2968748

Amount of Each Receipt this Period
500.00

B. Paula Warren
Full Name (Last, First, Middle Initial)

Mailing Address 3301 Alabama Avenue

City Alexandria State VA Zip Code 22305

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

Name of Employer American Health Care Association Occupation CIO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **775.00**

Date of Receipt
03 / 25 / 2015

Transaction ID : C2983443

Amount of Each Receipt this Period
775.00

C. Brett Waters
Full Name (Last, First, Middle Initial)

Mailing Address 2416 Mesa Street

City Idaho Falls State ID Zip Code 83401

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

Name of Employer New Beginnings Community Living Home Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
03 / 27 / 2015

Transaction ID : C2968747

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... **1525.00**

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

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

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

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

Full Name (Last, First, Middle Initial) A. B.S.M.C., LLC		Date of Receipt MM / DD / YYYY 03 / 24 / 2015 Transaction ID : C2963581
Mailing Address DBA Brookside Inn 1297 S. Perry Street		Amount of Each Receipt this Period 1500.00
City Castle Rock	State CO	Zip Code 80104
FEC ID number of contributing federal political committee. C	Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
		PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial) B. DeVona K. Schumann		Date of Receipt MM / DD / YYYY 03 / 24 / 2015 Transaction ID : C2963767
Mailing Address PO Box 1387		Amount of Each Receipt this Period 750.00
City Castle Rock	State CO	Zip Code 80104
FEC ID number of contributing federal political committee. C	Name of Employer Brookside Inn	Occupation Managing Partner
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
		[MEMO ITEM] *

Full Name (Last, First, Middle Initial) C. Frederick A. Schumann		Date of Receipt MM / DD / YYYY 03 / 24 / 2015 Transaction ID : C2963766
Mailing Address PO Box 1387		Amount of Each Receipt this Period 750.00
City Castle Rock	State CO	Zip Code 80104
FEC ID number of contributing federal political committee. C	Name of Employer Brookside Inn	Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
		[MEMO ITEM] *

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)	PAGE 16 OF 31
<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"/>	<input type="checkbox"/> 17

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

A. SSWL, LLC
Full Name (Last, First, Middle Initial)

Mailing Address DBA Bamboo Castle Consulting
2015 South Emerson St.

City State Zip Code
Denver CO 80210

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 24 / 2015
Transaction ID : C2963768

Amount of Each Receipt this Period
1000.00

PARTNERSHIP--partners below if itemized

B. Sarah C. Schumann
Full Name (Last, First, Middle Initial)

Mailing Address 2015 S. Emerson Street

City State Zip Code
Denver CO 80210

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

Name of Employer Occupation
Brookside Inn Vice President of Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 24 / 2015
Transaction ID : C2963769

Amount of Each Receipt this Period
1000.00

[MEMO ITEM]
*

C.
Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	37714.52

**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

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 02 / 2015

Transaction ID : D165409

Amount of Each Disbursement this Period

16.00

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 03 / 2015

Transaction ID : D165410

Amount of Each Disbursement this Period

388.00

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 09 / 2015

Transaction ID : D165411

Amount of Each Disbursement this Period

16.00

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

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

420.00

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

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

FOR LINE NUMBER:
(check only one)

<input 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

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 24 / 2015

Transaction ID : D165412

Amount of Each Disbursement this Period

8.00

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 30 / 2015

Transaction ID : D165413

Amount of Each Disbursement this Period

320.00

Full Name (Last, First, Middle Initial)

C. BB&T Merchant Services

Mailing Address PO Box 200

City Wilson State NC Zip Code 27894-0200

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 16 / 2015

Transaction ID : D165408

Amount of Each Disbursement this Period

737.80

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

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

1065.80

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

Full Name (Last, First, Middle Initial)

A. BB&T

Mailing Address 1099 New York Ave NW
Ste 100

City Washington State DC Zip Code 20001-4452

Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	23	/	2015

Transaction ID : D165406

Amount of Each Disbursement this Period

330.16

Full Name (Last, First, Middle Initial)

B. BB&T

Mailing Address 1099 New York Ave NW
Ste 100

City Washington State DC Zip Code 20001-4452

Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	23	/	2015

Transaction ID : D165407

Amount of Each Disbursement this Period

58.95

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

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

389.11

1874.91

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. AMERIPAC: THE FUND FOR A GREATER AMERICA

Mailing Address 499 S. CAPITOL ST. S.W. #414

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	09	/	2015

Transaction ID : D164819

Amount of Each Disbursement this Period

5,000.00

Full Name (Last, First, Middle Initial)

B. Bluegrass Committee

Mailing Address 400 N Capitol St NW #585

City Washington State DC Zip Code 20001

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	09	/	2015

Transaction ID : D164818

Amount of Each Disbursement this Period

5,000.00

Full Name (Last, First, Middle Initial)

C. BOEHNER FOR SPEAKER COMMITTEE

Mailing Address 320 First Street, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	09	/	2015

Transaction ID : D164820

Amount of Each Disbursement this Period

2,500.00

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

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

12500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. BOEHNER FOR SPEAKER COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		09		2015

Mailing Address 320 First Street, SE

Transaction ID : D164821

City WASHINGTON State DC Zip Code 20003

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement
Contribution

--

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. BRIDGE PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		30		2015

Mailing Address 499 S Capitol St SW Ste 412

Transaction ID : D165208

City Washington State DC Zip Code 20003-4009

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
Contribution

--

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Deb Fischer for US Senate, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		30		2015

Mailing Address 5555 South Street

Transaction ID : D165211

City Lincoln State NE Zip Code 68506

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
Contribution

--

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: NE District:

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

8000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol St SE

City Washington State DC Zip Code 20003-4024

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D164939

Amount of Each Disbursement this Period

Category/
Type

Full Name (Last, First, Middle Initial)

B. FRIENDS OF PATRICK MURPHY

Mailing Address 4521 PGA BLVD. #412

City Palm Beach Gardens State FL Zip Code 33418

Purpose of Disbursement
Contribution

Candidate Name

Rep. Patrick Murphy

Office Sought: House Senate President

State: FL District: 18

Disbursement For: 2016 Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D165121

Amount of Each Disbursement this Period

Category/
Type

Full Name (Last, First, Middle Initial)

C. JOBS, OPPORTUNITIES AND EDUCATION, PAC (JOE-PAC)

Mailing Address 84-54 Grand Avenue

City Elmhurst State NY Zip Code 11373

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D165216

Amount of Each Disbursement this Period

Category/
Type

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

Full Name (Last, First, Middle Initial)

A. LEGPAC

Mailing Address 38 IVY ST., SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 03 / 2015

Transaction ID : D164723

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. MURPHPAC

Mailing Address 50 E St SE
Ste 1

City Washington State DC Zip Code 20003-2620

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 03 / 2015

Transaction ID : D164712

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. BONNIE WATSON COLEMAN FOR CONGRESS

Mailing Address 180 Upland Ave

City Ewing State NJ Zip Code 08638-2330

Purpose of Disbursement
Contribution-Debt Retirement

Candidate Name

Rep. Bonnie Watson Coleman

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NJ District: 12

Date of Disbursement

MM / DD / YYYY
03 / 24 / 2015

Transaction ID : D165084

Amount of Each Disbursement this Period

2500.00

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

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

12500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. BRAD ASHFORD FOR CONGRESS

Mailing Address PO BOX 24023

City OMAHA State NE Zip Code 68124

Purpose of Disbursement
Contribution

Candidate Name
Rep. Brad Ashford

Office Sought: House
 Senate
 President
State: NE District: 02

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	24	/	2015

Transaction ID : D165085

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. WHITFIELD FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 391

City HOPKINSVILLE State KY Zip Code 42241

Purpose of Disbursement
Contribution

Candidate Name
Rep. Edward Whitfield

Office Sought: House
 Senate
 President
State: KY District: 01

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	19	/	2015

Transaction ID : D165028

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. ELISE FOR CONGRESS

Mailing Address PO BOX 338

City WILLSBORO State NY Zip Code 12996

Purpose of Disbursement
Contribution

Candidate Name
Rep. Elise Stefanik

Office Sought: House
 Senate
 President
State: NY District: 21

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	24	/	2015

Transaction ID : D165083

Amount of Each Disbursement this Period

1000.00

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

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

5000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. TEXANS FOR HENRY CUELLAR CONGRESSIONAL CAMPAIGN

Mailing Address 1519 WASHINGTON STREET
SUITE 200

City LAREDO State TX Zip Code 78042

Purpose of Disbursement
Contribution

Candidate Name

Rep. Henry Cuellar

Office Sought: House
 Senate
 President
State: TX District: 28

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 03 / 2015

Transaction ID : D164719

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. COURTNEY FOR CONGRESS

Mailing Address 38 Risley Road

City Vernon State CT Zip Code 06066

Purpose of Disbursement
Contribution

Candidate Name

Rep. Joe Courtney

Office Sought: House
 Senate
 President
State: CT District: 02

Disbursement For: 2016
 Primary General
 Other (specify) ▼
Convention

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 27 / 2015

Transaction ID : D165161

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. COURTNEY FOR CONGRESS

Mailing Address 38 Risley Road

City Vernon State CT Zip Code 06066

Purpose of Disbursement
Contribution

Candidate Name

Rep. Joe Courtney

Office Sought: House
 Senate
 President
State: CT District: 02

Disbursement For: 2016
 Primary General
 Other (specify) ▼
Convention

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 19 / 2015

Transaction ID : D165027

Amount of Each Disbursement this Period

1500.00

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

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

4500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. FRIENDS OF JOE PITTS

Mailing Address PO BOX 775

City Unionville State PA Zip Code 19375

Purpose of Disbursement Contribution

Candidate Name
Rep. Joe Pitts

Office Sought: House Senate President
State: PA District: 16

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 03 / 2015

Transaction ID : D164715

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. KEVIN MCCARTHY FOR CONGRESS

Mailing Address PO Box 12667

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement Contribution

Candidate Name
Rep. Kevin McCarthy

Office Sought: House Senate President
State: CA District: 23

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 03 / 2015

Transaction ID : D164721

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. MULLIN FOR CONGRESS

Mailing Address PO BOX 3681

City MUSKOGEE State OK Zip Code 74402

Purpose of Disbursement Contribution

Candidate Name
Rep. Markwayne Mullin

Office Sought: House Senate President
State: OK District: 02

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 09 / 2015

Transaction ID : D164817

Amount of Each Disbursement this Period

1000.00

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

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

8500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. DR. RAUL RUIZ FOR CONGRESS

Mailing Address PO Box 3433

City State Zip Code
Palm Desert CA 92261

Purpose of Disbursement
Contribution

Candidate Name

Rep. Raul Ruiz

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 36

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	03	/	2015

Transaction ID : D164716

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. GALLEGO FOR ARIZONA

Mailing Address PO BOX 1710

City State Zip Code
PHOENIX AZ 85001

Purpose of Disbursement
Contribution

Candidate Name

Rep. Ruben Gallego

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: AZ District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	03	/	2015

Transaction ID : D164724

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. VOTETIPTON.COM

Mailing Address PO BOX 1582

City State Zip Code
CORTEZ CO 81321

Purpose of Disbursement
Contribution

Candidate Name

Rep. Scott Tipton

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CO District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2015

Transaction ID : D165209

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. STIVERS FOR CONGRESS

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220

Purpose of Disbursement
Contribution

Candidate Name

Rep. Steve Stivers

Office Sought: House
 Senate
 President
State: OH District: 15

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 19 / 2015

Transaction ID : D165026

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF TODD YOUNG, INC.

Mailing Address PO BOX 1053

City BLOOMINGTON State IN Zip Code 47402

Purpose of Disbursement
Contribution

Candidate Name

Rep. Todd C. Young

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 03 / 2015

Transaction ID : D164717

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. VERN BUCHANAN FOR CONGRESS

Mailing Address P. O. Box 48928

City Sarasota State FL Zip Code 34230

Purpose of Disbursement
Contribution

Candidate Name

Rep. Vern Buchanan

Office Sought: House
 Senate
 President
State: FL District: 16

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 03 / 2015

Transaction ID : D164714

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. BECERRA FOR CONGRESS

Mailing Address P.O. Box 261060

City Los Angeles State CA Zip Code 90026

Purpose of Disbursement Contribution

Candidate Name

Rep. Xavier Becerra

Office Sought: House Senate President

State: CA District: 34

Disbursement For: 2016 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 17 / 2015

Transaction ID : D164964

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. SEARCHLIGHT LEADERSHIP FUND

Mailing Address 422 C Street NE Lower level

City Washington State DC Zip Code 20002

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 03 / 2015

Transaction ID : D164713

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF JOHN THUNE

Mailing Address 200 NORTH PHILLIPS AVENUE STE L101

City SIOUX FALLS State SD Zip Code 57104

Purpose of Disbursement Contribution

Candidate Name

Sen. John Thune

Office Sought: House Senate President

State: SD District:

Disbursement For: 2016 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 03 / 2015

Transaction ID : D164718

Amount of Each Disbursement this Period

3000.00

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

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

13000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. BENNET FOR COLORADO

Mailing Address PO BOX 3078

City DENVER State CO Zip Code 80201

Purpose of Disbursement
Contribution

Candidate Name
Sen. Michael F. Bennet

Office Sought: House Senate President
 Disbursement For: 2016 Primary General Other (specify) ▼
 State: CO District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		09		2015

Transaction ID : D164814

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. BENNET FOR COLORADO

Mailing Address PO BOX 3078

City DENVER State CO Zip Code 80201

Purpose of Disbursement
Contribution

Candidate Name
Sen. Michael F. Bennet

Office Sought: House Senate President
 Disbursement For: 2016 Primary General Other (specify) ▼
 State: CO District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		09		2015

Transaction ID : D164815

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. WYDEN FOR SENATE

Mailing Address 232 NE 9TH AVENUE

City PORTLAND State OR Zip Code 97232

Purpose of Disbursement
Contribution

Candidate Name
Sen. RONALD LEE WYDEN

Office Sought: House Senate President
 Disbursement For: 2016 Primary General Other (specify) ▼
 State: OR District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		30		2015

Transaction ID : D165210

Amount of Each Disbursement this Period

2500.00

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

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

7500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. SHORE PAC

Mailing Address PO. Box 3157

City State Zip Code
Long Branch NJ 07740

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
03 / 03 / 2015

Transaction ID : D164722

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

3500.00

106000.00