

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 Washington DC 20005 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00006080 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X] NEW (N)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 06 / 01 / 2018 through 06 / 30 / 2018

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

Type or Print Name of Treasurer

Signature of Treasurer Fogg, Phil, , Mr., Jr. [Electronically Filed] Date 07 / 16 / 2018

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

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="2018"/>	<input type="text" value="49158.07"/>	<input type="text" value="49158.07"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="59225.37"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="54058.68"/>	<input type="text" value="390557.07"/>
(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="113284.05"/>	<input type="text" value="439715.14"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="37156.96"/>	<input type="text" value="363588.05"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="76127.09"/>	<input type="text" value="76127.09"/>
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: M M / D D / Y Y Y Y Y Y
06 / 01 / 2018 To: M M / D D / Y Y Y Y Y Y
06 / 30 / 2018

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).....	45822.20	363886.56
(ii) Unitemized	3236.48	15670.51
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	49058.68	379557.07
(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)	49058.68	384557.07
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.....	5000.00	5000.00
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)).....▶	54058.68	390557.07
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	54058.68	390557.07

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	656.96	6838.05
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	656.96	6838.05
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	31500.00	345500.00
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	6250.00
(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	6250.00
29. Other Disbursements (Including Non-Federal Donations).....	5000.00	5000.00
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)) ..	37156.96	363588.05
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	37156.96	363588.05

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)	49058.68	384557.07
34. Total Contribution Refunds (from Line 28(d))	0.00	6250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	49058.68	378307.07
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	656.96	6838.05
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	656.96	6838.05

**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 28
<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 7151 Whispering Oak Drive

City Sylvania	State OH	Zip Code 43560
------------------	-------------	-------------------

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

Name of Employer (for Individual) HCR ManorCare	Occupation (for Individual) VP of Reimbursement
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2018

Transaction ID : C3721337

Amount of Each Receipt this Period
200.00

Memo Item

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

Mailing Address 6618 McMakin Court

City Colleyville	State TX	Zip Code 76034
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PCPMG Consulting, LLC	Occupation (for Individual) Health Care Management
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2018

Transaction ID : C3734184

Amount of Each Receipt this Period
1250.00

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
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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

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2018

Transaction ID : C3722268

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1550.00
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 28
<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. 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
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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) Associate VP, Therapy Advocacy
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
782.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2018

Transaction ID : C3731075

Amount of Each Receipt this Period
173.92

Memo Item

* Payroll Deduction: \$86.96 bi-weekly

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

Mailing Address 1614 12th St

City Union	State NE	Zip Code 68455-2806
---------------	-------------	------------------------

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

Name of Employer (for Individual) Pemberly Place Senior Living	Occupation (for Individual) Executive 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
06	/	29	/	2018

Transaction ID : C3734540

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 5 Fieldcrest St

City Monsey	State NY	Zip Code 10952
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Cliffside Rehab & HCC	Occupation (for Individual) 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
06	/	24	/	2018

Transaction ID : C3731087

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	673.92
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 28
<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. Dolan, Jonathan, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4033 Catalina Drive
 City Jefferson City State MO Zip Code 65109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Care Association of New Jersey Occupation (for Individual) Trade Association Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 12 / 2018
Transaction ID : C3722477
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Donnellan, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2830 Marshall Street
 City Falls Church State VA Zip Code 22042
 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 ▼ 250.00

Date of Receipt 06 / 24 / 2018
Transaction ID : C3731088
 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 ▼ 333.34

Date of Receipt 06 / 20 / 2018
Transaction ID : C3731073
 Amount of Each Receipt this Period 95.24
 Memo Item
 * Payroll Deduction: \$47.62 bi-weekly

SUBTOTAL of Receipts This Page (optional).....	845.24
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 28
	<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. 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 ▼ 482.22

Date of Receipt **06 / 20 / 2018**
Transaction ID : C3731072
 Amount of Each Receipt this Period 107.16
 Memo Item
 * Payroll Deduction: \$53.58 bi-weekly

B. Feeney, Peter, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 665 Washington St.
 City Chelsea State MI Zip Code 48118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Chelsea Rhone, LLC Occupation (for Individual) Managing Member
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt **06 / 11 / 2018**
Transaction ID : C3722423
 Amount of Each Receipt this Period 3000.00
 Memo Item

C. Fraser, Geoffrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 709 South Harbor City Boulevard Suite 240
 City Melbourne State FL Zip Code 32901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Clear Choice Health Care, LLC Occupation (for Individual) Partner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **06 / 21 / 2018**
Transaction ID : C3731086
 Amount of Each Receipt this Period 5000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	8107.16
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 28
<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. Geisenhoff, Gail, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2072 Highwood Ave E
 City St Paul State MN Zip Code 55119
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Diversicare Sr VP Clinical Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 06 / 27 / 2018
Transaction ID : C3733588
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Goins, Ted, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101-B South Main Street
 City Salisbury State NC Zip Code 28144
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Lutheran Services-Carolinas President/CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 06 / 27 / 2018
Transaction ID : C3733585
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Groff, Howard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11337 Louisiana Cir
 City Bloomington State MN Zip Code 55438-2827
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Tealwood Senior Living President/CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 06 / 29 / 2018
Transaction ID : C3734541
 Amount of Each Receipt this Period
 1250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2250.00
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 28
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<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. 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 ▼ 363.60

Date of Receipt 06 / 20 / 2018
Transaction ID : C3731078
 Amount of Each Receipt this Period 90.90
 Memo Item
 * Payroll Deduction: \$45.45 bi-weekly

B. Halsted, Nicholas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1000 New Jersey Ave, SE #913
 City Washington State DC Zip Code 20003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Health Care Association Occupation (for Individual) Manager, Political Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt 06 / 20 / 2018
Transaction ID : C3731082
 Amount of Each Receipt this Period 41.66
 Memo Item
 * Payroll Deduction: \$20.83 bi-weekly

C. Halvorson, Dana, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 777 7th Street, NW #815
 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) Director, Not For Profit Services
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt 06 / 20 / 2018
Transaction ID : C3731080
 Amount of Each Receipt this Period 41.66
 Memo Item
 * Payroll Deduction: \$20.83 bi-weekly

SUBTOTAL of Receipts This Page (optional).....	174.22
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 28
<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 / 12 / 2018
Transaction ID : C3722479
 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 33 Elk Street
 City Albany State NY Zip Code 12207
 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 / 12 / 2018
Transaction ID : C3722475
 Amount of Each Receipt this Period 2500.00
 Memo Item

C. Howell, Jon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 334 Fountainhead Dr
 City Jefferson State GA Zip Code 30549
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Community Health Services-Georgia Occupation (for Individual) SVP, Strategy
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 06 / 29 / 2018
Transaction ID : C3735362
 Amount of Each Receipt this Period 5000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	7750.00
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 28
<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. Hurley, Sean, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 74 Kingery Drive
 City El Paso State TX Zip Code 79902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medline Industries Occupation (for Individual) Account Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 06 / 12 / 2018
Transaction ID : C3722428
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. 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 ▼ 500.00

Date of Receipt
 06 / 20 / 2018
Transaction ID : C3731076
 Amount of Each Receipt this Period
 100.00
 Memo Item
 * Payroll Deduction: \$50.00 bi-weekly

C. Lietzke, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9017 N Yale Ave
 City Sperry State OK Zip Code 74073
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Image HealthCare Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 06 / 12 / 2018
Transaction ID : C3722476
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	600.00
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 28
	<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. Liistro, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Meadow Brook Lane
 City Westport State CT Zip Code 06880-3929
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Arbors of Hop Brook, LTD Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 17 / 2018
Transaction ID : C3728177
 Amount of Each Receipt this Period 500.00
 Memo Item

B. 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 / 2018
Transaction ID : C3722269
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Mason, Christian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15467 Union School Rd
 City Woodburn State OR Zip Code 97071
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Senior Housing Managers, LLC Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 06 / 16 / 2018
Transaction ID : C3728165
 Amount of Each Receipt this Period 625.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1225.00
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 28
<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. McNeill, Ronald, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 102 Magnolia Drive
 City Wilmington State NC Zip Code 28409
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Liberty Healthcare Services Occupation (for Individual) Vice President & CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 7500.00

Date of Receipt 06 / 07 / 2018
Transaction ID : C3722038
 Amount of Each Receipt this Period 5000.00
 Memo Item
 See Partial Refund on Next Report

B. O'Connor, Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2989 Iron Springs Pl
 City Castle Rock State CO Zip Code 80109-7991
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Providigm Occupation (for Individual) VP, Strategy & Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 01 / 2018
Transaction ID : C3721331
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Peterson, Russell, V, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5281 Ventura Dr
 City Fremont State NE Zip Code 68025-9779
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nye Senior Living Occupation (for Individual) Regional Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 05 / 2018
Transaction ID : C3722417
 Amount of Each Receipt this Period 1000.00
 Memo Item

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 16 OF 28
<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. Porter, Clifton, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1814 Carpenter Rd
 City Alexandria State VA Zip Code 22314
 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 ▼ 2083.30

Date of Receipt **06 / 20 / 2018**
Transaction ID : C3731083
 Amount of Each Receipt this Period 416.66
 Memo Item
 * Payroll Deduction: \$208.33 bi-weekly

B. Pruitt, Mebane, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1626 Jeurgens Ct
 City Norcross State GA Zip Code 30093
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Homemaker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **06 / 30 / 2018**
Transaction ID : C3735409
 Amount of Each Receipt this Period 1250.00
 Memo Item

C. Pruitt, Neil, L., , Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 2367
 City Norcross State GA Zip Code 30091
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pruitt Health Occupation (for Individual) President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **06 / 30 / 2018**
Transaction ID : C3735410
 Amount of Each Receipt this Period 1250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2916.66
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 17 OF 28
<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. Rodowicz, Curtis, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 318 E Haddam Colchester Turnpike

City East Haddam	State CT	Zip Code 06423
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Colonial Health & Rehab Ctr of Plainfi	Occupation (for Individual) Administrator
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2018

Transaction ID : C3721583

Amount of Each Receipt this Period
625.00

Memo Item

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

Mailing Address 4270 North Meridian Street

City Indianapolis	State IN	Zip Code 46208
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Ambassador Healthcare	Occupation (for Individual) 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
06	/	18	/	2018

Transaction ID : C3728187

Amount of Each Receipt this Period
250.00

Memo Item

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

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 (for Individual) Golden View Health Care	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	/	15	/	2018

Transaction ID : C3731069

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1375.00
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 18 OF 28
	<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. Schwartz, Russell, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 60 Cassandra Blvd.
Apt. 107

City West Hartford State CT Zip Code 06107

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

Name of Employer (for Individual) Avon & West Hartford Health Centers Occupation (for Individual) VP/Director of Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 06 / 12 / 2018
Transaction ID : C3722424

Amount of Each Receipt this Period 2500.00

Memo Item

B. Sharp-Herle, Christina, L, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1644 Mount Eagle Pl

City Alexandria State VA Zip Code 22302-2121

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

Name of Employer (for Individual) American Health Care Association Occupation (for Individual) Senior Director, Member Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 06 / 20 / 2018
Transaction ID : C3731084

Amount of Each Receipt this Period 60.00

Memo Item

* Payroll Deduction: \$30.00 bi-weekly

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

Mailing Address 2918 W. Trilby Ave

City Tampa State FL Zip Code 33611

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

Name of Employer (for Individual) Mission Health Communities Occupation (for Individual) Senior VP of Operations

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 380.00

Date of Receipt 06 / 30 / 2018
Transaction ID : C3735411

Amount of Each Receipt this Period 125.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2685.00
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 19 OF 28
<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. Williams, Julianne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2523 20th Avenue
 City Kingsburg State CA Zip Code 93631
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Dycora Transitional Health & Living Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1260.00

Date of Receipt 06 / 19 / 2018
Transaction ID : C3728999
 Amount of Each Receipt this Period 420.00
 Memo Item

B. Wilson, Jeff, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3413 Tansey Close Drive
 City Wilmington State NC Zip Code 28409
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Liberty Healthcare Management Occupation (for Individual) COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt 06 / 07 / 2018
Transaction ID : C3722023
 Amount of Each Receipt this Period 4000.00
 Memo Item

C. Zuccari, Alan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4100 Monument Corner Drive Suite 500
 City Fairfax State VA Zip Code 22030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hamilton Insurance Agency Occupation (for Individual) CEO/President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 06 / 12 / 2018
Transaction ID : C3722426
 Amount of Each Receipt this Period 5000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	9420.00
TOTAL This Period (last page this line number only).....	45822.20

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 OF 28
(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
RYAN FOR CONGRESS, INC.

Mailing Address P. O. Box 1488

City Janesville State WI Zip Code 53547

FEC ID number of contributing federal political committee. **C** C00330894

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

Receipt For: 2018
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 14 / 2018

Transaction ID : C3731068

Amount of Each Receipt this Period
5000.00

Memo Item

Refund

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

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	5000.00

**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"/> 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	8

FEC Identification Number

C []

Transaction ID : D184012

Amount of Each Disbursement this Period

[] 265.92

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	8

FEC Identification Number

C []

Transaction ID : D184011

Amount of Each Disbursement this Period

[] 189.71

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	8

FEC Identification Number

C []

Transaction ID : D184010

Amount of Each Disbursement this Period

[] 201.33

Memo Item

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

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

[] 656.96

[] 656.96

**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. CROWLEY LEADERSHIP FUND

Mailing Address 700 13TH STREET, NW

City WASHINGTON State DC Zip Code 20005

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
06 / 14 / 2018

FEC Identification Number

C C00541086

Transaction ID : D183696

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. DARREN SOTO FOR CONGRESS

Mailing Address 338 N MAGNOLIA AVENUE SUITE D

City ORLANDO State FL Zip Code 32801

Purpose of Disbursement Contribution

Candidate Name

Soto, Darren, , ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify)

State: FL District: 09

Date of Disbursement

MM / DD / YYYY
06 / 14 / 2018

FEC Identification Number

C C00581074

Transaction ID : D183698

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. GRACE FOR NEW YORK

Mailing Address PO BOX 656555

City FRESH MEADOWS State NY Zip Code 11365

Purpose of Disbursement Contribution

Candidate Name

Meng, Grace, , Rep.,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: NY District: 06

Date of Disbursement

MM / DD / YYYY
06 / 21 / 2018

FEC Identification Number

C C00516666

Transaction ID : D183834

Amount of Each Disbursement this Period

1000.00

Memo Item

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

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. JOSH GOTTHEIMER FOR CONGRESS

Mailing Address PO BOX 584

City Ridgewood State NJ Zip Code 07451

Purpose of Disbursement Contribution

Candidate Name
Gottheimer, Josh, ,

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

Date of Disbursement

MM / DD / YYYY
06 / 21 / 2018

FEC Identification Number

C C00573949

Transaction ID : D183835

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. LOEBSACK FOR CONGRESS

Mailing Address PO Box 3013

City Iowa City State IA Zip Code 52244

Purpose of Disbursement Contribution

Candidate Name
Loebsack, Dave, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: IA District: 02

Date of Disbursement

MM / DD / YYYY
06 / 14 / 2018

FEC Identification Number

C C00414318

Transaction ID : D183701

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. YOUNG FOR IOWA, INC.

Mailing Address PO BOX 162

City VAN METER State IA Zip Code 50261

Purpose of Disbursement Contribution

Candidate Name
Young, David, , Rep.,

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

Date of Disbursement

MM / DD / YYYY
06 / 14 / 2018

FEC Identification Number

C C00545616

Transaction ID : D183695

Amount of Each Disbursement this Period

5000.00

Memo Item

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. VARGAS FOR CONGRESS		Date of Disbursement MM / DD / YYYY 06 / 21 / 2018
Mailing Address 330 ENCINITAS BLVD.		FEC Identification Number C00497321 Transaction ID : D183837
City ENCINITAS	State CA	Zip Code 92024
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 2500.00
Candidate Name VARGAS, JUAN, , Rep.,		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 51	

Full Name (Last, First, Middle Initial) B. YODER FOR CONGRESS		Date of Disbursement MM / DD / YYYY 06 / 25 / 2018
Mailing Address P.O. BOX 26742		FEC Identification Number C00472365 Transaction ID : D183843
City OVERLAND PARK	State KS	Zip Code 66225
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 1000.00
Candidate Name YODER, KEVIN W, , Rep.,		<input type="checkbox"/> Memo Item
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: KS	District: 03	

Full Name (Last, First, Middle Initial) C. MARCIA FUDGE FOR CONGRESS		Date of Disbursement MM / DD / YYYY 06 / 14 / 2018
Mailing Address 3729 SILSBY RD		FEC Identification Number C00454694 Transaction ID : D183702
City UNIVERSITY HEIGHTS	State OH	Zip Code 44118
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 1000.00
Candidate Name Fudge, Marcia, L., Rep.,		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OH	District: 11	

SUBTOTAL of Disbursements This Page (optional).....▶	4500.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. TOM RICE FOR CONGRESS

Date of Disbursement
MM / DD / YYYY
06 / 25 / 2018

Mailing Address PO Box 70098

FEC Identification Number
C C00506048
Transaction ID : D183842
Amount of Each Disbursement this Period
1000.00

City Myrtle Beach State SC Zip Code 29572
Purpose of Disbursement Contribution
Candidate Name Rice, Tom, , Rep.,
Office Sought: House Senate President
Disbursement For: 2018
 Primary General Other (specify) ▼
State: SC District: 07

Full Name (Last, First, Middle Initial)
B. VERN BUCHANAN FOR CONGRESS

Date of Disbursement
MM / DD / YYYY
06 / 14 / 2018

Mailing Address P. O. Box 48928

FEC Identification Number
C C00412759
Transaction ID : D183699
Amount of Each Disbursement this Period
2500.00

City Sarasota State FL Zip Code 34230
Purpose of Disbursement Contribution
Candidate Name Buchanan, Vern, , Rep.,
Office Sought: House Senate President
Disbursement For: 2018
 Primary General Other (specify) ▼
State: FL District: 16

Full Name (Last, First, Middle Initial)
C. Scalise Leadership Fund

Date of Disbursement
MM / DD / YYYY
06 / 14 / 2018

Mailing Address 317 15th Street NE

FEC Identification Number
C C00568162
Transaction ID : D183697
Amount of Each Disbursement this Period
5000.00

City Washington State DC Zip Code 20002
Purpose of Disbursement Contribution
Candidate Name
Office Sought: House Senate President
Disbursement For:
 Primary General Other (specify) ▼
State: District:

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"/> 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. STEPHANIE MURPHY FOR CONGRESS

Mailing Address PO BOX 205

City WINTER PARK State FL Zip Code 32790

Purpose of Disbursement Contribution

Candidate Name
Murphy, Stephanie, , ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: FL District: 07

Date of Disbursement

MM / DD / YYYY
06 / 21 / 2018

FEC Identification Number

C C00620443

Transaction ID : D183838

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. STEPHANIE MURPHY FOR CONGRESS

Mailing Address PO BOX 205

City WINTER PARK State FL Zip Code 32790

Purpose of Disbursement Contribution

Candidate Name
Murphy, Stephanie, , ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: FL District: 07

Date of Disbursement

MM / DD / YYYY
06 / 21 / 2018

FEC Identification Number

C C00620443

Transaction ID : D183839

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. The Pat Roberts Victory Committee

Mailing Address 610 S. BOULEVARD

City TAMPA State FL Zip Code 33606

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
06 / 21 / 2018

FEC Identification Number

C C00461095

Transaction ID : D183836

Amount of Each Disbursement this Period

3000.00

Memo Item

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

5500.00

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. TOMORROW IS MEANINGFUL PAC (TIM PAC)

Mailing Address 1409 ASHLEY RIVER ROAD

City
CHARLESTON

State
SC

Zip Code
29407

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
0	6		1	4		2	0	1	8

FEC Identification Number

C C00495887

Transaction ID : D183694

Amount of Each Disbursement this Period

1500.00

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)

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

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) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

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

1500.00

31500.00

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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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. James E. Clyburn Research and Scholarship Foundation

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	4		2	0	1	8

Mailing Address 499 South Capitol Street SW, Suite

City
Washington

State
DC

Zip Code
20003

FEC Identification Number

C

Transaction ID : D183693

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
Donation

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Memo Item

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Mailing Address

City

State

Zip Code

FEC Identification Number

C

Amount of Each Disbursement this Period

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Memo Item

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Mailing Address

City

State

Zip Code

FEC Identification Number

C

Amount of Each Disbursement this Period

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Memo Item

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

5000.00

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

5000.00