

**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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