



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Health Care Association Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>	<input type="text" value="287615.28"/>	<input type="text" value="287615.28"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="419140.19"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="68266.27"/>	<input type="text" value="812917.82"/>
(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="487406.46"/>	<input type="text" value="1100533.10"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="32400.39"/>	<input type="text" value="645527.03"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="455006.07"/>	<input type="text" value="455006.07"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**American Health Care Association Political Action Committee**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	61074.63	749972.57
(ii) Unitemized .....	2191.64	28307.87
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	63266.27	778280.44
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	22500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	68266.27	800780.44
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	1931.13
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	9000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	1206.25
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))..... ▶	68266.27	812917.82
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	68266.27	812917.82

**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 .....	1600.39	14387.79
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1600.39	14387.79
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	19500.00	585132.99
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	5000.00	29500.00
(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)).....	5000.00	29500.00
29. Other Disbursements .....	6300.00	16506.25
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	32400.39	645527.03
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	32400.39	645527.03

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	68266.27	800780.44
34. Total Contribution Refunds (from Line 28(d)) .....	5000.00	29500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	63266.27	771280.44
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	1600.39	14387.79
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	1931.13
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1600.39	12456.66

**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 37
<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. Michael Anderson**  
Full Name (Last, First, Middle Initial)

Mailing Address 284 Halleck Road

City Fairmont	State WV	Zip Code 26554
------------------	-------------	-------------------

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

Name of Employer National Health Care	Occupation Independent Owner/Administrator
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	25	/	2013

**Transaction ID : C2455392**

Amount of Each Receipt this Period  
2500.00

**B. Mary Ayers**  
Full Name (Last, First, Middle Initial)

Mailing Address 2969 Wedgewood

City Charles City	State IA	Zip Code 50616
----------------------	-------------	-------------------

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

Name of Employer New Hampton Nursing and Rehab	Occupation Administrator
---	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2013

**Transaction ID : C2451609**

Amount of Each Receipt this Period  
167.00

**C. Mary Ayers**  
Full Name (Last, First, Middle Initial)

Mailing Address 2969 Wedgewood

City Charles City	State IA	Zip Code 50616
----------------------	-------------	-------------------

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

Name of Employer New Hampton Nursing and Rehab	Occupation Administrator
---	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	24	/	2013

**Transaction ID : C2493814**

Amount of Each Receipt this Period  
333.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 37
<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. Michael Beal**  
Full Name (Last, First, Middle Initial)

Mailing Address 10 Glenwood Road

City Windham State NH Zip Code 03087

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

Name of Employer Kindred Healthcare Occupation Executive Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **10 / 01 / 2013**

**Transaction ID : C2437716**

Amount of Each Receipt this Period **75.00**

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

Mailing Address 2201 North 98th Street

City Lincoln State NE Zip Code 68505

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

Name of Employer Nebraska Health Care Association Occupation Executive Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **10 / 09 / 2013**

**Transaction ID : C2444496**

Amount of Each Receipt this Period **150.00**

**C. Margaret Connorton**  
Full Name (Last, First, Middle Initial)

Mailing Address 1600 S. Eads Street Apt. 1236 N

City Arlington State VA Zip Code 22202

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

Name of Employer American Health Care Association Occupation Manager, LTC Trend Tracker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **247.95**

Date of Receipt **10 / 31 / 2013**

**Transaction ID : C2485053**

Amount of Each Receipt this Period **52.20**

\* Payroll Deduction: \$13.05 Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional)..... **277.20**

**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 37
<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. Marcia Cotter**  
Full Name (Last, First, Middle Initial)

Mailing Address 904 Meadow Avenue

City Shoreview State MN Zip Code 55124

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

Name of Employer Parkinson's Specialty Care Occupation CEO/Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt **10 / 24 / 2013**

**Transaction ID : C2454196**

Amount of Each Receipt this Period **300.00**

**B. Veronica Damesyn Sharpe**  
Full Name (Last, First, Middle Initial)

Mailing Address 102 Oakford Avenue

City Edgewater State MD Zip Code 21037

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

Name of Employer Verandas Management Inc Occupation Association Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt **10 / 01 / 2013**

**Transaction ID : C2495702**

Amount of Each Receipt this Period **275.00**

**C. RaeAnne Davis**  
Full Name (Last, First, Middle Initial)

Mailing Address 9801 La Duke Drive

City Kensington State MD Zip Code 20895

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

Name of Employer American Health Care Association Occupation Chief Strategic Officer & Senior VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **3800.00**

Date of Receipt **10 / 22 / 2013**

**Transaction ID : C2451916**

Amount of Each Receipt this Period **950.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1525.00</b>
<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 37
	<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	

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. Anthony Durante**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 26 North Broadway  
 City Schenectady State NY Zip Code 12305  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DMN Management Services Occupation Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1875.00

Date of Receipt 10 / 09 / 2013  
**Transaction ID : C2444494**  
 Amount of Each Receipt this Period 625.00

**B. Joanne E Erickson**  
 Full Name (Last, First, Middle Initial)  
 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 American Health Care Association Occupation Editor in Chief, Provider Magazine  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 809.54

Date of Receipt 10 / 31 / 2013  
**Transaction ID : C2485055**  
 Amount of Each Receipt this Period 190.48  
 \* Payroll Deduction: \$47.62 Bi-Weekly

**C. William J. Griffith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1421 T Street, NW Apt. #1  
 City Washington State DC Zip Code 20009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Health Care Association Occupation Manager, Political Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.60

Date of Receipt 10 / 31 / 2013  
**Transaction ID : C2485056**  
 Amount of Each Receipt this Period 69.60  
 \* Payroll Deduction: \$17.40 Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional).....▶ 885.08  
**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 37
	<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	

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

Mailing Address 7400 West 109th Street

City State Zip Code  
Bloomington MN 55438

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

Name of Employer Occupation  
Tealwood Senior Living President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 03 / 2013  
**Transaction ID : C2439755**

Amount of Each Receipt this Period  
1250.00

**B. Jennifer S Hahs**  
Full Name (Last, First, Middle Initial)

Mailing Address 12423 Flint Street

City State Zip Code  
Overland Park KS 66213

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

Name of Employer Occupation  
American Health Care Association Director, Political Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
826.12

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 31 / 2013  
**Transaction ID : C2485058**

Amount of Each Receipt this Period  
173.92

\* Payroll Deduction: \$43.48 Bi-Weekly

**C. Richard Herrick**  
Full Name (Last, First, Middle Initial)

Mailing Address 33 Elk Street

City State Zip Code  
Albany NY 12207

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

Name of Employer Occupation  
NYS Health Facilities Association President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 30 / 2013  
**Transaction ID : C2456495**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1673.92
<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 11 OF 37  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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**

Full Name (Last, First, Middle Initial)  
**A. Heyward Hilliard**

Mailing Address 4016 Brackenberry Drive

City State Zip Code  
 Anderson SC 29621-1804

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

Name of Employer Occupation  
 HMR Veterans Services Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2013

**Transaction ID : C2457306**

Amount of Each Receipt this Period  
 2500.00

Full Name (Last, First, Middle Initial)  
**B. David Jacobs**

Mailing Address 2145 Great Elm Lane

City State Zip Code  
 Highland Park IL 60035

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

Name of Employer Occupation  
 Medline Industries Inc. Senior VP, Sales

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 715.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2013

**Transaction ID : C2447552**

Amount of Each Receipt this Period  
 143.00

Full Name (Last, First, Middle Initial)  
**c. Cheryl Killian**

Mailing Address 3801 Woodside Dr

City State Zip Code  
 Arlington TX 76016-3030

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

Name of Employer Occupation  
 Legacy Care Centers Inc. President

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  
 10 / 28 / 2013

**Transaction ID : C2493790**

Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2668.00

**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 12 OF 37
	<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

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

Mailing Address 4621 28th Road South

City Arlington State VA Zip Code 22206

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

Name of Employer National Center for Assisted Living Occupation Executive Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1966.63

Date of Receipt 10 / 31 / 2013  
**Transaction ID : C2485059**

Amount of Each Receipt this Period 533.32

\* Payroll Deduction: \$133.33 Bi-Weekly

**B. Paul Langevin Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 4 AAA Drive

City Hamilton State NJ Zip Code 08691

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

Name of Employer Health Care Association of New Jersey Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 06 / 2013  
**Transaction ID : C2441099**

Amount of Each Receipt this Period 1000.00

**C. Randy Lee**  
Full Name (Last, First, Middle Initial)

Mailing Address 176 Laurelhurst Ave

City Columbia State SC Zip Code 29210-3824

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

Name of Employer South Carolina Hlth Care Assn Occupation Executive Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 14 / 2013  
**Transaction ID : C2447851**

Amount of Each Receipt this Period 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2533.32
<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 37
	<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	

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. Tricia Lies**  
Full Name (Last, First, Middle Initial)

Mailing Address 3412 Yosemite Ave S

City State Zip Code  
Minneapolis MN 55416

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

Name of Employer Occupation  
Tealwood Care Center Financial Services

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 16 / 2013  
**Transaction ID : C2451602**

Amount of Each Receipt this Period  
250.00

**B. Bethany R Martino**  
Full Name (Last, First, Middle Initial)

Mailing Address 8559 Window Latch Way

City State Zip Code  
Columbia MD 21045

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

Name of Employer Occupation  
American Health Care Association Vice President, Public Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1487.13

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 31 / 2013  
**Transaction ID : C2485061**

Amount of Each Receipt this Period  
313.08

\* Payroll Deduction: \$78.27 Bi-Weekly

**C. Patrick Martone**  
Full Name (Last, First, Middle Initial)

Mailing Address 26 North Broadway

City State Zip Code  
Schenectady NY 12305

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

Name of Employer Occupation  
Capital Living Nursing & Rehabilitatio Health Care Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1875.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 09 / 2013  
**Transaction ID : C2444491**

Amount of Each Receipt this Period  
625.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1188.08
<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 37
	<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	

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. John McNeill**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 339

City State Zip Code  
Whiteville NC 28472-0339

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

Name of Employer Occupation  
McNeill and Sons Inc. President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 16 / 2013  
**Transaction ID : C2451604**

Amount of Each Receipt this Period  
5000.00

**B. Ronald McNeill**  
Full Name (Last, First, Middle Initial)

Mailing Address 102 Magnolia Drive

City State Zip Code  
Wilmington NC 28409

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

Name of Employer Occupation  
Liberty Healthcare Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 16 / 2013  
**Transaction ID : C2451605**

Amount of Each Receipt this Period  
3750.00

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

Mailing Address 1702 South Elm Street

City State Zip Code  
Hammond LA 70403

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

Name of Employer Occupation  
Hammond Nursing Home Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 02 / 2013  
**Transaction ID : C2439004**

Amount of Each Receipt this Period  
125.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 8875.00

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

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

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

FOR LINE NUMBER: PAGE 15 OF 37  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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**

Full Name (Last, First, Middle Initial)  
**A. Joseph Okruhlica**

Mailing Address 2216 Outer Circle Drive

City State Zip Code  
 Crestwood KY 40014

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

Name of Employer Occupation  
 Parkway Medical Center 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  
 10 / 03 / 2013

**Transaction ID : C2440004**

Amount of Each Receipt this Period  
 1000.00

Full Name (Last, First, Middle Initial)  
**B. Julie C Painter**

Mailing Address 5023 Waple Ln

City State Zip Code  
 Alexandria VA 22304-7727

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

Name of Employer Occupation  
 American Health Care Association Vice President of Constituency Affairs

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 413.06

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2013

**Transaction ID : C2485062**

Amount of Each Receipt this Period  
 86.96

\* Payroll Deduction: \$21.74 Bi-Weekly

Full Name (Last, First, Middle Initial)  
**C. Mark V Parkinson**

Mailing Address 8930 Harvest Square Ct

City State Zip Code  
 Potomac MD 20854-4475

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

Name of Employer Occupation  
 American Health Care Association President and CEO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 4400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2013

**Transaction ID : C2485063**

Amount of Each Receipt this Period  
 800.00

\* Payroll Deduction: \$200.00 Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1886.96

**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 37
	<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	

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**

Full Name (Last, First, Middle Initial) <b>A. Christopher Parks</b>		Date of Receipt
Mailing Address 1730 Truro Rd		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Zip Code
Crofton	MD	21114-2520
FEC ID number of contributing federal political committee.		Transaction ID : <b>C2485064</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="86.96"/>
Name of Employer	Occupation	* Payroll Deduction: \$21.74 Bi-Weekly
American Health Care Association	Director of IT and Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
		<input type="text" value="433.06"/>

Full Name (Last, First, Middle Initial) <b>B. William J. Pascocello</b>		Date of Receipt
Mailing Address 29 Sunnyside Way		<input type="text" value="10"/> / <input type="text" value="14"/> / <input type="text" value="2013"/>
City	State	Zip Code
New Rochelle	NY	10804-2108
FEC ID number of contributing federal political committee.		Transaction ID : <b>C2447849</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Name of Employer	Occupation	
Niagara Nursing and Rehabilitation	Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
		<input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) <b>C. Jennifer T. Peters</b>		Date of Receipt
Mailing Address 10311 Evangeline Oaks Cir		<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Shreveport	LA	71106
FEC ID number of contributing federal political committee.		Transaction ID : <b>C2443818</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
Garden Park Nursing & Rehab Center LLC	Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
		<input type="text" value="500.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1586.96"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 37
	<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

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. John Poirier**  
Full Name (Last, First, Middle Initial)

Mailing Address 59 Center Road

City Chiester State NH Zip Code 03258

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

Name of Employer New Hampshire Health Care Association Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 17 / 2013  
**Transaction ID : C2450376**

Amount of Each Receipt this Period 250.00

**B. Katherine Preede**  
Full Name (Last, First, Middle Initial)

Mailing Address 1200 S Courthouse Road Apt 428

City Arlington State VA Zip Code 22204

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

Name of Employer AHCA/NCAL Occupation Director, Membership & Business Develo

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 31 / 2013  
**Transaction ID : C2485065**

Amount of Each Receipt this Period 80.00

\* Payroll Deduction: \$20.00 Bi-Weekly

**C. Mebane Pruitt**  
Full Name (Last, First, Middle Initial)

Mailing Address 4275 NE Lakehaven Drive

City Atlanta State GA Zip Code 30319

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

Name of Employer N/A Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 09 / 2013  
**Transaction ID : C2444497**

Amount of Each Receipt this Period 1250.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 1580.00

**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 37
<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**

Full Name (Last, First, Middle Initial) <b>A. Neil L. Pruitt Jr.</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 09 / 2013 <b>Transaction ID : C2444492</b>
Mailing Address PO Box 1210		Amount of Each Receipt this Period 1250.00
City Toccoa	State GA	Zip Code 30577-1421
FEC ID number of contributing federal political committee. C		
Name of Employer Pruitt Corp.	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>B. Buster Quirk</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 07 / 2013 <b>Transaction ID : C2443822</b>
Mailing Address 301 Veterans Boulevard		Amount of Each Receipt this Period 5000.00
City Denham Springs	State LA	Zip Code 70726
FEC ID number of contributing federal political committee. C		
Name of Employer Plantation Management Corporation	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>C. Jon Reardon</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 04 / 2013 <b>Transaction ID : C2443819</b>
Mailing Address 1202 Weiss Street		Amount of Each Receipt this Period 425.00
City Saginaw	State MI	Zip Code 48602-5471
FEC ID number of contributing federal political committee. C		
Name of Employer Hoyt Nursing & Rehab Centre	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6675.00
<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 37
<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. Brian Reynolds**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1422A Clarkview Road

City Baltimore	State MD	Zip Code 21209
-------------------	-------------	-------------------

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

Name of Employer Capital Funding Group	Occupation Executive Vice President
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2013

**Transaction ID : C2455991**

Amount of Each Receipt this Period  
5000.00

**B. Kase Richard**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5124 Pine Rocklands Ave

City Lithia	State FL	Zip Code 33547
----------------	-------------	-------------------

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

Name of Employer Cypress Health Group	Occupation President
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
625.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2013

**Transaction ID : C2451904**

Amount of Each Receipt this Period  
625.00

**C. Frank Romano Jr.**  
Full Name (Last, First, Middle Initial)  
Mailing Address 57 Summer St

City Rowley	State MA	Zip Code 01969
----------------	-------------	-------------------

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

Name of Employer Essex Group	Occupation President
---------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3750.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2013

**Transaction ID : C2437717**

Amount of Each Receipt this Period  
1250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6875.00
<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 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Angelo Rotella**  
 Full Name (Last, First, Middle Initial)  
 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 Friendly Home Occupation President/Administrator  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 07 / 2013  
**Transaction ID : C2442264**  
 Amount of Each Receipt this Period  
**2000.00**

**B. Christina L Sharp**  
 Full Name (Last, First, Middle Initial)  
 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 American Health Care Association Occupation Director, Member Relations  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **206.53**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2013  
**Transaction ID : C2485067**  
 Amount of Each Receipt this Period  
**43.48**  
 \* Payroll Deduction: \$10.87 Bi-Weekly

**C. John Kennon Shea**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1810 Gillespie Way Ste 212  
 City El Cajon State CA Zip Code 92020-0921  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kennon S. Shea & Associates Occupation Director  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **5000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2013  
**Transaction ID : C2444495**  
 Amount of Each Receipt this Period  
**1250.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>3293.48</b>
<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 37
	<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	

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. Jennifer S Shimer**  
Full Name (Last, First, Middle Initial)

Mailing Address 9507 Shelly Krasnow Ln

City State Zip Code  
Fairfax VA 22031-4720

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

Name of Employer Occupation  
American Health Care Association COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**826.12**

Date of Receipt  
**10 / 31 / 2013**

**Transaction ID : C2485068**

Amount of Each Receipt this Period  
**173.92**

\* Payroll Deduction: \$43.48 Bi-Weekly

**B. Mario Sinicariello**  
Full Name (Last, First, Middle Initial)

Mailing Address 21849 Byron Road

City State Zip Code  
Shaker Hts OH 44122

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

Name of Employer Occupation  
Greenwich Woods LP Director of Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**250.00**

Date of Receipt  
**10 / 13 / 2013**

**Transaction ID : C2447719**

Amount of Each Receipt this Period  
**250.00**

**C. Elise Smith**  
Full Name (Last, First, Middle Initial)

Mailing Address 2022 Columbia Rd NW

City State Zip Code  
Washington DC 20009-1323

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

Name of Employer Occupation  
American Health Care Association VP Reimbursement

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**800.00**

Date of Receipt  
**10 / 31 / 2013**

**Transaction ID : C2485069**

Amount of Each Receipt this Period  
**200.00**

\* Payroll Deduction: \$50.00 Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional)..... **623.92**

**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: PAGE 22 OF 37 (check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	<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. Harvey Tettlebaum**  
Full Name (Last, First, Middle Initial)

Mailing Address 56295 Little Moniteau Road

City California	State MO	Zip Code 65018-3069
--------------------	-------------	------------------------

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

Name of Employer Husch & Eppenberger, LLC	Occupation Attorney
--	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
221.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2013

**Transaction ID : C2439592**

Amount of Each Receipt this Period  

165.75
--------

**B. Nicholas Thisse**  
Full Name (Last, First, Middle Initial)

Mailing Address 80 Access Rd

City Norwood	State MA	Zip Code 02062
-----------------	-------------	-------------------

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

Name of Employer Rehab Associates	Occupation 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
10	/	28	/	2013

**Transaction ID : C2454449**

Amount of Each Receipt this Period  

1000.00
---------

**C. Michael Torgan**  
Full Name (Last, First, Middle Initial)

Mailing Address 5120 West Goldleaf Circle # 400

City Los Angeles	State CA	Zip Code 90056-1297
---------------------	-------------	------------------------

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

Name of Employer Country Villa Health Services	Occupation Vice President, Customer Services
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2013

**Transaction ID : C2444493**

Amount of Each Receipt this Period  

625.00
--------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1790.75
<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 23 OF 37
	<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	

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. Lisa Toti**  
Full Name (Last, First, Middle Initial)

Mailing Address 2140 River Oaks Drive

City Salem State VA Zip Code 24153

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

Name of Employer American HealthCare, LLC Occupation Vice President of Human Resources

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 22 / 2013  
**Transaction ID : C2451917**

Amount of Each Receipt this Period 250.00

**B. Eldora D. Vetter**  
Full Name (Last, First, Middle Initial)

Mailing Address 20220 Harney Street

City Elkhorn State NE Zip Code 68022

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

Name of Employer Vetter Health Services Occupation Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 31 / 2013  
**Transaction ID : C2485051**

Amount of Each Receipt this Period 5000.00

**C. Theresa J. Wall**  
Full Name (Last, First, Middle Initial)

Mailing Address 2421 E. Texas Ave.

City Alexandria State LA Zip Code 71301

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

Name of Employer Naomi Heights Nursing & Rehabilitation Occupation Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 01 / 2013  
**Transaction ID : C2443817**

Amount of Each Receipt this Period 500.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 37
	<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	

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

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 AHCA/NCAL	Occupation CIO
-------------------------------	-------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2013

**Transaction ID : C2456496**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 2416 Mesa Street

City Idaho Falls	State ID	Zip Code 83401
---------------------	-------------	-------------------

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

Name of Employer New Beginnings Community Living Home	Occupation President
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2013

**Transaction ID : C2451915**

Amount of Each Receipt this Period  
250.00

**C. Dennis W. Wheeler**  
Full Name (Last, First, Middle Initial)

Mailing Address 3409 Salterbeck Court

City Mount Pleasant	State SC	Zip Code 29466
------------------------	-------------	-------------------

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

Name of Employer Laurel Baye Healthcare	Occupation President
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2013

**Transaction ID : C2438089**

Amount of Each Receipt this Period  
5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5750.00
<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 25 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. Nile Whitney**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4700 Village Green Drive  
 City El Dorado Hills State CA Zip Code 95762  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Medline Industries Occupation Sales Manager  
 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  
 10 / 01 / 2013  
**Transaction ID : C2443797**  
 Amount of Each Receipt this Period  
**250.00**

**B. Nile Whitney**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4700 Village Green Drive  
 City El Dorado Hills State CA Zip Code 95762  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Medline Industries Occupation Sales Manager  
 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  
 10 / 31 / 2013  
**Transaction ID : C2485050**  
 Amount of Each Receipt this Period  
**25.00**

**C. Christine Wilson**  
 Full Name (Last, First, Middle Initial)  
 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 AHCA Occupation Sr. Manager, Business Systems  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **413.06**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2013  
**Transaction ID : C2485070**  
 Amount of Each Receipt this Period  
**86.96**  
 \* Payroll Deduction: \$21.74 Bi-Weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>136.96</b>
<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 26 OF 37
<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. Rachael Wong**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 61834

City Honolulu State HI Zip Code 96839

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

Name of Employer Healthcare Association of Hawaii Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 19 / 2013  
**Transaction ID : C2451427**

Amount of Each Receipt this Period 250.00

**B. Randy Wyatt**  
Full Name (Last, First, Middle Initial)

Mailing Address 1401 West Capitol Avenue Suite 180

City Little Rock State AR Zip Code 72201-2939

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

Name of Employer Arkansas Health Care Assn Occupation Executive Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 24 / 2013  
**Transaction ID : C2455535**

Amount of Each Receipt this Period 250.00

**C. Peachtree Mena, LLC**  
Full Name (Last, First, Middle Initial)

Mailing Address 1803 Cordie Drive

City Mena State AR Zip Code 71953

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3250.00

Date of Receipt 10 / 24 / 2013  
**Transaction ID : C2455536**

Amount of Each Receipt this Period 2000.00

PARTNERSHIP--partners below if itemized

**SUBTOTAL** of Receipts This Page (optional).....▶ 2500.00

**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 27 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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**

Full Name (Last, First, Middle Initial) <b>A. Michael Shepard</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 24 / 2013
Mailing Address 1803 Cordie Dr PO Box 125		<b>Transaction ID : C245537</b>
City Mena State AR Zip Code 71953-9340	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2000.00
Name of Employer Shepard Group Occupation President	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> *
Aggregate Year-to-Date ▼ 3250.00		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City State Zip Code	FEC ID number of contributing federal political committee. C	
Name of Employer Occupation	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City State Zip Code	FEC ID number of contributing federal political committee. C	
Name of Employer Occupation	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	61074.63

**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 28 OF 37
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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**

Full Name (Last, First, Middle Initial) <b>A. Golden Horizons Care PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 01 / 2013 <b>Transaction ID : C2443798</b>
Mailing Address 1250 H Street NW Suite 555		Amount of Each Receipt this Period 5000.00
City Washington	State DC Zip Code 20005	
FEC ID number of contributing federal political committee. <b>C</b> C00346346		Aggregate Year-to-Date ▼ 5000.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5000.00
<b>TOTAL</b> 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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

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

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 01 / 2013

Transaction ID : D150435

Amount of Each Disbursement this Period

13.39

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 02 / 2013

Transaction ID : D150436

Amount of Each Disbursement this Period

40.24

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 04 / 2013

Transaction ID : D150437

Amount of Each Disbursement this Period

18.90

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

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

72.53

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

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

FOR LINE NUMBER:  
(check only one)

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

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**

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 07 / 2013

**Transaction ID : D150438**

Amount of Each Disbursement this Period

238.62

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 10 / 2013

**Transaction ID : D150439**

Amount of Each Disbursement this Period

1.58

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 11 / 2013

**Transaction ID : D150440**

Amount of Each Disbursement this Period

69.30

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

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

309.50

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

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

FOR LINE NUMBER:  
(check only one)

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

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**

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2013

**Transaction ID : D150441**

Amount of Each Disbursement this Period

139.39

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 17 / 2013

**Transaction ID : D150442**

Amount of Each Disbursement this Period

4.50

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 18 / 2013

**Transaction ID : D150443**

Amount of Each Disbursement this Period

39.38

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

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

183.27

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

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

FOR LINE NUMBER:  
(check only one)

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

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**

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 25 / 2013

Transaction ID : D150444

Amount of Each Disbursement this Period

1.58

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 28 / 2013

Transaction ID : D150445

Amount of Each Disbursement this Period

9.45

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 29 / 2013

Transaction ID : D150446

Amount of Each Disbursement this Period

78.75

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

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

89.78

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

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

FOR LINE NUMBER:  
(check only one)

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

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**

Full Name (Last, First, Middle Initial)

**A. 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

MM / DD / YYYY  
10 / 15 / 2013

**Transaction ID : D150448**

Amount of Each Disbursement this Period

529.33

Full Name (Last, First, Middle Initial)

**B. BB&T**

Mailing Address 1099 New York Ave NW  
Ste 100

City Washington State DC Zip Code 20001-4452

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 21 / 2013

**Transaction ID : D150434**

Amount of Each Disbursement this Period

317.30

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

MM / DD / YYYY  
10 / 21 / 2013

**Transaction ID : D150447**

Amount of Each Disbursement this Period

98.68

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

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

945.31

1600.39

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Cory Booker for Senate**

Mailing Address P.O. Box 32237

City Newark State NJ Zip Code 07102

Purpose of Disbursement Contribution

Candidate Name

**Cory A. Booker**

Office Sought:  House  Senate  President

State: NJ District:

Disbursement For: 2013  Primary  General  Other (specify) Special General

Date of Disbursement

MM / DD / YYYY  
10 / 14 / 2013

**Transaction ID : D148743**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. ORRINPAC**

Mailing Address 175 S. WEST TEMPLE SUITE 650

City SALT LAKE CITY State UT Zip Code 84101

Purpose of Disbursement Contribution

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify)

Date of Disbursement

MM / DD / YYYY  
10 / 14 / 2013

**Transaction ID : D148763**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. PALLONE FOR CONGRESS**

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement Contribution

Candidate Name

**Rep. Frank Pallone Jr.**

Office Sought:  House  Senate  President

State: NJ District: 06

Disbursement For: 2014  Primary  General  Other (specify)

Date of Disbursement

MM / DD / YYYY  
10 / 16 / 2013

**Transaction ID : D148791**

Amount of Each Disbursement this Period

1000.00

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

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

8500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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**

Full Name (Last, First, Middle Initial)

**A. MATHESON FOR CONGRESS**

Mailing Address P.O. BOX 521048

City State Zip Code  
SALT LAKE CITY UT 84152

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Jim Matheson**

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
UT Dem Convention

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2013

**Transaction ID : D148764**

Amount of Each Disbursement this Period

5,000.00
----------

Full Name (Last, First, Middle Initial)

**B. RUBEN HINOJOSA FOR CONGRESS**

Mailing Address 10125 N. 10TH STREET, SUITE E

City State Zip Code  
MCALLEN TX 78504

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Ruben Hinojosa**

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2013

**Transaction ID : D148893**

Amount of Each Disbursement this Period

1,000.00
----------

Full Name (Last, First, Middle Initial)

**C. VICTORY IN NOVEMBER ELECTION PAC (VINEPAC)**

Mailing Address 227 Massachusetts Ave. NE

City State Zip Code  
Washington DC 20002

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2013

**Transaction ID : D148779**

Amount of Each Disbursement this Period

5,000.00
----------

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

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

11,000.00
-----------

19,500.00
-----------

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

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

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

Full Name (Last, First, Middle Initial)

**A. Central Management Company, LLC**

Mailing Address PO Box 1438

City Winnfield State LA Zip Code 71483-1438

Purpose of Disbursement  
Refund of 9/5/2013 contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2013

**Transaction ID : D148806**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

5000.00

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

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

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

Full Name (Last, First, Middle Initial)

### A. Deal for Governor

Mailing Address P.O. Box 2495

City Gainesville State GA Zip Code 30503

Purpose of Disbursement  
Non-Federal Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			25			2013					

Transaction ID : D148894

Amount of Each Disbursement this Period

6	3	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

--	--	--	--	--	--	--

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

--	--	--	--	--	--	--

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

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

6	3	0	0	.	0	0
---	---	---	---	---	---	---

6	3	0	0	.	0	0
---	---	---	---	---	---	---