

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

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) (b) Monthly Report Due On: Feb 20 (M2) Mar 20 (M3) Apr 20 (M4) May 20 (M5) Jun 20 (M6) Jul 20 (M7) Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on in the State of (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on in the State of

5. Covering Period 06 01 2014 through 06 30 2014

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

Type or Print Name of Treasurer Ms. Robin Hillier

Signature of Treasurer Ms. Robin Hillier [Electronically Filed] Date 07 18 2014

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Health Care Association Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		433429.72
(b) Cash on Hand at Beginning of Reporting Period.....	381630.09	
(c) Total Receipts (from Line 19)	51188.58	376053.13
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	432818.67	809482.85
7. Total Disbursements (from Line 31).....	111910.50	488574.68
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	320908.17	320908.17
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American Health Care Association Political Action Committee

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

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).....	49169.94	335674.34
(ii) Unitemized	2018.64	16878.79
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	51188.58	352553.13
(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)	51188.58	357553.13
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	17500.00
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))..... ▶	51188.58	376053.13
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	51188.58	376053.13

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	910.50	7874.68
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	910.50	7874.68
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	111000.00	470500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	200.00
(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	200.00
29. Other Disbursements	0.00	10000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	111910.50	488574.68
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	111910.50	488574.68

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)	51188.58	357553.13
34. Total Contribution Refunds (from Line 28(d))	0.00	200.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	51188.58	357353.13
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	910.50	7874.68
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	910.50	7874.68

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

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

FOR LINE NUMBER: PAGE 6 OF 41
(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

A. Linda Austin
 Full Name (Last, First, Middle Initial)
 Mailing Address 405 Times Avenue
 City Lafayette State TN Zip Code 37083-1247
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Knollwood Manor Occupation Administrator/ 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 Y
 06 / 18 / 2014
Transaction ID : C2776489
 Amount of Each Receipt this Period
 250.00

B. Cecil Barcelo
 Full Name (Last, First, Middle Initial)
 Mailing Address 411 Alabama Ave
 City League City State TX Zip Code 77573-2615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baywind Village Occupation Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 02 / 2014
Transaction ID : C2745993
 Amount of Each Receipt this Period
 300.00

C. Harry Baum
 Full Name (Last, First, Middle Initial)
 Mailing Address 10315 Johnson Drive
 City Shawnee State KS Zip Code 66203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sharon Lane Health Services Occupation Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : C2757036
 Amount of Each Receipt this Period
 625.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1175.00
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 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Lyn C. Bentley

Mailing Address 2212 Hidden Valley Ln

City Silver Spring	State MD	Zip Code 20904-5240
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FEC ID number of contributing federal political committee. **C**

Name of Employer American Health Care Association	Occupation Senior Director, Regulatory Services
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
374.94

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2014

Transaction ID : C2776120

Amount of Each Receipt this Period
83.32

* Payroll Deduction: \$41.66 Bi-Weekly

Full Name (Last, First, Middle Initial)
B. William Biggs

Mailing Address 8 Justice Lane

City Anderson	State SC	Zip Code 29621
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FEC ID number of contributing federal political committee. **C**

Name of Employer HMR Veterans Services	Occupation CEO
---	-------------------

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
06	/	16	/	2014

Transaction ID : C2776117

Amount of Each Receipt this Period
5000.00

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

Mailing Address 2201 N 98th Street

City Lincoln	State NE	Zip Code 68505
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FEC ID number of contributing federal political committee. **C**

Name of Employer Nebraska Health Care Association	Occupation State Executive
--	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
510.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2014

Transaction ID : C2754265

Amount of Each Receipt this Period
85.00

SUBTOTAL of Receipts This Page (optional).....	5168.32
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 41
<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. Douglas Burr
Full Name (Last, First, Middle Initial)

Mailing Address 11851 Wilde Run Court

City Roswell	State GA	Zip Code 30075
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FEC ID number of contributing federal political committee. **C**

Name of Employer Health Care Navigator LLC	Occupation Health Care Finance, Reimbursement, &
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	25	/	2014

Transaction ID : C2761351

Amount of Each Receipt this Period

325.00

B. Donald Chensvold
Full Name (Last, First, Middle Initial)

Mailing Address 4080 1st Ave NE

City Cedar Rapids	State IA	Zip Code 52402-3160
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FEC ID number of contributing federal political committee. **C**

Name of Employer Healthcare of Iowa, Inc.	Occupation President
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	02	/	2014

Transaction ID : C2745991

Amount of Each Receipt this Period

500.00

C. Robert M. Chur
Full Name (Last, First, Middle Initial)

Mailing Address 7 Limestone Dr

City Williamsville	State NY	Zip Code 14221-7051
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FEC ID number of contributing federal political committee. **C**

Name of Employer Elderwood Senior Care	Occupation President
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2500.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	02	/	2014

Transaction ID : C2745987

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional).....▶	3325.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 41
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address **PO Box 7728**

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

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

Name of Employer **Autumn Corp** Occupation **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
06 / 06 / 2014

Transaction ID : C2776106

Amount of Each Receipt this Period
2500.00

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

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 **Health Care Executive**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 06 / 2014

Transaction ID : C2750875

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. Joanne E Erickson

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 ▼ **347.84**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 16 / 2014

Transaction ID : C2776301

Amount of Each Receipt this Period
86.96

* Payroll Deduction: \$43.48 Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	3086.96
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 10 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Norman Estes

Mailing Address 931 Fairfax Park

City Tuscaloosa State AL Zip Code 35406-2805

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

Name of Employer NHS Management 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
 06 / 02 / 2014
Transaction ID : C2745988

Amount of Each Receipt this Period
5000.00

Full Name (Last, First, Middle Initial)
B. Rebecca Estes

Mailing Address 931 Fairfax Park

City Tuscaloosa State AL Zip Code 35406-2805

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

Name of Employer N/A Occupation Homemaker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 02 / 2014
Transaction ID : C2745989

Amount of Each Receipt this Period
5000.00

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

Mailing Address 19915 Nina St.

City Omaha State NE Zip Code 68130

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

Name of Employer Vetter Health Services Occupation COO

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 / 25 / 2014
Transaction ID : C2761352

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	10250.00
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 41
<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. Ben Griffin Jr
Full Name (Last, First, Middle Initial)

Mailing Address 522 Rawls Street

City Hawkinsville State GA Zip Code 31036-1954

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

Name of Employer Community Health Systems 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
06 / 02 / 2014

Transaction ID : C2745990

Amount of Each Receipt this Period
500.00

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

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 American Health Care Association Occupation Senior Director, Political Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **347.84**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 16 / 2014

Transaction ID : C2776303

Amount of Each Receipt this Period
86.96

* Payroll Deduction: \$43.48 Bi-Weekly

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

Mailing Address 33 Elk Street

City Albany State NY Zip Code 12207

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

Name of Employer NYS Health Facilities Association Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 07 / 2014

Transaction ID : C2750889

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	836.96
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 12 OF 41
	<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. Robin L. Hillier
 Full Name (Last, First, Middle Initial)
 Mailing Address 4433 Pebble Creek Ln
 City Long Grove State IL Zip Code 60047-5283
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lake Point Rehab and Nursing Center Occupation Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 06 / 20 / 2014
Transaction ID : C2757032
 Amount of Each Receipt this Period
 1250.00

B. Jon Howell
 Full Name (Last, First, Middle Initial)
 Mailing Address 334 Fountainhead Dr
 City Jefferson State GA Zip Code 30549
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Georgia Health Care Association Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 06 / 30 / 2014
Transaction ID : C2765692
 Amount of Each Receipt this Period
 5000.00

C. Elizabeth Johnson
 Full Name (Last, First, Middle Initial)
 Mailing Address 719 Bullock Place
 City Lexington State KY Zip Code 40508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kentucky Association of Health Care Fa Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 06 / 21 / 2014
Transaction ID : C2759145
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	6500.00
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 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Sonya Kemp

Mailing Address 438 North Water Avenue

City Gallatin State TN Zip Code 37066-2306

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

Name of Employer Gallatin Health Care Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 16 / 2014

Transaction ID : C2755756

Amount of Each Receipt this Period
1250.00

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

Mailing Address 2701 Marye Street

City Alexandria State LA Zip Code 71301

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

Name of Employer Magnolia Management Corporation Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **265.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 02 / 2014

Transaction ID : C2745984

Amount of Each Receipt this Period
265.00

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

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 ▼ **869.60**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 16 / 2014

Transaction ID : C2776305

Amount of Each Receipt this Period
217.40

* Payroll Deduction: \$108.70 Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... **1732.40**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 41
<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. David LaLumia
Full Name (Last, First, Middle Initial)

Mailing Address 12761 South Wacousta Road

City Eagle	State MI	Zip Code 48822
---------------	-------------	-------------------

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

Name of Employer Health Care Association of Michigan	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
06	/	16	/	2014

Transaction ID : C2776115

Amount of Each Receipt this Period
1000.00

B. Larry F. Lane
Full Name (Last, First, Middle Initial)

Mailing Address 1616 Stephens Dr

City Wayne	State PA	Zip Code 19087-1023
---------------	-------------	------------------------

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

Name of Employer Genesis	Occupation Sr VP, Regulatory Affairs
-----------------------------	---

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
06	/	02	/	2014

Transaction ID : C2745994

Amount of Each Receipt this Period
1000.00

C. Mary Ellen Lantis
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 699

City Spearfish	State SD	Zip Code 57783-0699
-------------------	-------------	------------------------

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

Name of Employer Lantis Enterprises	Occupation President
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06	/	06	/	2014

Transaction ID : C2776104

Amount of Each Receipt this Period
110.00

SUBTOTAL of Receipts This Page (optional).....	2110.00
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 41
	<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. Bethany R Martino
 Full Name (Last, First, Middle Initial)
 Mailing Address 8559 Window Latch Way
 City Columbia State MD Zip Code 21045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Health Care Association Occupation Vice President, Public Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **318.15**

Date of Receipt **06 / 16 / 2014**
Transaction ID : C2776481
 Amount of Each Receipt this Period **90.90**
 * Payroll Deduction: \$45.45 Bi-Weekly

B. W. Russell McDaid
 Full Name (Last, First, Middle Initial)
 Mailing Address 1819 Creston Drive
 City Lebanon State PA Zip Code 17046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PA Health Care Association Occupation Exec VP & COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **06 / 11 / 2014**
Transaction ID : C2754152
 Amount of Each Receipt this Period **500.00**

C. Richard Mendlen
 Full Name (Last, First, Middle Initial)
 Mailing Address 2151 Calle Poco
 City San Diego State CA Zip Code 92019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kennon S. Shea & Associates Occupation COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **583.00**

Date of Receipt **06 / 06 / 2014**
Transaction ID : C2776112
 Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional).....	840.90
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 41
	<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. Abraham Morse
 Full Name (Last, First, Middle Initial)
 Mailing Address 21 Sagamore Road
 City State Zip Code
 Newton Highlands MA 02461
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Massachusetts Senior Care Association 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
 06 / 02 / 2014
Transaction ID : C2745986
 Amount of Each Receipt this Period
 1000.00

B. Hari Namboodiri
 Full Name (Last, First, Middle Initial)
 Mailing Address 1301 E Quebec
 City State Zip Code
 McAllen TX 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Sava Senior Care Senior 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 / 26 / 2014
Transaction ID : C2762120
 Amount of Each Receipt this Period
 500.00

C. Kathleen C. Pagels
 Full Name (Last, First, Middle Initial)
 Mailing Address 9035 E. Lupine Ave.
 City State Zip Code
 Scottsdale AZ 85260
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AZ Health Care Association State Executive
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 16 / 2014
Transaction ID : C2754613
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 17 OF 41
(check only one)

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

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

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

Mailing Address **PO Box 128**

City **Ardmore** State **OK** Zip Code **73402**

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

Name of Employer **Premier Health Care, LLC** Occupation **Owner**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 20 / 2014

Transaction ID : C2757034

Amount of Each Receipt this Period
1250.00

Full Name (Last, First, Middle Initial)
B. Martin Porter

Mailing Address **PO Box 128**

City **Ardmore** State **OK** Zip Code **73402-0128**

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

Name of Employer **Premier Health Care, LLC** Occupation **COO**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 20 / 2014

Transaction ID : C2757033

Amount of Each Receipt this Period
1250.00

Full Name (Last, First, Middle Initial)
c. Sally Rapp

Mailing Address **1301 E Quebec**

City **Coronoa Del Mar** State **CA** Zip Code **92625**

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

Name of Employer **Sr Administrative Services Inc** Occupation **CEO**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 03 / 2014

Transaction ID : C2745929

Amount of Each Receipt this Period
1250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **3750.00**

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 41
	<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. James Romano
Full Name (Last, First, Middle Initial)

Mailing Address 61 Summer Street

City Rowley State MA Zip Code 01969

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

Name of Employer Occupation
Essex Group Management, Corp Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
06 / 27 / 2014
Transaction ID : C2764755

Amount of Each Receipt this Period
500.00

B. Martin Sbriglio
Full Name (Last, First, Middle Initial)

Mailing Address 88 Ryders Ln Ste 208

City Stratford State CT Zip Code 06614-1666

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

Name of Employer Occupation
Ryders Health Management Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
06 / 25 / 2014
Transaction ID : C2776495

Amount of Each Receipt this Period
500.00

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

Mailing Address 60 Cassandra Blvd., Unit 107

City West Hartford State CT Zip Code 06107

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

Name of Employer Occupation
Avon Health Center & West Hartford Hea VP/Director of Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
06 / 01 / 2014
Transaction ID : C2745238

Amount of Each Receipt this Period
1000.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 41
	<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. Shawn Scott
Full Name (Last, First, Middle Initial)

Mailing Address One Medline Place

City Mundelein State IL Zip Code 60060

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

Name of Employer Medline Occupation Senior VP HC Corporate Sales

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 / 21 / 2014

Transaction ID : C2759128

Amount of Each Receipt this Period
250.00

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

Mailing Address 9507 Shelly Krasnow Ln

City Fairfax State VA Zip Code 22031-4720

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

Name of Employer American Health Care Association Occupation COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **318.15**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 16 / 2014

Transaction ID : C2776487

Amount of Each Receipt this Period
90.90

* Payroll Deduction: \$45.45 Bi-Weekly

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

Mailing Address 103 Club Ct

City Warner Robins State GA Zip Code 31088-7534

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

Name of Employer Ethica Health & Retirement Communities Occupation Executive VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 18 / 2014

Transaction ID : C2776490

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	840.90
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 20 OF 41
<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. Peter Van Runkle
Full Name (Last, First, Middle Initial)

Mailing Address 55 Green Meadows Drive S.

City Lewis Center	State OH	Zip Code 43035
----------------------	-------------	-------------------

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

Name of Employer Ohio Health Care Association	Occupation Associate Executive
--	-----------------------------------

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	/	20	/	2014

Transaction ID : C2757035

Amount of Each Receipt this Period

250.00

B. John Vrba
Full Name (Last, First, Middle Initial)

Mailing Address 5801 S Cass Ave

City Westmont	State SC	Zip Code 60559
------------------	-------------	-------------------

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

Name of Employer Burgess Square Healthcare	Occupation CEO
---	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2014

Transaction ID : C2745926

Amount of Each Receipt this Period

500.00

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

Mailing Address 539 Ten Point Lane

City Cranberry Twp	State PA	Zip Code 16066
-----------------------	-------------	-------------------

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

Name of Employer Extencicare	Occupation Regional Director, Operations
---------------------------------	---

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	/	30	/	2014

Transaction ID : C2767046

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
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 21 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Robert Wehner

Mailing Address 5155 North High Street

City Columbus State OH Zip Code 43214

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

Name of Employer Wesley Glen Occupation Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt **06 / 18 / 2014**

Transaction ID : C2776488

Amount of Each Receipt this Period **137.50**

Full Name (Last, First, Middle Initial)
B. Harmony House LLC

Mailing Address PO Box 829

City Brewster State WA Zip Code 98812

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **291.00**

Date of Receipt **06 / 06 / 2014**

Transaction ID : C2776102

Amount of Each Receipt this Period **166.00**

PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial)
C. Jerry R. Tretwold

Mailing Address PO Box 829

City Brewster State WA Zip Code 98812-0829

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

Name of Employer Harmony House Health Care Center Occupation Owner/ Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **291.00**

Date of Receipt **06 / 06 / 2014**

Transaction ID : C2776103

Amount of Each Receipt this Period **166.00**

[MEMO ITEM]
*

SUBTOTAL of Receipts This Page (optional)..... **303.50**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 41
	<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. LAG Associates LP Managers
 Full Name (Last, First, Middle Initial)
 Mailing Address 8028 Ritchie Hwy
 Ste 210
 City Pasadena State MD Zip Code 21122-1075
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 06 / 06 / 2014
Transaction ID : C2776110
 Amount of Each Receipt this Period
 1250.00
 PARTNERSHIP--partners below if itemized

B. Gary Attman
 Full Name (Last, First, Middle Initial)
 Mailing Address 8028 Ritchie Highway
 City Pasadena State MD Zip Code 21122-1069
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 LAG Associates LP Managers Owner
 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
 06 / 06 / 2014
Transaction ID : C2776111
 Amount of Each Receipt this Period
 1250.00
[MEMO ITEM]
 *

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 ▼
 4250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 16 / 2014
Transaction ID : C2776118
 Amount of Each Receipt this Period
 1250.00
 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 23 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Michael Shepard

Mailing Address 1803 Cordie Dr
PO Box 125

City Mena State AR Zip Code 71953-9340

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

Name of Employer Shepard Group Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4250.00

Date of Receipt
06 / 16 / 2014
Transaction ID : **C2776119**

Amount of Each Receipt this Period
1250.00

[MEMO ITEM]
*

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

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 ▼
4250.00

Date of Receipt
06 / 25 / 2014
Transaction ID : **C2776492**

Amount of Each Receipt this Period
1750.00

PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial)
c. Michael Shepard

Mailing Address 1803 Cordie Dr
PO Box 125

City Mena State AR Zip Code 71953-9340

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

Name of Employer Shepard Group Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4250.00

Date of Receipt
06 / 25 / 2014
Transaction ID : **C2776493**

Amount of Each Receipt this Period
1750.00

[MEMO ITEM]
*

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
TOTAL This Period (last page this line number only).....▶	49169.94

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 02 / 2014

Transaction ID : D159650

Amount of Each Disbursement this Period

3.20

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
06 / 09 / 2014

Transaction ID : D159651

Amount of Each Disbursement this Period

56.00

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 10 / 2014

Transaction ID : D159652

Amount of Each Disbursement this Period

16.00

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

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

75.20

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 20 / 2014

Transaction ID : D159653

Amount of Each Disbursement this Period

16.00

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 24 / 2014

Transaction ID : D159654

Amount of Each Disbursement this Period

120.00

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 25 / 2014

Transaction ID : D159655

Amount of Each Disbursement this Period

12.52

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

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

148.52

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2014

Transaction ID : D159656

Amount of Each Disbursement this Period

11.20

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
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 16 / 2014

Transaction ID : D159649

Amount of Each Disbursement this Period

381.44

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
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2014

Transaction ID : D159647

Amount of Each Disbursement this Period

277.48

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

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

670.12

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. BB&T

Mailing Address 1099 New York Ave NW
Ste 100

City Washington State DC Zip Code 20001-4452

Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 23 / 2014

Transaction ID : D159648

Amount of Each Disbursement this Period

16.66

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)..... ▶

16.66

910.50

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

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

Full Name (Last, First, Middle Initial)

A. BEATTY FOR CONGRESS

Mailing Address PO Box 172

City Columbus State OH Zip Code 43216-0172

Purpose of Disbursement
Contribution

Candidate Name
Rep. JOYCE BEATTY

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: OH District: 03

Date of Disbursement

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

Transaction ID : D158841

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. BEN SASSE FOR US SENATE INC.

Mailing Address 105 E. 6th Street

City Fremont State NE Zip Code 68025

Purpose of Disbursement
Contribution

Candidate Name
BENJAMIN E SASSE

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: NE District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	1	4

Transaction ID : D159405

Amount of Each Disbursement this Period

5	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. BOEHNER FOR SPEAKER COMMITTEE

Mailing Address 320 First Street, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
Contribution

Candidate Name

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	3		2	0	1	4

Transaction ID : D158992

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

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

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. BUDDY CARTER FOR CONGRESS

Mailing Address 200 E. St. Julian Street
Suite 603

City Savannah State GA Zip Code 31401

Purpose of Disbursement
Contribution

Candidate Name

Earl LeRoy Carter

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 13 / 2014

Transaction ID : D158988

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. BUDDY CARTER FOR CONGRESS

Mailing Address 200 E. St. Julian Street
Suite 603

City Savannah State GA Zip Code 31401

Purpose of Disbursement
Contribution

Candidate Name

Earl LeRoy Carter

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 10 / 2014

Transaction ID : D158847

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. EMPIRE POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 15033

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 13 / 2014

Transaction ID : D158986

Amount of Each Disbursement this Period

5000.00

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

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

7500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. FRIENDS OF RENTERIA

Mailing Address P.O. BOX 655

City Sanger State CA Zip Code 93657

Purpose of Disbursement Contribution

Candidate Name

Amanda Renteria

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

Disbursement For: 2014
 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 10 / 2014

Transaction ID : D158846

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. McConnell Victory Kentucky

Mailing Address 228 S. Washington Street Suite 115

City Alexandria State VA Zip Code 22314

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
06 / 02 / 2014

Transaction ID : D158618

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Andy Tobin for Congress

Mailing Address 2532 N. 4th Street #528

City Flagstaff State AZ Zip Code 86004

Purpose of Disbursement Contribution

Candidate Name

Andrew M Tobin

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

Disbursement For: 2014
 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 17 / 2014

Transaction ID : D159048

Amount of Each Disbursement this Period

1000.00

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

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

6500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. MURPHPAC

Mailing Address 50 E St SE
Ste 1

City Washington State DC Zip Code 20003-2620

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : D159385

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. New Pioneers PAC

Mailing Address 228 S WASHINGTON ST STE 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : D159384

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. PAC TO THE FUTURE

Mailing Address 430 S. Capitol St. SE 1st Flr.

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : D159052

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. PAT MURPHY FOR IOWA

Mailing Address P.O. BOX 692

City DUBUQUE State IA Zip Code 52004

Purpose of Disbursement Contribution

Candidate Name

Patrick J. Murphy

Office Sought: House Senate President

State: IA District: 01

Disbursement For: 2014
 Primary General Other (specify) ▼

Date of Disbursement

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

Transaction ID : D158845

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. FRIENDS OF BENNIE THOMPSON

Mailing Address P.O. Box 100

City Bolton State MS Zip Code 39041

Purpose of Disbursement Contribution

Candidate Name

Rep. Bennie Thompson

Office Sought: House Senate President

State: MS District: 02

Disbursement For: 2014
 Primary General Other (specify) ▼

Date of Disbursement

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

Transaction ID : D158836

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. CITIZENS FOR RUSH

Mailing Address P. O. BOX 7292

City CHICAGO State IL Zip Code 60680

Purpose of Disbursement Contribution

Candidate Name

Rep. BOBBY L. RUSH

Office Sought: House Senate President

State: IL District: 01

Disbursement For: 2014
 Primary General Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	3		2	0	1	4

Transaction ID : D158990

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

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

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

6	0	0	0	0	0	0	0	0	0

6	0	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. RICHMOND FOR CONGRESS

Mailing Address 1631 ELYSIAN FIELDS SUITE 150

City NEW ORLEANS State LA Zip Code 70126

Purpose of Disbursement
Contribution

Candidate Name

Rep. CEDRIC L. RICHMOND

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: LA District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	3		2	0	1	4

Transaction ID : D158989

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

B. FRIENDS FOR CHRIS STEWART, INC.

Mailing Address 542 E LAKEVIEW WAY

City FARMINGTON State UT Zip Code 84025

Purpose of Disbursement
Contribution

Candidate Name

Rep. Chris Stewart

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: UT District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	1	4

Transaction ID : D159407

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. FRIENDS OF DAN MAFFEI

Mailing Address PO Box 230

City Syracuse State NY Zip Code 13201

Purpose of Disbursement
Contribution

Candidate Name

Rep. Dan B. Maffei

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 24

Date of Disbursement

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

Transaction ID : D158848

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

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

4	5	0	0	.	0	0
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4	5	0	0	.	0	0
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. DAVIS FOR CONGRESS/FRIENDS OF DAVIS

Mailing Address 5956 W. RACE AVENUE

City State Zip Code
CHICAGO IL 60644

Purpose of Disbursement
Contribution

Candidate Name

Rep. Danny K. Davis

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		10		2014

Transaction ID : D158839

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. DENNY HECK FOR CONGRESS

Mailing Address PO BOX 235

City State Zip Code
OLYMPIA WA 98507

Purpose of Disbursement
Contribution

Candidate Name

Rep. Denny Heck

Office Sought: House
 Senate
 President
State: WA District: 10

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		17		2014

Transaction ID : D159049

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. DONALD M PAYNE JR FOR CONGRESS

Mailing Address PO Box 2406

City State Zip Code
Newark NJ 07114-0406

Purpose of Disbursement
Contribution

Candidate Name

Rep. Donald M. Payne Jr.

Office Sought: House
 Senate
 President
State: NJ District: 10

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		10		2014

Transaction ID : D158844

Amount of Each Disbursement this Period

2500.00

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

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

7000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

Mailing Address PO BOX 1631

City State Zip Code
BALTIMORE MD 21203

Purpose of Disbursement
Contribution

Candidate Name
Rep. Elijah E. Cummings

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify) ▼
State: MD District: 07

Date of Disbursement

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

Transaction ID : D158850

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

B. CLEAVER FOR CONGRESS

Mailing Address 4801 MAIN STREET, SUITE 1000

City State Zip Code
KANSAS CITY MO 64112

Purpose of Disbursement
Contribution

Candidate Name
Rep. Emanuel Cleaver II

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify) ▼
State: MO District: 05

Date of Disbursement

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

Transaction ID : D158842

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. FRIENDS OF FRANK GUINTA

Mailing Address P.O. Box 877

City State Zip Code
Manchester NH 03105

Purpose of Disbursement
Contribution

Candidate Name
Rep. Frank Guinta

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify) ▼
State: NH District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	1	4

Transaction ID : D159406

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

7	5	0	0	.	0	0
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TOTAL This Period (last page this line number only)..... ▶

7	5	0	0	.	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. BUTTERFIELD FOR CONGRESS

Mailing Address PO Box 2571

City State Zip Code
Wilson NC 27894

Purpose of Disbursement
Contribution

Candidate Name

G.K. Butterfield

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 10 / 2014

Transaction ID : D158835

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. WALDEN FOR CONGRESS

Mailing Address PO Box 1091

City State Zip Code
Hood River OR 97031

Purpose of Disbursement
Contribution

Candidate Name

Rep. Greg Walden

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 26 / 2014

Transaction ID : D159383

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

C. JOHN LEWIS FOR CONGRESS

Mailing Address P.O. BOX 2323

City State Zip Code
ATLANTA GA 30301

Purpose of Disbursement
Contribution

Candidate Name

Rep. John Lewis

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 10 / 2014

Transaction ID : D158838

Amount of Each Disbursement this Period

2500.00

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

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

9000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. MARCIA FUDGE FOR CONGRESS

Mailing Address 3729 SILSBY RD

City UNIVERSITY HEIGHTS State OH Zip Code 44118

Purpose of Disbursement
Contribution

Candidate Name

Rep. Marcia L. Fudge

Office Sought: House
 Senate
 President
State: OH District: 11

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : D158840

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

B. POMPEO FOR CONGRESS INC

Mailing Address PO BOX 780146

City WICHITA State KS Zip Code 67212

Purpose of Disbursement
Contribution

Candidate Name

Rep. Mike Pompeo

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	1	4

Transaction ID : D159047

Amount of Each Disbursement this Period

4	0	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

C. CRAWFORD FOR CONGRESS

Mailing Address PO BOX 16956

City JONESBORO State AR Zip Code 72403

Purpose of Disbursement
Voided Check-Orig Issued on 4/28/2014

Candidate Name

Rep. Rick Crawford

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : D158643

Amount of Each Disbursement this Period

-	1	0	0	.	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

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

5	5	0	0	.	0	0
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5	5	0	0	.	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. KIND FOR CONGRESS COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		25		2014

Mailing Address 205 5th Avenue South

Transaction ID : D159295

City State Zip Code
La Crosse WI 54601

Amount of Each Disbursement this Period

5,000.00

Purpose of Disbursement
Contribution

Category/ Type

Candidate Name

Rep. Ronald J. Kind

Office Sought: House
 Senate
 President
State: WI District: 03

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. KIND FOR CONGRESS COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		17		2014

Mailing Address 205 5th Avenue South

Transaction ID : D159051

City State Zip Code
La Crosse WI 54601

Amount of Each Disbursement this Period

5,000.00

Purpose of Disbursement
Contribution

Category/ Type

Candidate Name

Rep. Ronald J. Kind

Office Sought: House
 Senate
 President
State: WI District: 03

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. SANFORD BISHOP FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		13		2014

Mailing Address P. O. Box 909

Transaction ID : D158991

City State Zip Code
Columbus GA 31902

Amount of Each Disbursement this Period

2,500.00

Purpose of Disbursement
Contribution

Category/ Type

Candidate Name

Rep. Sanford D. Bishop Jr.

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

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

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

12500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. HOYER FOR CONGRESS

Mailing Address 700 13th Street, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Contribution

Candidate Name

Rep. Steny H. Hoyer

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 17 / 2014

Transaction ID : D159050

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. WOMACK FOR CONGRESS COMMITTEE

Mailing Address PO BOX 508

City ROGERS State AR Zip Code 72757

Purpose of Disbursement
Voided Check-Orig Issued 4/28/2014

Candidate Name

Rep. Steve Womack

Office Sought: House
 Senate
 President
State: AR District: 03

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 02 / 2014

Transaction ID : D158641

Amount of Each Disbursement this Period

-3000.00

Full Name (Last, First, Middle Initial)

C. HORSFORD FOR CONGRESS

Mailing Address 6100 ELTON AVE.

City LAS VEGAS State NV Zip Code 89107

Purpose of Disbursement
Contribution

Candidate Name

Rep. Steven A. Horsford

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 10 / 2014

Transaction ID : D158837

Amount of Each Disbursement this Period

2500.00

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

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

4500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. BONAMICI FOR CONGRESS

Mailing Address 2236 SE 10TH AVE

City PORTLAND State OR Zip Code 97214

Purpose of Disbursement
Contribution

Candidate Name
Rep. Suzanne Bonamici

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: OR District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	3		2	0	1	4

Transaction ID : D158987

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

B. TERRI SEWELL FOR CONGRESS

Mailing Address P.O. BOX 1964

City BIRMINGHAM State AL Zip Code 35201

Purpose of Disbursement
Contribution

Candidate Name
Rep. Terri A. Sewell

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: AL District: 07

Date of Disbursement

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

Transaction ID : D158843

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

C. RYAN COSTELLO FOR CONGRESS

Mailing Address PO BOX 89

City PHOENIXVILLE State PA Zip Code 19460

Purpose of Disbursement
Voided Check-Orig Issued on 3/18/2014

Candidate Name
RYAN A COSTELLO

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: PA District: 06

Date of Disbursement

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

Transaction ID : D158642

Amount of Each Disbursement this Period

-	1	0	0	.	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

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

3	0	0	0	.	0	0
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3	0	0	0	.	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. CITIZENS FOR COCHRAN

Mailing Address PO BOX 7183

City TUPELO State MS Zip Code 38802

Purpose of Disbursement
Contribution

Candidate Name
Sen. Thad Cochran

Office Sought: House
 Senate
 President
State: MS District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Runoff

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 10 / 2014

Transaction ID : D158849

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

111000.00