

# 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. 12FE4M5  
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 ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
C 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 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- |                                      |   |                                       |  |
|--------------------------------------|---|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5)            | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6)            | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input checked="" type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

(c) 12-Day PRE-Election Report for the:

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12S)	

Election on M M / D D / Y Y Y Y Y Y in the State of  

(d) 30-Day POST-Election Report for the:

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
--	---------------------------------------	--

Election on M M / D D / Y Y Y Y Y Y in the State of  

5. Covering Period 06 / 01 / 2017 through 06 / 30 / 2017

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

Type or Print Name of Treasurer \_\_\_\_\_

Signature of Treasurer Hillier, Robin, , Ms., [Electronically Filed] Date 07 / 19 / 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only									
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2017"/>		60676.83
(b) Cash on Hand at Beginning of Reporting Period.....	194803.07	
(c) Total Receipts (from Line 19) .....	37369.81	414008.55
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	232172.88	474685.38
7. Total Disbursements (from Line 31).....	51750.30	294262.80
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	180422.58	180422.58
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:  /  /  To:  /  /

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	35163.94	385566.58
(ii) Unitemized .....	2205.87	16441.97
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	37369.81	402008.55
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	10000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	37369.81	412008.55
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	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	1000.00
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)).....▶	37369.81	414008.55
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	37369.81	414008.55

**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 .....	1750.30	6762.80
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1750.30	6762.80
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	45000.00	277500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	5000.00	10000.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	51750.30	294262.80
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	51750.30	294262.80

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	37369.81	412008.55
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	37369.81	412008.55
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	1750.30	6762.80
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1750.30	6762.80

**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 32
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. Allen, Martin, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 333 N. Summit Street

City Toledo	State OH	Zip Code 43614
----------------	-------------	-------------------

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

Name of Employer (for Individual) HCR ManorCare	Occupation (for Individual) Vice President
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1249.98

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2017

**Transaction ID : C3543670**

Amount of Each Receipt this Period  
208.33

Memo Item

**B. Batdorf, April, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3412 Sauvignon Ct

City Greeley	State CO	Zip Code 80634-8919
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Sava Senior Care Consulting, LLC	Occupation (for Individual) Administrator
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2017

**Transaction ID : C3546033**

Amount of Each Receipt this Period  
300.00

Memo Item

**C. Belk, Lonnta, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4301 W. Village Ave.  
Apt. 4013

City Suitland	State MD	Zip Code 20746
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) American Health Care Association	Occupation (for Individual) LTC Customer Service Specialist
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
230.40

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2017

**Transaction ID : C3550684**

Amount of Each Receipt this Period  
57.60

Memo Item

\* Payroll Deduction: \$19.20 bi-weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	565.93
<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 OF 32
	<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. Billingsley, Laura, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 840 Kersting Road  
 City Wentzville State MO Zip Code 63385  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Medline Industries, Inc. Occupation (for Individual) VP of Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 04 / 2017  
**Transaction ID : C3530445**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Blankenship, Ashley, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1306 S. Donaghey  
 City Conway State AR Zip Code 72034  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Southridge Village Assisted Livings Occupation (for Individual) Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 06 / 03 / 2017  
**Transaction ID : C3530424**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

**C. Boddy, Heath, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4615 Union Hill Road  
 City Lincoln State NE Zip Code 68516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Nebraska Health Care Association Occupation (for Individual) President & CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 15 / 2017  
**Transaction ID : C3537898**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5350.00
<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 8 OF 32
<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. Buckman, Richard, Sean, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2747 NE 17th St  
 City Fort Lauderdale State FL Zip Code 33305  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Carbondale Nursing & Rehab Occupation (for Individual) Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **06 / 19 / 2017**  
**Transaction ID : C3545989**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Ciolek, Daniel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1201 L Street NW  
 City Washington State DC Zip Code 20005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Health Care Association Occupation (for Individual) Associate VP, Therapy Advocacy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 960.00

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : C3550685**  
 Amount of Each Receipt this Period 240.00  
 Memo Item  
 \* Payroll Deduction: \$80.00 bi-weekly

**C. Clarkson, Gail, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1539 Lochridge Rd  
 City Bloomfield Hills State MI Zip Code 48302-0736  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Nexcare Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **06 / 27 / 2017**  
**Transaction ID : C3546015**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2240.00
<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 9 OF 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Colbert, George, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 777 East Wind Court  
 City Valley Park State MO Zip Code 63088  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Garden View Care Centers Occupation (for Individual) Administrator  
 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  
 06 / 27 / 2017  
**Transaction ID : C3546018**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B. Coplin, Beth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 106 Shawnee Cir.  
 City West Monroe State LA Zip Code 71291  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Landmark Nursing & Rehab Center Occupation (for Individual) 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  
 06 / 06 / 2017  
**Transaction ID : C3545964**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. Daniel, Kenneth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2243 Kilchurn Drive  
 City Marion State OH Zip Code 43302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United Church Homes, Inc. Occupation (for Individual) President & CEO  
 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  
 06 / 08 / 2017  
**Transaction ID : C3533690**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 10 OF 32  
(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. Dearing, Shane, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14240 Murphy Cir E  
 City Carmel State IN Zip Code 46074-0099  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Medline Industries Occupation (for Individual) VP, National Accounts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 27 / 2017  
**Transaction ID : C3546026**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. DeLucenay, Beth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 307 W. Masonic View Ave  
 City Alexandria State VA Zip Code 22301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Charles E Smith Life Communities Occupation (for Individual) Vice President, Planning  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 07 / 2017  
**Transaction ID : C3532973**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Erickson, Joanne, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 911 S Randolph St  
 City Arlington State VA Zip Code 22204-1564  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Health Care Association Occupation (for Individual) Senior Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : C3550688**  
 Amount of Each Receipt this Period 120.00  
 Memo Item  
 \* Payroll Deduction: \$40.00 bi-weekly

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 620.00  
**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 11 OF 32
<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. Eyet, Teresa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10009 Dallas Ave  
 City Takoma Park State MD Zip Code 20901-2240  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Health Care Association Occupation (for Individual) Senior Director, Education  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : C3550686**  
 Amount of Each Receipt this Period 144.00  
 Memo Item  
 \* Payroll Deduction: \$48.00 bi-weekly

**B. Fleshner, Irene, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1688 Floyd Street  
 City Sarasota State FL Zip Code 34239  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Genesis HealthCare Corporation Occupation (for Individual) Nurse Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 06 / 27 / 2017  
**Transaction ID : C3546013**  
 Amount of Each Receipt this Period 137.50  
 Memo Item

**C. Gifford, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 81 Kenyon Ave.  
 City East Greenwich State RI Zip Code 02818-2905  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Health Care Association Occupation (for Individual) Sr Vp, Quality & Regulatory Affairs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 06 / 24 / 2017  
**Transaction ID : C3545435**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1281.50
<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 12 OF 32
<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. Goux, Ronald, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2045 Highway 59  
 PO Box 1429  
 City Mandeville State LA Zip Code 70448-1909  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Gulf South Medical Enterprises Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.83

Date of Receipt 06 / 27 / 2017  
**Transaction ID : C3546014**  
 Amount of Each Receipt this Period 520.83  
 Memo Item

**B. Griffith, William, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1825 7th Street, NW  
 #901  
 City Washington State DC Zip Code 20001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Health Care Association Occupation (for Individual) Senior Manager, Political Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : C3550687**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 \* Payroll Deduction: \$20.00 bi-weekly

**C. Hahs, Jennifer, S., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12423 Flint Street  
 City Overland Park State KS Zip Code 66213  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Health Care Association Occupation (for Individual) Senior Director, Political Affairs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 277.80

Date of Receipt 06 / 30 / 2017  
**Transaction ID : C3550694**  
 Amount of Each Receipt this Period 166.68  
 Memo Item  
 \* Payroll Deduction: \$55.56 bi-weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	747.51
<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 13 OF 32
	<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. Handy, Nathan, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2144 Cages Bend Road  
 City Gallatin State TN Zip Code 37066  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Medline Industries, Inc. Occupation (for Individual) Regional Sales Manager  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 06 / 27 / 2017  
**Transaction ID : C3546029**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Hanse, Stephen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4 Sunset Boulevard  
 City Cossackie State NY Zip Code 12051  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York State Health Facilities Assoc Occupation (for Individual) President/CEO  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 2500.00

Date of Receipt 06 / 02 / 2017  
**Transaction ID : C3530395**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

**C. Hightower, Todd, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Healthmark Services Occupation (for Individual) Owner  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 5000.00

Date of Receipt 06 / 12 / 2017  
**Transaction ID : C3545983**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	7750.00
<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 14 OF 32
<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. Jarek, Holly, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 118B Hollis St

City Groton	State MA	Zip Code 01450-1355
----------------	-------------	------------------------

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

Name of Employer (for Individual) Seven Hills Foundation	Occupation (for Individual) Vice President
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2125.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2017

**Transaction ID : C3543671**

Amount of Each Receipt this Period  
750.00

Memo Item

**B. Knox, Joanna, D., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2017 Patricia Dr.

City Carlsbad	State NM	Zip Code 88220
------------------	-------------	-------------------

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

Name of Employer (for Individual) Lakeview Christian Home of the SW, Inc	Occupation (for Individual) CEO
---	------------------------------------

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
06	/	27	/	2017

**Transaction ID : C3546022**

Amount of Each Receipt this Period  
125.00

Memo Item

**C. Kylo, David, A, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) American Health Care Association	Occupation (for Individual) VP, Insurance and Member Programs
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
576.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2017

**Transaction ID : C3550691**

Amount of Each Receipt this Period  
144.00

Memo Item

\* Payroll Deduction: \$48.00 bi-weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1019.00
<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 15 OF 32
	<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. Lane, Larry, F., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1616 Stephens Dr  
 City Wayne State PA Zip Code 19087-1023  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Genesis Health Care Occupation (for Individual) VP, Gov't Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 06 / 05 / 2017  
**Transaction ID : C3545963**  
 Amount of Each Receipt this Period 1500.00  
 Memo Item

**B. LeNeave, Ted, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1603 22nd Street Suite 200  
 City West Des Moines State IA Zip Code 50266  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Accura HealthCare Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 06 / 27 / 2017  
**Transaction ID : C3546017**  
 Amount of Each Receipt this Period 1250.00  
 Memo Item

**C. Marshall, Anthony, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 117 Whitestone Dr.  
 City McDonough State GA Zip Code 30253  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Georgia Health Care Association Occupation (for Individual) President & CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 12 / 2017  
**Transaction ID : C3535457**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2850.00
<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 16 OF 32
<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. Naquin, Marcus, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1702 South Elm Street  
 City Hammond State LA Zip Code 70403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hammond Nursing Home Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt **06 / 02 / 2017**  
**Transaction ID : C3529812**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Oxford, Mike, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4460 W 23rd Street Dr  
 City Greeley State CO Zip Code 80634-3846  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sava Senior Care Consulting, LLC Occupation (for Individual) Division President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **06 / 27 / 2017**  
**Transaction ID : C3546032**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Parks, Christopher, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1730 Truro Rd  
 City Crofton State MD Zip Code 21114-2520  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Health Care Association Occupation (for Individual) Director of IT and Operations  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : C3550695**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 \* Payroll Deduction: \$20.00 bi-weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	560.00
<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 17 OF 32
<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. Ponthie, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 449 Overbrook Court  
 City Shreveport State LA Zip Code 71106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Southern Administrative Services Occupation (for Individual) Managing Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : C3548263**  
 Amount of Each Receipt this Period 1250.00  
 Memo Item

**B. Porter, Clifton, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3929 Azalea Court  
 City Maumee State OH Zip Code 43537  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Health Care Association Occupation (for Individual) SVP Government Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : C3550692**  
 Amount of Each Receipt this Period 600.00  
 Memo Item  
 \* Payroll Deduction: \$200.00 bi-weekly

**C. Prince, Jayne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 806 S Street  
 City Neligh State NE Zip Code 68756  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Willows Assisted Living Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **06 / 23 / 2017**  
**Transaction ID : C3543672**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1900.00
<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 18 OF 32
<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. Rotella, Angelo, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4 Pond View Ct

City Smithfield	State RI	Zip Code 02917-1773
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Friendly Home	Occupation (for Individual) Owner
--	--------------------------------------

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
06	/	16	/	2017

**Transaction ID : C3539009**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Samples, Jesse, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 451 Truman Rd

City Franklin	State TN	Zip Code 37064-8322
------------------	-------------	------------------------

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

Name of Employer (for Individual) Tennessee Health Care Association	Occupation (for Individual) President
--	--

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
06	/	16	/	2017

**Transaction ID : C3539088**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. Shepard, Laurie, D., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 355 Columbia Ave W  
Unit 108

City Battle Creek	State MI	Zip Code 49015-3374
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Ingham Regional Assisted Living	Occupation (for Individual) Managing Partner
--	---

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
06	/	17	/	2017

**Transaction ID : C3540626**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1250.00
<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 19 OF 32
<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. Shimer, Jennifer, S, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9507 Shelly Krasnow Ln

City Fairfax	State VA	Zip Code 22031-4720
-----------------	-------------	------------------------

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

Name of Employer (for Individual) American Health Care Association	Occupation (for Individual) COO
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
480.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2017

**Transaction ID : C3550698**

Amount of Each Receipt this Period  
120.00

Memo Item

\* Payroll Deduction: \$40.00 bi-weekly

**B. Tabak, James, W., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 105 Marlbrooke Way

City Kennett Square	State PA	Zip Code 19348
------------------------	-------------	-------------------

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

Name of Employer (for Individual) Genesis Healthcare	Occupation (for Individual) SVP
---	------------------------------------

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
06		07		2017

**Transaction ID : C3532255**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. Thies, Joseph, Drew, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1101 L Street NW  
Apt. 504

City Washington	State DC	Zip Code 20005
--------------------	-------------	-------------------

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

Name of Employer (for Individual) American Health Care Association	Occupation (for Individual) Manager, Political and Grassroots
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2017

**Transaction ID : C3550700**

Amount of Each Receipt this Period  
60.00

Memo Item

\* Payroll Deduction: \$20.00 bi-weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	680.00
<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 20 OF 32
<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. Wann, Bryan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6030 Arden Street  
 City Shreveport State LA Zip Code 71106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cypress Point Nursing & Rehabilitation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : C3550679**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Williams, Cametrica, Danyale, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 116 Mourning Dove  
 City Navasota State TX Zip Code 77868  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sherwood Healthcare, Inc. Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 12 / 2017  
**Transaction ID : C3545984**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Wylie, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 205 Fairview Rd  
 City Clarks Green State PA Zip Code 18411-1207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Genesis Healthcare Occupation (for Individual) VP Development  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt 06 / 21 / 2017  
**Transaction ID : C3546008**  
 Amount of Each Receipt this Period 600.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1600.00
<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 21 OF 32
<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. Vivage**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12136 W Bayaud Ave  
Ste 200

City Lakewood State CO Zip Code 80228

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
06 / 30 / 2017  
**Transaction ID : C3550680**

Amount of Each Receipt this Period  
5000.00

Memo Item

PARTNERSHIP--partners below if itemized

**B. Brammeier, John, D, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 32 Desert Willow Lane

City Littleton State CO Zip Code 80127

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

Name of Employer (for Individual) Occupation (for Individual)  
Vivage Chief Financial Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
06 / 30 / 2017  
**Transaction ID : C3550683**

Amount of Each Receipt this Period  
750.00

Memo Item

\*

**C. Moskowitz, Jay, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12136 West Bayard Avenue  
Suite 200

City Lakewood State CO Zip Code 80228

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

Name of Employer (for Individual) Occupation (for Individual)  
Vivage CEO

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
3350.00

Date of Receipt  
06 / 30 / 2017  
**Transaction ID : C3550681**

Amount of Each Receipt this Period  
3350.00

Memo Item

\*

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

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

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

FOR LINE NUMBER: PAGE 22 OF 32  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name  
 Silva, Steve, , ,

Mailing Address 2932 Fenton St

City Wheat Ridge      State CO      Zip Code 80214-8116

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

Name of Employer (for Individual) Quality Health Care      Occupation (for Individual) CFO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 900.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2017

Transaction ID : **C3550682**

Amount of Each Receipt this Period  
 900.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City      State      Zip Code

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

Name of Employer (for Individual)      Occupation (for Individual)

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

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City      State      Zip Code

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

Name of Employer (for Individual)      Occupation (for Individual)

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

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	35163.94

**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"/> 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

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	1	7

FEC Identification Number

C
---

**Transaction ID : D179761**

Amount of Each Disbursement this Period

1	0	5	5	.	9	5
---	---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

**B. 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

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	1	7

FEC Identification Number

C
---

**Transaction ID : D179763**

Amount of Each Disbursement this Period

5	1	3	.	2	4
---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

**C. 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

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	1		2	0	1	7

FEC Identification Number

C
---

**Transaction ID : D179762**

Amount of Each Disbursement this Period

1	8	1	.	1	1
---	---	---	---	---	---

Memo Item

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

1	7	5	.	0	3
---	---	---	---	---	---

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

1	7	5	.	0	3
---	---	---	---	---	---

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. COMMON SENSE COLORADO</b>		Date of Disbursement MM / DD / YYYY 06 / 19 / 2017
Mailing Address PO Box 1978		FEC Identification Number C00491936 <b>Transaction ID : D179329</b> Amount of Each Disbursement this Period 1000.00
City Denver	State CO	Zip Code 80201-1978
Purpose of Disbursement Contribution		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Dwight Evans for Congress</b>		Date of Disbursement MM / DD / YYYY 06 / 12 / 2017
Mailing Address PO Box 6578		FEC Identification Number C00591065 <b>Transaction ID : D179200</b> Amount of Each Disbursement this Period 2000.00
City Philadelphia	State PA	Zip Code 19138
Purpose of Disbursement Contribution		Category/ Type
Candidate Name <b>Evans, Dwight, , Rep.,</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 02	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. FIRST STATE PAC</b>		Date of Disbursement MM / DD / YYYY 06 / 12 / 2017
Mailing Address P.O. Box 3006		FEC Identification Number C00363648 <b>Transaction ID : D179192</b> Amount of Each Disbursement this Period 5000.00
City Wilmington	State DE	Zip Code 19804
Purpose of Disbursement Contribution		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	8000.00
<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"/> 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. McCarthy Victory Fund**

Mailing Address PO Box 13307

City  
Bakersfield

State  
CA

Zip Code  
93389-3307

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		1	2		2	0	1	7		

FEC Identification Number

**C** C00493908

**Transaction ID : D179201**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. MCEACHIN FOR CONGRESS**

Mailing Address PO BOX 8092

City  
RICHMOND

State  
VA

Zip Code  
23223

Purpose of Disbursement  
Contribution

Candidate Name

**McEachin, A. Donald, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  Primary  General  
 Other (specify)

State: VA District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	7		2	0	1	7		

FEC Identification Number

**C** C00610964

**Transaction ID : D179451**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. ADRIAN SMITH FOR CONGRESS**

Mailing Address 3321 AVENUE I  
SUITE 6

City  
SCOTTSBLUFF

State  
NE

Zip Code  
69361

Purpose of Disbursement  
Contribution

Candidate Name

**SMITH, ADRIAN, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  Primary  General  
 Other (specify) ▼

State: NE District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		1	9		2	0	1	7		

FEC Identification Number

**C** C00412890

**Transaction ID : D179327**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

7000.00

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. KUSTER FOR CONGRESS, INC.</b>		Date of Disbursement MM / DD / YYYY 06 / 12 / 2017
Mailing Address P.O. BOX 1498		FEC Identification Number C00462861 <b>Transaction ID : D179194</b>
City Hollywood	State FL	Zip Code 33020
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 1000.00
Candidate Name <b>Kuster, Ann, McLane, Rep.,</b>		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NH	District: 02	

Full Name (Last, First, Middle Initial) <b>B. BLUMENAUER FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 06 / 27 / 2017
Mailing Address 232 NE 9TH ST		FEC Identification Number C00307314 <b>Transaction ID : D179453</b>
City PORTLAND	State OR	Zip Code 97232
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 1000.00
Candidate Name <b>BLUMENAUER, EARL, , Rep.,</b>		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OR	District: 03	

Full Name (Last, First, Middle Initial) <b>C. CROWLEY FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 06 / 12 / 2017
Mailing Address 84-56 Grand Avenue		FEC Identification Number C00338954 <b>Transaction ID : D179197</b>
City Elmhurst	State NY	Zip Code 11373
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 5000.00
Candidate Name <b>Crowley, Joseph, , Rep.,</b>		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY	District: 14	

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

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

7000.00

**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"/> 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. KURT SCHRADER FOR CONGRESS**

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 12 / 2017

Mailing Address PO Box 3314

FEC Identification Number

C C00446906
-------------

**Transaction ID : D179198**

Amount of Each Disbursement this Period

1000.00
---------

Memo Item

City Oregon City State OR Zip Code 97045

Purpose of Disbursement Contribution

Category/Type
---------------

Candidate Name  
**Schrader, Kurt, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: OR District: 05

Full Name (Last, First, Middle Initial)

**B. BUCSHON FOR CONGRESS**

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 12 / 2017

Mailing Address PO BOX 250

FEC Identification Number

C C00468256
-------------

**Transaction ID : D179199**

Amount of Each Disbursement this Period

1000.00
---------

Memo Item

City NEWBURGH State IN Zip Code 47629

Purpose of Disbursement Contribution

Category/Type
---------------

Candidate Name  
**Bucshon, Larry, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: IN District: 08

Full Name (Last, First, Middle Initial)

**C. KIND FOR CONGRESS COMMITTEE**

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 19 / 2017

Mailing Address 205 5th Avenue South

FEC Identification Number

C C00312017
-------------

**Transaction ID : D179325**

Amount of Each Disbursement this Period

1000.00
---------

Memo Item

City La Crosse State WI Zip Code 54601

Purpose of Disbursement Contribution

Category/Type
---------------

Candidate Name  
**Kind, Ronald, J., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: WI District: 03

**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"/> 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 SUSAN BROOKS**

Mailing Address 9425 N MERIDIAN STREET

City  
INDIANAPOLIS

State  
IN

Zip Code  
46260

Purpose of Disbursement  
Contribution

Candidate Name

**Brooks, Susan, W., Rep.,**

Office Sought:  House  
 Senate  
 President  
State: IN District: 05

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	1	7

FEC Identification Number

**C** C00500207

**Transaction ID : D179330**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. TOM RICE FOR CONGRESS**

Mailing Address PO Box 70098

City  
Myrtle Beach

State  
SC

Zip Code  
29572

Purpose of Disbursement  
Contribution

Candidate Name

**Rice, Tom, , Rep.,**

Office Sought:  House  
 Senate  
 President  
State: SC District: 07

Disbursement For: 2018  
 Primary  General  
 Other (specify)

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	2		2	0	1	7

FEC Identification Number

**C** C00506048

**Transaction ID : D179193**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. RUBEN KIHUEN FOR CONGRESS**

Mailing Address P.O. BOX 458

City  
LAS VEGAS

State  
NV

Zip Code  
89125

Purpose of Disbursement  
Contribution

Candidate Name

**Kihuen, Ruben, , ,**

Office Sought:  House  
 Senate  
 President  
State: NV District: 04

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	1	7

FEC Identification Number

**C** C00502773

**Transaction ID : D179328**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3000.00

**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"/> 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. SCHIFF FOR CONGRESS**

Mailing Address 777 S. FIGUEROA ST., STE. 4050

City  
LOS ANGELES

State  
CA

Zip Code  
90017

Purpose of Disbursement  
Contribution

Candidate Name

**Schiff, Adam, B., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: CA District: 28

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	2		2	0	1	7

FEC Identification Number

**C** C00343871

**Transaction ID : D179196**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. BILL NELSON FOR U S SENATE**

Mailing Address 972 W WHITMIRE DRIVE

City  
MELBOURNE

State  
FL

Zip Code  
32935

Purpose of Disbursement  
Contribution

Candidate Name

**Nelson, Bill, , Sen.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: FL District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	7

FEC Identification Number

**C** C00344051

**Transaction ID : D179055**

Amount of Each Disbursement this Period

1617.01

Memo Item

Full Name (Last, First, Middle Initial)

**C. BILL NELSON FOR U S SENATE**

Mailing Address 972 W WHITMIRE DRIVE

City  
MELBOURNE

State  
FL

Zip Code  
32935

Purpose of Disbursement  
Contribution

Candidate Name

**Nelson, Bill, , Sen.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: FL District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	7

FEC Identification Number

**C** C00344051

**Transaction ID : D179056**

Amount of Each Disbursement this Period

3382.99

Memo Item

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

6000.00

**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"/> 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. MCCASKILL FOR MISSOURI**

Mailing Address PO Box 300077

City  
SAINT LOUIS

State  
MO

Zip Code  
63130

Purpose of Disbursement  
Contribution

Candidate Name

**McCaskill, Claire, , Sen.,**

Office Sought:

House  
 Senate  
 President

Disbursement For: 2018

Primary  General  
 Other (specify) ▼

State: MO

District:

Date of Disbursement

MM / DD / YYYY  
06 / 12 / 2017

FEC Identification Number

C C00431304

**Transaction ID : D179203**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. FEINSTEIN FOR SENATE 2018**

Mailing Address 918 PENNSYLVANIA AVE SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
Contribution

Candidate Name

**Feinstein, Dianne, , Sen.,**

Office Sought:

House  
 Senate  
 President

Disbursement For: 2018

Primary  General  
 Other (specify)

State: CA

District:

Date of Disbursement

MM / DD / YYYY  
06 / 27 / 2017

FEC Identification Number

C C00539890

**Transaction ID : D179452**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. GILLIBRAND FOR SENATE**

Mailing Address 236 Massachusetts Ave NE  
Ste 110

City  
Washington

State  
DC

Zip Code  
20002-4980

Purpose of Disbursement  
Contribution

Candidate Name

**Gillibrand, Kirsten, , Sen.,**

Office Sought:

House  
 Senate  
 President

Disbursement For: 2018

Primary  General  
 Other (specify) ▼

State: NY

District:

Date of Disbursement

MM / DD / YYYY  
06 / 19 / 2017

FEC Identification Number

C C00413914

**Transaction ID : D179326**

Amount of Each Disbursement this Period

2500.00

Memo Item

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

8500.00

**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"/> 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. Strange for Senate**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 3670

City Montgomery State AL Zip Code 36109

Purpose of Disbursement Contribution

Candidate Name  
**STRANGE, LUTHER, J, , III**

Office Sought:  House  Senate  President  
State: AL District:

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
06 / 12 / 2017

FEC Identification Number: C C00629451  
Transaction ID : D179195  
Amount of Each Disbursement this Period: 2500.00

Memo Item

**B.**

Full Name (Last, First, Middle Initial)  
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
 Other (specify)

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

**C.**

Full Name (Last, First, Middle Initial)  
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	45000.00

