

**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 39
	<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) <b>A. Matityahu Tenenbaum</b>		Date of Receipt MM / DD / YYYY 05 / 13 / 2015 <b>Transaction ID : C3000630</b>
Mailing Address 1524 53rd Street		Amount of Each Receipt this Period 1250.00
City Brooklyn	State NY	Zip Code 11219
FEC ID number of contributing federal political committee. C	Name of Employer Kings Harbor Multicare Center	Occupation CEO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>B. Toby Tilford</b>		Date of Receipt MM / DD / YYYY 05 / 06 / 2015 <b>Transaction ID : C2997322</b>
Mailing Address 100 E San Marcos Blvd #200		Amount of Each Receipt this Period 625.00
City San Marcos	State CA	Zip Code 92069
FEC ID number of contributing federal political committee. C	Name of Employer Plum Healthcare	Occupation President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00	

Full Name (Last, First, Middle Initial) <b>C. Peter Van Runkle</b>		Date of Receipt MM / DD / YYYY 05 / 26 / 2015 <b>Transaction ID : C3017146</b>
Mailing Address 55 Green Meadows Drive S.		Amount of Each Receipt this Period 250.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2125.00
<b>TOTAL</b> This Period (last page this line number only).....▶	