



**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="2015"/>		213354.30
(b) Cash on Hand at Beginning of Reporting Period.....	258021.95	
(c) Total Receipts (from Line 19) .....	16177.82	405900.60
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	274199.77	619254.90
7. Total Disbursements (from Line 31).....	46678.37	391733.50
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	227521.40	227521.40
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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

FEC Form 3X (Rev. 06/2004)

Page 3

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).....	15887.60	375056.25
(ii) Unitemized .....	290.22	15671.35
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	16177.82	390727.60
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	10000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	16177.82	400727.60
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	5173.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
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))..... ▶	16177.82	405900.60
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	16177.82	405900.60

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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 .....	678.37	9233.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	678.37	9233.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	46000.00	369000.00
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	8500.00
(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	8500.00
29. Other Disbursements .....	0.00	5000.00
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)) ..	46678.37	391733.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	46678.37	391733.50

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	16177.82	400727.60
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	8500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	16177.82	392227.60
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	678.37	9233.50
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	678.37	9233.50

**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 26  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

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

Mailing Address 10 Glenwood Road

City Windham State NH Zip Code 03087

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

Name of Employer Kindred Healthcare Occupation President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 07 / 15 / 2015  
**Transaction ID : C3049656**

Amount of Each Receipt this Period  
 75.00

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

Mailing Address 2201 N 98th Street

City Lincoln State NE Zip Code 68505

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

Name of Employer Nebraska Health Care Association Occupation State Executive

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 612.50

Date of Receipt  
 07 / 17 / 2015  
**Transaction ID : C3053649**

Amount of Each Receipt this Period  
 87.50

Full Name (Last, First, Middle Initial)  
**c. Tracy Cumming**

Mailing Address 207 Janna Drive

City Ball State LA Zip Code 71405

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

Name of Employer Hilltop Nursing & Rehabilitation Occupation Administrator

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 07 / 14 / 2015  
**Transaction ID : C3056412**

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 662.50

**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 7 OF 26
<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. Joanne E Erickson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 911 S Randolph St  
 City Arlington State VA Zip Code 22204-1564  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Health Care Association Occupation Senior Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 521.72

Date of Receipt 07 / 20 / 2015  
**Transaction ID : C3056438**  
 Amount of Each Receipt this Period 86.96  
 \* Payroll Deduction: \$43.48 Bi-Weekly

**B. Teresa Eyt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10009 Dallas Ave  
 City Takoma Park State MD Zip Code 20901-2240  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Health Care Association Occupation Senior Director, Education  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 559.57

Date of Receipt 07 / 20 / 2015  
**Transaction ID : C3056439**  
 Amount of Each Receipt this Period 101.74  
 \* Payroll Deduction: \$50.87 Bi-Weekly

**C. Peggy Fairbanks**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19915 Nina Street  
 City Omaha State NE Zip Code 68130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vetter Health Services Occupation RN - Leadership Development  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 07 / 2015  
**Transaction ID : C3044391**  
 Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 438.70  
**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 26
<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. Gavin Gadberry**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 9158

City Amarillo State TX Zip Code 79105

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

Name of Employer Underwood Law Firm Occupation Attorney

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  
 07 / 22 / 2015  
**Transaction ID : C3056054**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 81 Kenyon Ave

City East Greenwich State RI Zip Code 02818-2905

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

Name of Employer American Health Care Association Occupation Sr VP, Quality & Regulatory Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 22 / 2015  
**Transaction ID : C3056013**

Amount of Each Receipt this Period  
 1000.00

**C. James H. Gomez**  
Full Name (Last, First, Middle Initial)

Mailing Address 2201 K St

City Sacramento State CA Zip Code 95816-4922

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

Name of Employer CA Association of Health Facilities Occupation CEO/President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 07 / 2015  
**Transaction ID : C3044392**

Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 26
<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. Alan Graham**

Mailing Address 182 West Edge Drive

City Huntsville State TX Zip Code 77340

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

Name of Employer Nexion Health Corporation 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  
**07 / 20 / 2015**

**Transaction ID : C3056435**

Amount of Each Receipt this Period  
**500.00**

Full Name (Last, First, Middle Initial)  
**B. William J. Griffith**

Mailing Address 1825 7th Street, NW #901

City Washington State DC Zip Code 20001

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

Name of Employer American Health Care Association Occupation Senior Manager, Political Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **259.97**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 20 / 2015**

**Transaction ID : C3056440**

Amount of Each Receipt this Period  
**43.48**

\* Payroll Deduction: \$21.74 Bi-Weekly

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

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 ▼ **497.94**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 20 / 2015**

**Transaction ID : C3056441**

Amount of Each Receipt this Period  
**90.90**

\* Payroll Deduction: \$45.45 Bi-Weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>634.38</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 26
	<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. Grey Handy**  
Full Name (Last, First, Middle Initial)  
Mailing Address 44 Brass Horse Rd  
City Santa Fe State NM Zip Code 87508-9474  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Galena Capital Corp. Occupation Managing Member  
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  
07 / 28 / 2015  
**Transaction ID : C3062040**  
Amount of Each Receipt this Period  
1000.00

**B. Nathan M. Handy**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2144 Cages Bend Rd.  
City Gallatin State TN Zip Code 37066  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Medline Industries Occupation Regional Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 08 / 2015  
**Transaction ID : C3045197**  
Amount of Each Receipt this Period  
250.00

**C. Brian Hensgens**  
Full Name (Last, First, Middle Initial)  
Mailing Address 830 South Broadway  
City Church Point State LA Zip Code 70525  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Acadia St. Landry Guest Home 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  
07 / 27 / 2015  
**Transaction ID : C3063042**  
Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 26
<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. 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 **07 / 07 / 2015**

**Transaction ID : C3044653**

Amount of Each Receipt this Period **250.00**

**B. Kelley Kash**  
Full Name (Last, First, Middle Initial)

Mailing Address 5 Community Drive Ste 3

City Augusta State ME Zip Code 04330

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

Name of Employer Maine Veterans' Homes Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **07 / 20 / 2015**

**Transaction ID : C3056436**

Amount of Each Receipt this Period **500.00**

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

Mailing Address 4621 28th Road South

City Arlington State VA Zip Code 22206

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

Name of Employer AHCA/NCAL Occupation VP, Insurance and Member Programs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1304.30**

Date of Receipt **07 / 20 / 2015**

**Transaction ID : C3056445**

Amount of Each Receipt this Period **217.40**

\* Payroll Deduction: \$108.70 Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional)..... **967.40**

**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 12 OF 26
<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. Meg LaPorte**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7708 Meadow Lane  
City Chevy Chase State MD Zip Code 20815  
FEC ID number of contributing federal political committee. **C**  
Name of Employer AHCA/NCAL Occupation Senior Policy Director  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **875.44**

Date of Receipt **07 / 20 / 2015**  
**Transaction ID : C3056446**  
Amount of Each Receipt this Period **156.52**  
\* Payroll Deduction: \$78.26 Bi-Weekly

**B. Howard Lipschutz**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1304 Laurel Oak Rd  
City Voorhees State NJ Zip Code 08043-4310  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Voorhees Pediatric Facility Occupation Principal  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1500.00**

Date of Receipt **07 / 17 / 2015**  
**Transaction ID : C3056434**  
Amount of Each Receipt this Period **1500.00**

**C. Christopher Parks**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1730 Truro Rd  
City Crofton State MD Zip Code 21114-2520  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Health Care Association Occupation Director of IT and Operations  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **220.83**

Date of Receipt **07 / 20 / 2015**  
**Transaction ID : C3056447**  
Amount of Each Receipt this Period **50.00**  
\* Payroll Deduction: \$25.00 Bi-Weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1706.52</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 13 OF 26  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 3929 Azalea Court

City State Zip Code  
 Maumee OH 43537

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

Name of Employer Occupation  
 American Health Care Association SVP Government Relations

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 2884.65

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 20 / 2015

**Transaction ID : C3056448**

Amount of Each Receipt this Period  
 384.62

\* Payroll Deduction: \$192.31 Bi-Weekly

Full Name (Last, First, Middle Initial)  
**B. Tara Roberts**

Mailing Address 269 Harders Crossing Blvd

City State Zip Code  
 Shreveport LA 71106-8526

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

Name of Employer Occupation  
 Nexion Health Management Inc VP of Rehab and Wound Care Srvc

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 19 / 2015

**Transaction ID : C3054001**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 7265 Kenwood Road  
 # 300

City State Zip Code  
 Cincinnati OH 45236-4414

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

Name of Employer Occupation  
 Nursing Care Management Executive Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 07 / 2015

**Transaction ID : C3045194**

Amount of Each Receipt this Period  
 137.50

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **772.12**

**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 14 OF 26  
(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. Jennifer S Shimer**

Mailing Address 9507 Shelly Krasnow Ln

City State Zip Code  
Fairfax VA 22031-4720

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

Name of Employer Occupation  
American Health Care Association COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
445.45

Date of Receipt  
07 / 20 / 2015  
**Transaction ID : C3056475**

Amount of Each Receipt this Period  
100.00

\* Payroll Deduction: \$50.00 Bi-Weekly

Full Name (Last, First, Middle Initial)  
**B. Pat Stallard**

Mailing Address 4008 Port Royal Dr

City State Zip Code  
Richmond KY 40475-8225

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

Name of Employer Occupation  
Commonwealth Care Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  
07 / 17 / 2015  
**Transaction ID : C3056431**

Amount of Each Receipt this Period  
3000.00

Full Name (Last, First, Middle Initial)  
**C. Judith Taubenheim**

Mailing Address 1403 Adele Court

City State Zip Code  
Grafton WI 53024

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

Name of Employer Occupation  
Fortis Management Group LLC Chief Nursing Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
07 / 17 / 2015  
**Transaction ID : C3053929**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3350.00

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

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

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

FOR LINE NUMBER: PAGE 15 OF 26  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Joseph Drew Thies**  
 Mailing Address 1101 L Street NW  
 Apt. 504  
 City Washington State DC Zip Code 20005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AHCA Occupation Manager, Political and Grassroots  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **239.14**

Date of Receipt **07 / 20 / 2015**  
**Transaction ID : C3056476**  
 Amount of Each Receipt this Period **43.48**  
 \* Payroll Deduction: \$21.74 Bi-Weekly

Full Name (Last, First, Middle Initial)  
**B. James W. Unverferth**  
 Mailing Address 1100 Shawnee Rd  
 City Lima State OH Zip Code 45805-3529  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HCF Management, Inc. Occupation President & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt **07 / 10 / 2015**  
**Transaction ID : C3072406**  
 Amount of Each Receipt this Period **1250.00**

Full Name (Last, First, Middle Initial)  
**C. Jack Vetter**  
 Mailing Address 20220 Harney Street  
 City Elkhorn State NE Zip Code 68022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vetter Health Services Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **3750.00**

Date of Receipt **07 / 24 / 2015**  
**Transaction ID : C3072260**  
 Amount of Each Receipt this Period **2500.00**

**SUBTOTAL** of Receipts This Page (optional)..... **3793.48**  
**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 16 OF 26  
(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**

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

Mailing Address 205 Fairview Road

City Clarks Green State PA Zip Code 18411

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

Name of Employer Genesis Healthcare Occupation VP Development

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **625.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 17 / 2015**

**Transaction ID : C3056432**

Amount of Each Receipt this Period  
**312.50**

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>312.50</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>15887.60</b>

**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  
07 / 10 / 2015

**Transaction ID : D167884**

Amount of Each Disbursement this Period

8.00

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  
07 / 17 / 2015

**Transaction ID : D167885**

Amount of Each Disbursement this Period

2.40

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  
07 / 20 / 2015

**Transaction ID : D167886**

Amount of Each Disbursement this Period

1.28

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

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

11.68

**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  
07 / 21 / 2015

**Transaction ID : D167887**

Amount of Each Disbursement this Period

8.00

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  
07 / 15 / 2015

**Transaction ID : D167888**

Amount of Each Disbursement this Period

217.69

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  
07 / 21 / 2015

**Transaction ID : D167882**

Amount of Each Disbursement this Period

346.96

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

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

572.65

**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  
07 / 21 / 2015

**Transaction ID : D167883**

Amount of Each Disbursement this Period

94.04

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)..... ▶

94.04

678.37

**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. BOEHNER FOR SPEAKER COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		13		2015

Mailing Address 320 First Street, SE

**Transaction ID : D167105**

City WASHINGTON State DC Zip Code 20003

Amount of Each Disbursement this Period

21,000.00
-----------

Purpose of Disbursement Contribution

--

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. COMMON SENSE COLORADO**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2015

Mailing Address PO Box 1978

**Transaction ID : D167648**

City Denver State CO Zip Code 80201-1978

Amount of Each Disbursement this Period

1,500.00
----------

Purpose of Disbursement Contribution

--

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. FIRST STATE PAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		13		2015

Mailing Address P.O. Box 3006

**Transaction ID : D167102**

City Wilmington State DE Zip Code 19804

Amount of Each Disbursement this Period

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

Purpose of Disbursement Contribution

--

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

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

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

21,500.00
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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. HEARTLAND VALUES PAC**

Mailing Address PO Box 505

City State Zip Code  
Sioux Falls SD 57101

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
07 / 13 / 2015

Transaction ID : D167101

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial)

**B. LANK PAC**

Mailing Address PO BOX 1639

City State Zip Code  
BETHANY OK 73008

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
07 / 28 / 2015

Transaction ID : D167666

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. LUKE MESSER FOR CONGRESS**

Mailing Address 345 W BROADWAY

City State Zip Code  
SHELBYVILLE IN 46176

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. ALLEN LUCAS MESSER**

Office Sought:  House  
 Senate  
 President  
State: IN District: 06

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
07 / 13 / 2015

Transaction ID : D167100

Amount of Each Disbursement this Period

1000.00

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

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

5500.00

**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. Making America Prosperous PAC**

Mailing Address PO Box 2485

City Springfield State VA Zip Code 22152

Purpose of Disbursement Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 28 / 2015

Transaction ID : D167650

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. MOVING AMERICA FORWARD**

Mailing Address 471 Birchington Lane

City Melbourne State FL Zip Code 32940

Purpose of Disbursement Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 13 / 2015

Transaction ID : D167097

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Our Common Values PAC**

Mailing Address 101 W. Grand Ave.  
Suite 200

City Chicago State IL Zip Code 60610

Purpose of Disbursement Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 13 / 2015

Transaction ID : D167099

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

**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. ANDY HARRIS FOR CONGRESS**

Mailing Address PO BOX 1527

City ANNAPOLIS State MD Zip Code 21404

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. ANDREW P HARRIS**

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 21 / 2015

**Transaction ID : D167333**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. GUTHRIE FOR CONGRESS**

Mailing Address PO Box 9639

City Bowling Green State KY Zip Code 42102

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. S. Brett Guthrie**

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 13 / 2015

**Transaction ID : D167096**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. DAN NEWHOUSE FOR CONGRESS**

Mailing Address PO BOX 10949

City YAKIMA State WA Zip Code 98909

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Dan Newhouse**

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 21 / 2015

**Transaction ID : D167332**

Amount of Each Disbursement this Period

1000.00

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

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

3500.00

**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 DON BEYER**

Mailing Address 1751 POTOMAC GREENS DRIVE

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Don Beyer Jr.**

Office Sought:  House  
 Senate  
 President  
State: VA District: 08

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	13	/	2015

**Transaction ID : D167098**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. MCHENRY FOR CONGRESS**

Mailing Address PO BOX 1406

City HICKORY State NC Zip Code 28603

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Patrick T. McHenry**

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	28	/	2015

**Transaction ID : D167649**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. PETE AGUILAR FOR CONGRESS**

Mailing Address PO BOX 10954

City SAN BERNARDINO State CA Zip Code 92423

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Pete Aguilar**

Office Sought:  House  
 Senate  
 President  
State: CA District: 31

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	21	/	2015

**Transaction ID : D167337**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

5500.00
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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. CITIZENS TO ELECT RICK LARSEN**

Mailing Address PO BOX 326

City EVERETT State WA Zip Code 98206

Purpose of Disbursement Contribution

Candidate Name  
**Rep. Rick Larsen**

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 21 / 2015

**Transaction ID : D167331**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. DOLD FOR CONGRESS**

Mailing Address PO Box 8145

City Northfield State IL Zip Code 60093

Purpose of Disbursement Contribution

Candidate Name  
**Rep. Robert Dold**

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

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

Date of Disbursement

MM / DD / YYYY  
07 / 13 / 2015

**Transaction ID : D167106**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. PRICE FOR CONGRESS**

Mailing Address P.O. Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement Contribution

Candidate Name  
**Rep. Thomas Edmunds Price**

Office Sought:  House  Senate  President  
State: GA District: 06

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 28 / 2015

**Transaction ID : D167651**

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. PRICE FOR CONGRESS**

Mailing Address P.O. Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Thomas Edmunds Price**

Office Sought:  House  
 Senate  
 President  
State: GA District: 06

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 28 / 2015

**Transaction ID : D167676**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. KAINE FOR VIRGINIA**

Mailing Address 1751 POTOMAC GREENS DRIVE

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
Contribution

Candidate Name

**Sen. Tim Kaine**

Office Sought:  House  
 Senate  
 President  
State: VA District:

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 21 / 2015

**Transaction ID : D167339**

Amount of Each Disbursement this Period

1000.00

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)..... ▶

2500.00

46000.00