

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Health Care Association Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		287615.28
(b) Cash on Hand at Beginning of Reporting Period.....	446578.86	
(c) Total Receipts (from Line 19)	100488.85	458167.29
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	547067.71	745782.57
7. Total Disbursements (from Line 31).....	71152.30	269867.16
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	475915.41	475915.41
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Health Care Association Political Action Committee

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	95722.69	429197.00
(ii) Unitemized	4766.16	15832.91
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	100488.85	445029.91
(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)	100488.85	455029.91
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	1931.13
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	1206.25
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	100488.85	458167.29
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	100488.85	458167.29

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	2152.30	6910.91
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2152.30	6910.91
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	64000.00	256750.00
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	0.00
(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	0.00
29. Other Disbursements	5000.00	6206.25
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	71152.30	269867.16
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	71152.30	269867.16

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)	100488.85	455029.91
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	100488.85	455029.91
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2152.30	6910.91
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	1931.13
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2152.30	4979.78

**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 47
(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. Ron Arrison

Mailing Address 4088 N Lake Forest Dr

City State Zip Code
 Memphis TN 38128-2412

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

Name of Employer Occupation
 King's Daughters & Sons Home Executive Director

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
 04 / 17 / 2013
Transaction ID : C2314240

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
B. Robert Asztalos

Mailing Address 5013 Centennial Oak Circle

City State Zip Code
 Tallahassee FL 32308

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

Name of Employer Occupation
 Asztalos & Associates President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 256.25

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 18 / 2013
Transaction ID : C2314909

Amount of Each Receipt this Period
 128.00

Full Name (Last, First, Middle Initial)
C. Ken Beebe Jr.

Mailing Address 571 Highway 51

City State Zip Code
 Ridgeland MS 39157-2597

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

Name of Employer Occupation
 Legacy Care Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 16 / 2013
Transaction ID : C2314895

Amount of Each Receipt this Period
 275.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 903.00

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 47
	<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. Jim Birchem
Full Name (Last, First, Middle Initial)

Mailing Address 920 4th Street, SE

City Little Falls State MN Zip Code 56345

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

Name of Employer Eldercare of Minnesota Occupation President/CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1100.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
04 / 16 / 2013

Transaction ID : C2314897

Amount of Each Receipt this Period
1100.00

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

Mailing Address 2201 North 98th Street

City Lincoln State NE Zip Code 68505

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

Name of Employer Nebraska Health Care Association Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
04 / 09 / 2013

Transaction ID : C2300147

Amount of Each Receipt this Period
150.00

C. Susan S. Bourgogne
Full Name (Last, First, Middle Initial)

Mailing Address 1018 South Union Street

City Opelousas State LA Zip Code 70570

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

Name of Employer Magnolia Management Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
04 / 19 / 2013

Transaction ID : C2316301

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
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 8 OF 47
<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. Jill Capela
Full Name (Last, First, Middle Initial)

Mailing Address 1101 S Capital of Texas Hwy
Bldg G

City West Lake Hills State TX Zip Code 78746-6445

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

Name of Employer ONR Inc. Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
04 / 17 / 2013
Transaction ID : **C2314229**

Amount of Each Receipt this Period
5000.00

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

Mailing Address 7 Limestone Dr

City Williamsville State NY Zip Code 14221-7051

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
04 / 17 / 2013
Transaction ID : **C2314266**

Amount of Each Receipt this Period
1250.00

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

Mailing Address 7 Limestone Dr

City Williamsville State NY Zip Code 14221-7051

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
04 / 23 / 2013
Transaction ID : **C2316748**

Amount of Each Receipt this Period
1250.00

SUBTOTAL of Receipts This Page (optional).....▶	7500.00
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 47
	<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. Marcia Cotter
Full Name (Last, First, Middle Initial)

Mailing Address 904 Meadow Avenue

City Shoreview State MN Zip Code 55124

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 24 / 2013

Transaction ID : C2316757

Amount of Each Receipt this Period
300.00

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

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 M / D D D / Y Y Y Y Y Y
04 / 23 / 2013

Transaction ID : C2316750

Amount of Each Receipt this Period
2500.00

c. Chip Davis
Full Name (Last, First, Middle Initial)

Mailing Address 1211 Macon Rd Ste D

City Perry State GA Zip Code 31069-2612

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

Name of Employer Crossroads Medical Management Occupation Chief Financial Officer

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
04 / 15 / 2013

Transaction ID : C2306769

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... **3050.00**

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 10 OF 47
	<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. RaeAnne Davis
Full Name (Last, First, Middle Initial)
Mailing Address 9801 La Duke Drive

City Kensington	State MD	Zip Code 20895
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1900.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		22		2013

Transaction ID : C2316305

Amount of Each Receipt this Period
950.00

B. Jack Deutsch
Full Name (Last, First, Middle Initial)
Mailing Address 5 Mariner Way

City Monsey	State NY	Zip Code 10952
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FEC ID number of contributing federal political committee. **C**

Name of Employer Cliffside Rehab & RHCC	Occupation Administrator
--	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		15		2013

Transaction ID : C2311548

Amount of Each Receipt this Period
250.00

C. Anthony Durante
Full Name (Last, First, Middle Initial)
Mailing Address 26 North Broadway

City Schenectady	State NY	Zip Code 12305
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FEC ID number of contributing federal political committee. **C**

Name of Employer DMN Management Services	Occupation Executive
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
625.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		09		2013

Transaction ID : C2300577

Amount of Each Receipt this Period
625.00

SUBTOTAL of Receipts This Page (optional).....▶	1825.00
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 47
	<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. Jack Dwyer
Full Name (Last, First, Middle Initial)

Mailing Address 1422A Clarkview Road

City Baltimore State MD Zip Code 21209

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

Name of Employer Capital Lending & Mortgage Group, LLC Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 04 / 09 / 2013
Transaction ID : C2300682

Amount of Each Receipt this Period 5000.00

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

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 04 / 24 / 2013
Transaction ID : C2316756

Amount of Each Receipt this Period 250.00

C. 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 AHCA/NCAL Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4000.00

Date of Receipt 04 / 28 / 2013
Transaction ID : C2317782

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 6250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 47
<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. Patricia Giorgio
Full Name (Last, First, Middle Initial)
Mailing Address 4702 Chestnut Ridge NE
City Cedar Rapids State IA Zip Code 52411
FEC ID number of contributing federal political committee. **C**
Name of Employer Evergreen Estates Occupation Owner
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 04 / 22 / 2013
Transaction ID : C2316307
Amount of Each Receipt this Period 1250.00

B. Tim Graves
Full Name (Last, First, Middle Initial)
Mailing Address 4214 Medical Parkway Suite 300
City Austin State TX Zip Code 78756
FEC ID number of contributing federal political committee. **C**
Name of Employer Texas Health Care Association Occupation President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 550.00

Date of Receipt 04 / 16 / 2013
Transaction ID : C2314899
Amount of Each Receipt this Period 550.00

C. Howard Groff
Full Name (Last, First, Middle Initial)
Mailing Address 7400 West 109th Street
City Bloomington State MN Zip Code 55438
FEC ID number of contributing federal political committee. **C**
Name of Employer Tealwood Senior Living Occupation President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 04 / 03 / 2013
Transaction ID : C2297195
Amount of Each Receipt this Period 1250.00

SUBTOTAL of Receipts This Page (optional).....▶	3050.00
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 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)
A. Greg Hanson

Mailing Address 2900 14th Ave South

City State Zip Code
Grand Forks ND 58201-4042

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

Name of Employer Occupation
Valley Memorial Homes Administrator

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
 04 / 08 / 2013
Transaction ID : C2299060

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Herbert Heflich

Mailing Address 5 Van Pelt Ct

City State Zip Code
Martinsville NJ 08836-2360

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

Name of Employer Occupation
Chelsea Senior Living CEO

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
 04 / 24 / 2013
Transaction ID : C2316744

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
C. Walter J. Hekimian

Mailing Address 6531 Silent Harbor Drive

City State Zip Code
Huntington Beach CA 92648

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

Name of Employer Occupation
San Diego County Administrator

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
 04 / 15 / 2013
Transaction ID : C2311550

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
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 14 OF 47
	<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. 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 Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **501.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 16 / 2013

Transaction ID : C2314900

Amount of Each Receipt this Period
501.00

B. Joyce Humphrey
Full Name (Last, First, Middle Initial)

Mailing Address 6831 Chapel Road

City Madison State OH Zip Code 44057-2255

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

Name of Employer Cardinal Woods 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
04 / 16 / 2013

Transaction ID : C2314908

Amount of Each Receipt this Period
500.00

C. Sean Hurley
Full Name (Last, First, Middle Initial)

Mailing Address 74 Kingery Drive

City El Paso State TX Zip Code 79902

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

Name of Employer Medline Industries Occupation Account 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
04 / 26 / 2013

Transaction ID : C2317690

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	1251.00
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 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

Full Name (Last, First, Middle Initial) A. Virginia Kessler		Date of Receipt M M / D D / Y Y Y Y Y 04 / 10 / 2013 Transaction ID : C2300851
Mailing Address 43 Market Street		Amount of Each Receipt this Period 125.00
City Lewisburg	State PA	Zip Code 17837
FEC ID number of contributing federal political committee. C		
Name of Employer Nottingham Village	Occupation Controller	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Francis P. Kirley		Date of Receipt M M / D D / Y Y Y Y Y 04 / 30 / 2013 Transaction ID : C2322210
Mailing Address 6937 Warfield Ave		Amount of Each Receipt this Period 5000.00
City Sykesville	State MD	Zip Code 21784-7454
FEC ID number of contributing federal political committee. C		
Name of Employer Nexion Health, Inc.	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. Marian Kirley		Date of Receipt M M / D D / Y Y Y Y Y 04 / 30 / 2013 Transaction ID : C2322211
Mailing Address 6937 Warfield Avenue		Amount of Each Receipt this Period 5000.00
City Sykesville	State MD	Zip Code 21784
FEC ID number of contributing federal political committee. C		
Name of Employer Nexion Health, Inc.	Occupation Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional).....▶	10125.00
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 16 OF 47
	<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. Jennifer S Knorr Hahs
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 N Randolph St
 Apt 1927
 City Arlington State VA Zip Code 22203-4082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Health Care Association Occupation Director, Political Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 29 / 2013
Transaction ID : C2331677
 Amount of Each Receipt this Period
 130.44
 * Payroll Deduction: \$43.48 Bi-Weekly

B. David A Kylo
 Full Name (Last, First, Middle Initial)
 Mailing Address 4621 28th Road South
 City Arlington State VA Zip Code 22206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Center for Assisted Living Occupation Executive Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 29 / 2013
Transaction ID : C2322188
 Amount of Each Receipt this Period
 250.00
 * Payroll Deduction: \$125.00 Bi-Weekly

C. 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 Y
 04 / 17 / 2013
Transaction ID : C2314283
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....	▶	1380.44
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 17 OF 47
	<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. Larry Lane		Date of Receipt MM / DD / YYYY 04 / 24 / 2013 Transaction ID : C2317253
Mailing Address 1616 Stephens Dr		Amount of Each Receipt this Period 1000.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Linda Larkin		Date of Receipt MM / DD / YYYY 04 / 17 / 2013 Transaction ID : C2314285
Mailing Address 1304 Avenue B		Amount of Each Receipt this Period 250.00
City Fort Madison	State IA	Zip Code 52627-2611
FEC ID number of contributing federal political committee. C		
Name of Employer Agemark Corporation	Occupation VP of Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Theodore Lee		Date of Receipt MM / DD / YYYY 04 / 16 / 2013 Transaction ID : C2314904
Mailing Address 700 Hanover St		Amount of Each Receipt this Period 500.00
City Manchester	State NH	Zip Code 03104
FEC ID number of contributing federal political committee. C		
Name of Employer Hanover Hill Health Care Center	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
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 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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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 ▼ 469.62

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 29 / 2013
Transaction ID : C2331679
 Amount of Each Receipt this Period
 234.81
 * Payroll Deduction: \$78.27 Bi-Weekly

B. Patrick Martone
 Full Name (Last, First, Middle Initial)
 Mailing Address 26 North Broadway
 City Schenectady State NY Zip Code 12305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Capital Living Nursing & Rehabilitatio Occupation Health Care Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 09 / 2013
Transaction ID : C2300578
 Amount of Each Receipt this Period
 625.00

C. Jill Mendlen
 Full Name (Last, First, Middle Initial)
 Mailing Address 6155 Cornerstone Center East Suite 220
 City San Diego State CA Zip Code 92121-4737
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LightBridge Hospice & Palliative Care Occupation President/CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 17 / 2013
Transaction ID : C2314241
 Amount of Each Receipt this Period
 333.00

SUBTOTAL of Receipts This Page (optional).....▶	1192.81
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 47
	<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. Carol Sue Nair
Full Name (Last, First, Middle Initial)
Mailing Address 128 Kings Court
City Waxahachie State TX Zip Code 75165-4807
FEC ID number of contributing federal political committee. **C**
Name of Employer Renfro Healthcare Center Occupation Administrator
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **205.00**

Date of Receipt **04 / 17 / 2013**
Transaction ID : C2314272
Amount of Each Receipt this Period **140.00**

B. Tony E Oglesby
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 350
City Benton State TN Zip Code 37307-0350
FEC ID number of contributing federal political committee. **C**
Name of Employer SavaSenior Care Occupation President & CEO
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1667.00**

Date of Receipt **04 / 29 / 2013**
Transaction ID : C2321074
Amount of Each Receipt this Period **1667.00**

C. Mark V Parkinson
Full Name (Last, First, Middle Initial)
Mailing Address 8930 Harvest Square Ct
City Potomac State MD Zip Code 20854-4475
FEC ID number of contributing federal political committee. **C**
Name of Employer American Health Care Association Occupation President and CEO
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1800.00**

Date of Receipt **04 / 29 / 2013**
Transaction ID : C2331681
Amount of Each Receipt this Period **600.00**
* Payroll Deduction: \$200.00 Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... **2407.00**
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 20 OF 47
	<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. Kelly Priegnitz
Full Name (Last, First, Middle Initial)

Mailing Address 262 Pine Island Turnpike

City Warwick State NY Zip Code 10990

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

Name of Employer Kindred Healthcare, Inc. Occupation VP and Chief Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
04 / 29 / 2013
Transaction ID : C2321075

Amount of Each Receipt this Period
250.00

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

Mailing Address 0S 054 Catlin Square

City Geneva State IL Zip Code 60134

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

Name of Employer Medline Healthcare Occupation National Accounts

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
04 / 04 / 2013
Transaction ID : C2297484

Amount of Each Receipt this Period
250.00

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

Mailing Address 4275 NE Lakehaven Drive

City Atlanta State GA Zip Code 30319

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

Name of Employer N/A Occupation Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
04 / 09 / 2013
Transaction ID : C2300156

Amount of Each Receipt this Period
1250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00

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 47
	<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. Neil L. Pruitt Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1626 Jeurgens Ct
 City Norcross State GA Zip Code 30093-2219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UHS-Pruitt Corporation, Inc. Occupation Chairman & 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
 04 / 09 / 2013
Transaction ID : C2300157
 Amount of Each Receipt this Period
 1250.00

B. Sally Rapp
 Full Name (Last, First, Middle Initial)
 Mailing Address 3308 Ocean Bld # 280
 City Corona Del Mar State CA Zip Code 92625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SR Management Svcs. Inc. Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 24 / 2013
Transaction ID : C2316746
 Amount of Each Receipt this Period
 1500.00

C. Thomas G. Rau
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 2215
 City Brighton State MI Zip Code 48116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Nexcare Health Systems, Inc. Occupation Owner
 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
 04 / 09 / 2013
Transaction ID : C2300155
 Amount of Each Receipt this Period
 5000.00

SUBTOTAL of Receipts This Page (optional).....▶	7750.00
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 22 OF 47
	<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. Jon Reardon
Full Name (Last, First, Middle Initial)

Mailing Address 1202 Weiss Street

City Saginaw State MI Zip Code 48602-5471

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

Name of Employer Hoyt Nursing & Rehab Centre Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **675.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 18 / 2013

Transaction ID : C2314915

Amount of Each Receipt this Period
400.00

B. Kelley Rice-Schild
Full Name (Last, First, Middle Initial)

Mailing Address 905 University Drive

City Coral Gables State FL Zip Code 33134

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

Name of Employer Floridean Nursing Home Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 17 / 2013

Transaction ID : C2314274

Amount of Each Receipt this Period
2500.00

C. Frank Romano Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 57 Summer St

City Rowley State MA Zip Code 01969

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

Name of Employer Essex Group Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 01 / 2013

Transaction ID : C2296150

Amount of Each Receipt this Period
1250.00

SUBTOTAL of Receipts This Page (optional).....▶	4150.00
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 47
	<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. Gwynn Rucker
Full Name (Last, First, Middle Initial)
Mailing Address 15106 59th Place NE
City Kenmore State WA Zip Code 98028
FEC ID number of contributing federal political committee. **C**
Name of Employer Kindred Healthcare Occupation Director of Operations
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
04 / 29 / 2013
Transaction ID : C2322180
Amount of Each Receipt this Period
500.00

B. James Santarsiero
Full Name (Last, First, Middle Initial)
Mailing Address 11350 McCormick Rd Suite 503
City Hunt Valley State MD Zip Code 21031
FEC ID number of contributing federal political committee. **C**
Name of Employer Perennial Healthcare Management, Inc. Occupation Nursing Home Owner
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
04 / 22 / 2013
Transaction ID : C2316333
Amount of Each Receipt this Period
5000.00

C. Kelsey Schwartz
Full Name (Last, First, Middle Initial)
Mailing Address 17515 West Nine Mile Road Suite 925
City Southfield State MI Zip Code 48075
FEC ID number of contributing federal political committee. **C**
Name of Employer Advantage Mangement Occupation CEO
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
04 / 17 / 2013
Transaction ID : C2314287
Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	5750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 47
	<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. Russell Schwartz
Full Name (Last, First, Middle Initial)

Mailing Address 8 Inwood lane

City Farmington State CT Zip Code 06032

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

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

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
 04 / 08 / 2013
Transaction ID : C2298413

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 1810 Gillespie Way Ste 212

City El Cajon State CA Zip Code 92020-0921

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

Name of Employer Kennon S. Shea & Associates Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 09 / 2013
Transaction ID : C2300575

Amount of Each Receipt this Period
 1250.00

C. John Kennon Shea
Full Name (Last, First, Middle Initial)

Mailing Address 1810 Gillespie Way Ste 212

City El Cajon State CA Zip Code 92020-0921

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

Name of Employer Kennon S. Shea & Associates Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 09 / 2013
Transaction ID : C2300576

Amount of Each Receipt this Period
 1250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3500.00

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 25 OF 47
	<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. Jamie Shelton
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1438

City Winnfield State LA Zip Code 71483

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

Name of Employer Central Management Company Occupation COO

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
 04 / 15 / 2013
Transaction ID : C2311545

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 ▼ 260.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 29 / 2013
Transaction ID : C2331687

Amount of Each Receipt this Period
 130.44

* Payroll Deduction: \$43.48 Bi-Weekly

C. Dean 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 ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 25 / 2013
Transaction ID : C2317695

Amount of Each Receipt this Period
 1250.00

SUBTOTAL of Receipts This Page (optional).....▶	1630.44
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 26 OF 47
(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. Scott Sibigroth

Mailing Address One Medline Place

City State Zip Code
 Mundelein IL 60060

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

Name of Employer Occupation
 Medline Health Care Co. President, National Accounts

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 29 / 2013
Transaction ID : C2321076

Amount of Each Receipt this Period
 750.00

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

Mailing Address 1305 West Causeway Approach, Ste 1

City State Zip Code
 Mandeville LA 70471

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

Name of Employer Occupation
 Louisiana Extended Care Centers, LLC Managing Member

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
 04 / 14 / 2013
Transaction ID : C2305581

Amount of Each Receipt this Period
 1250.00

Full Name (Last, First, Middle Initial)
C. Martin Stott

Mailing Address 15035 Memorial Tower Dr

City State Zip Code
 Baton Rouge LA 70810-8398

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

Name of Employer Occupation
 Diversified Health Care Owner/Operator

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
 04 / 16 / 2013
Transaction ID : C2314907

Amount of Each Receipt this Period
 5000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 7000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 47
	<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. Mark R. Todd
Full Name (Last, First, Middle Initial)

Mailing Address 2001 South Lee Street

City State Zip Code
Americus GA 31709

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

Name of Employer Occupation
Magnolia Manor, Inc. President/CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
04 / 15 / 2013
Transaction ID : C2311546

Amount of Each Receipt this Period
250.00

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

Mailing Address 5120 West Goldleaf Circle # 400

City State Zip Code
Los Angeles CA 90056-1297

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
04 / 01 / 2013
Transaction ID : C2334799

Amount of Each Receipt this Period
625.00

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

Mailing Address 5120 West Goldleaf Circle # 400

City State Zip Code
Los Angeles CA 90056-1297

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
04 / 09 / 2013
Transaction ID : C2300165

Amount of Each Receipt this Period
625.00

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
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 28 OF 47
(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

A. Lisa Toti
 Full Name (Last, First, Middle Initial)
 Mailing Address 2140 River Oaks Drive
 City Salem State VA Zip Code 24153
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American HealthCare, LLC Occupation Vice President of Human Resources
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 22 / 2013
Transaction ID : C2316304
 Amount of Each Receipt this Period
 250.00

B. Kevin Unrein
 Full Name (Last, First, Middle Initial)
 Mailing Address 3000 Fieldstone Court
 City Augusta State KS Zip Code 67010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LakePoint Nursing Center Occupation 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
 04 / 23 / 2013
Transaction ID : C2316747
 Amount of Each Receipt this Period
 250.00

C. Tracy Veal
 Full Name (Last, First, Middle Initial)
 Mailing Address 508 Barkwood Ct.
 City Jackson State GA Zip Code 30233
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medline Industries Occupation Sales
 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
 04 / 08 / 2013
Transaction ID : C2298265
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00
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 29 OF 47
	<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. Mary Jane Venteicher
 Full Name (Last, First, Middle Initial)
 Mailing Address 6323 Panorama Dr
 City Panora State IA Zip Code 50216-8723
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Thomas Rest Haven Occupation LTC Administrator
 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
 04 / 18 / 2013
Transaction ID : C2314917
 Amount of Each Receipt this Period
 375.00

B. Jack Vetter
 Full Name (Last, First, Middle Initial)
 Mailing Address 20220 Harney Street
 City Elkhorn State NE Zip Code 68022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Vetter Health Services Occupation President
 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
 04 / 29 / 2013
Transaction ID : C2322182
 Amount of Each Receipt this Period
 1250.00

C. Brett Waters
 Full Name (Last, First, Middle Initial)
 Mailing Address 2416 Mesa Street
 City Idaho Falls State ID Zip Code 83401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New Beginnings Community Living Home Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 22 / 2013
Transaction ID : C2316306
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1875.00
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 30 OF 47
	<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	<input type="checkbox"/> 17

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

A. James R. Westbury Sr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 922 McDonough Rd
 City Jackson State GA Zip Code 30233
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Westbury Medical Care Home Inc Occupation President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **825.00**

Date of Receipt **04 / 17 / 2013**
Transaction ID : C2314242
 Amount of Each Receipt this Period **550.00**

B. Jeff S. Wilson
 Full Name (Last, First, Middle Initial)
 Mailing Address 3435 Camberly Drive
 City Fayetteville State NC Zip Code 28306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Liberty Healthcare and Rehabilitation Occupation President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **5000.00**

Date of Receipt **04 / 20 / 2013**
Transaction ID : C2315405
 Amount of Each Receipt this Period **5000.00**

C. Klaton Properties
 Full Name (Last, First, Middle Initial)
 Mailing Address 3715 SW 29th St
 City Topeka State KS Zip Code 66614-2107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **5000.00**

Date of Receipt **04 / 17 / 2013**
Transaction ID : C2314261
 Amount of Each Receipt this Period **2500.00**
 PARTNERSHIP--partners below if itemized

SUBTOTAL of Receipts This Page (optional)..... **8050.00**
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 31 OF 47
	<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	<input type="checkbox"/> 17

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

A. Jim Klausman
Full Name (Last, First, Middle Initial)

Mailing Address 3715 SW 29th Street
Suite 200

City Topeka State KS Zip Code 66614-2164

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

Name of Employer Midwest Health Management Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
04 / 17 / 2013
Transaction ID : C2331896

Amount of Each Receipt this Period
2500.00

[MEMO ITEM]
*

B. Klaton Properties
Full Name (Last, First, Middle Initial)

Mailing Address 3715 SW 29th St

City Topeka State KS Zip Code 66614-2107

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
04 / 17 / 2013
Transaction ID : C2314264

Amount of Each Receipt this Period
2500.00

PARTNERSHIP--partners below if itemized

C. Floyd Eaton
Full Name (Last, First, Middle Initial)

Mailing Address 3715 SW 29th St
Ste 200

City Topeka State KS Zip Code 66614-2164

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

Name of Employer Midwest Health Services Inc Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
04 / 17 / 2013
Transaction ID : C2331894

Amount of Each Receipt this Period
2500.00

[MEMO ITEM]
*

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 32 OF 47
	<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. Trend Consultants

Mailing Address 323 Highland Boulevard

City Natchez State MS Zip Code 39120

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1145.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 16 / 2013
Transaction ID : C2314889

Amount of Each Receipt this Period
833.00

PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial)
B. Bruce Kelly

Mailing Address 323 Highland Blvd

City Natchez State MS Zip Code 39120-4635

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

Name of Employer Occupation
Trend Consultants Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
572.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 16 / 2013
Transaction ID : C2314890

Amount of Each Receipt this Period
416.50

[MEMO ITEM]
*

Full Name (Last, First, Middle Initial)
C. Rita Kelly

Mailing Address 323 Highland Boulevard

City Natchez State MS Zip Code 39120

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

Name of Employer Occupation
Trend Consultants Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
572.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 16 / 2013
Transaction ID : C2314891

Amount of Each Receipt this Period
416.50

[MEMO ITEM]
*

SUBTOTAL of Receipts This Page (optional).....▶	833.00
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 33 OF 47
<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. Klaton Leasing		Date of Receipt
Mailing Address 3715 SW 29th St		M M M / D D D / Y Y Y Y Y Y 04 / 17 / 2013
City Topeka	State KS	Zip Code 66614-2107
FEC ID number of contributing federal political committee. C		Transaction ID : C2333157
Name of Employer		Amount of Each Receipt this Period
Occupation		2500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	PARTNERSHIP--partners below if itemized
5000.00		

Full Name (Last, First, Middle Initial) B. Floyd Eaton		Date of Receipt
Mailing Address 3715 SW 29th St Ste 200		M M M / D D D / Y Y Y Y Y Y 04 / 17 / 2013
City Topeka	State KS	Zip Code 66614-2164
FEC ID number of contributing federal political committee. C		Transaction ID : C2331893
Name of Employer Midwest Health Services Inc		Amount of Each Receipt this Period
Occupation Owner		2500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	[MEMO ITEM] *
5000.00		

Full Name (Last, First, Middle Initial) C. Klaton Leasing		Date of Receipt
Mailing Address 3715 SW 29th St		M M M / D D D / Y Y Y Y Y Y 04 / 17 / 2013
City Topeka	State KS	Zip Code 66614-2107
FEC ID number of contributing federal political committee. C		Transaction ID : C2333158
Name of Employer		Amount of Each Receipt this Period
Occupation		2500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	PARTNERSHIP--partners below if itemized
5000.00		

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
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 34 OF 47
(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)
Jim Klausman

Mailing Address 3715 SW 29th Street
Suite 200

City Topeka State KS Zip Code 66614-2164

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

Name of Employer Midwest Health Management Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
04 / 17 / 2013

Transaction ID : C2331895

Amount of Each Receipt this Period
2500.00

[MEMO ITEM]
*

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
MM / DD / YYYY

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
MM / DD / YYYY

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	95722.69

**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
04 / 01 / 2013

Transaction ID : D145532

Amount of Each Disbursement this Period

389.68

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
04 / 05 / 2013

Transaction ID : D145533

Amount of Each Disbursement this Period

41.74

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
04 / 08 / 2013

Transaction ID : D145534

Amount of Each Disbursement this Period

39.38

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

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

470.80

**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
04 / 15 / 2013

Transaction ID : D145535

Amount of Each Disbursement this Period

5.91

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
04 / 15 / 2013

Transaction ID : D145536

Amount of Each Disbursement this Period

139.39

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
04 / 22 / 2013

Transaction ID : D145537

Amount of Each Disbursement this Period

157.50

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

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

302.80

**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
04 / 26 / 2013

Transaction ID : D145538

Amount of Each Disbursement this Period

157.50

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
04 / 29 / 2013

Transaction ID : D145539

Amount of Each Disbursement this Period

92.08

Full Name (Last, First, Middle Initial)

C. 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
04 / 15 / 2013

Transaction ID : D145540

Amount of Each Disbursement this Period

54.40

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

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

303.98

**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 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) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	1	3

Transaction ID : D145541

Amount of Each Disbursement this Period

6	7	2	.	5	4
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. BB&T

Mailing Address 1099 New York Ave NW
Ste 100

City Washington State DC Zip Code 20001-4452

Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : D145525

Amount of Each Disbursement this Period

7	3	.	8	9
---	---	---	---	---

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) ▼

Date of Disbursement

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

Transaction ID : D145526

Amount of Each Disbursement this Period

3	2	.	8	9
---	---	---	---	---

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

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

1	0	7	4	.	7	2
---	---	---	---	---	---	---

2	1	5	.	2	3	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. Conservatives Organize to Advance Tomorrow's Solutions (COATS PAC)

Date of Disbursement

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

Mailing Address PO Box 34303

Transaction ID : D144858

City Indianapolis State IN Zip Code 46234-0303

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

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. EMPIRE POLITICAL ACTION COMMITTEE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	5		2	0	1	3

Mailing Address PO BOX 15033

Transaction ID : D145333

City WASHINGTON State DC Zip Code 20003

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0

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. FREEDOM FUND

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	1	3

Mailing Address 1155 21st Street NW Suite 300

Transaction ID : D145069

City Washington State DC Zip Code 20036

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

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)..... ▶

8	5	0	0	0	0	0	0	0	0

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. Jason Smith for Congress

Mailing Address PO Box 1324

City State Zip Code
Cape Girardeau MO 63702-1324

Purpose of Disbursement
Contribution

Candidate Name

Jason Smith

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

Disbursement For: 2013
 Primary General
 Other (specify) Special

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	5		2	0	1	3

Transaction ID : D145349

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

B. MCCONNELL VICTORY COMMITTEE

Mailing Address PO BOX 75103

City State Zip Code
WASHINGTON DC 20013

Purpose of Disbursement
Contribution

Candidate Name

Mitch McConnell

Office Sought: House
 Senate
 President
State: KY District:

Disbursement For:
 Primary General
 Other (specify)

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	1	3

Transaction ID : D145072

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. MOVING AMERICA FORWARD

Mailing Address 471 Birchington Lane

City State Zip Code
Melbourne FL 32940

Purpose of Disbursement
Contribution

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
0	4		2	5		2	0	1	3

Transaction ID : D145350

Amount of Each Disbursement this Period

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

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

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

1	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. 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) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 25 / 2013

Transaction ID : D145332

Amount of Each Disbursement this Period

5000.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. ANDY HARRIS FOR CONGRESS

Mailing Address PO Box 1527

City Annapolis State MD Zip Code 21404

Purpose of Disbursement
Contribution

Candidate Name

Rep. Andy Harris

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

Disbursement For: 2014 Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 25 / 2013

Transaction ID : D145335

Amount of Each Disbursement this Period

5000.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. 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 M / D D D / Y Y Y Y Y Y
04 / 25 / 2013

Transaction ID : D145351

Amount of Each Disbursement this Period

1500.00

Category/
Type

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

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

11500.00

**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. PALLONE FOR CONGRESS

Mailing Address PO Box 3176

City State Zip Code
Long Branch NJ 07740

Purpose of Disbursement
Contribution

Candidate Name
Rep. Frank Pallone Jr.

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		25		2013

Transaction ID : D145340

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. JIM GERLACH FOR CONGRESS COMMITTEE

Mailing Address PO BOX 87

City State Zip Code
UWCHLAND PA 19480

Purpose of Disbursement
Contribution

Candidate Name
Rep. JIM GERLACH

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		25		2013

Transaction ID : D145334

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF JOHN BARROW

Mailing Address PO Box 8166

City State Zip Code
Savannah GA 31412

Purpose of Disbursement
Contribution

Candidate Name
Rep. John Barrow

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: GA District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		25		2013

Transaction ID : D145352

Amount of Each Disbursement this Period

1500.00

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

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

6000.00

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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. VOLUNTEERS FOR SHIMKUS

Mailing Address P.O. BOX 661

City State Zip Code
COLLINSVILLE IL 62234

Purpose of Disbursement
Contribution

Candidate Name

Rep. John Shimkus

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 15

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 15 / 2013

Transaction ID : D145067

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF LOIS CAPPs

Mailing Address PO Box 23940

City State Zip Code
Santa Barbara CA 93121

Purpose of Disbursement
Contribution

Candidate Name

Rep. Lois Capps

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 24

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 25 / 2013

Transaction ID : D145330

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. MARCIA FUDGE FOR CONGRESS

Mailing Address 3729 SILSBY RD

City State Zip Code
UNIVERSITY HEIGHTS OH 44118

Purpose of Disbursement
Contribution

Candidate Name

Rep. Marcia L. Fudge

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OH District: 11

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 25 / 2013

Transaction ID : D145336

Amount of Each Disbursement this Period

1500.00

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. DR. RAUL RUIZ FOR CONGRESS 2012 COMMITTEE

Mailing Address 73373 COUNTRY CLUB DRIVE #1904

City PALM DESERT State CA Zip Code 92260

Purpose of Disbursement
Contribution

Candidate Name

Rep. Raul Ruiz

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 36

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	5			2	0	1	3	

Transaction ID : D145331

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

B. TOM RICE FOR CONGRESS

Mailing Address 1113 48TH AVE., N.

City MYRTLE BEACH State SC Zip Code 29577

Purpose of Disbursement
Contribution

Candidate Name

Rep. Tom Rice

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: SC District: 07

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	5			2	0	1	3	

Transaction ID : D145339

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. BECERRA FOR CONGRESS

Mailing Address P.O. Box 261060

City Los Angeles State CA Zip Code 90026

Purpose of Disbursement
Contribution

Candidate Name

Rep. Xavier Becerra

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 34

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	5			2	0	1	3	

Transaction ID : D145337

Amount of Each Disbursement this Period

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

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

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

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

6	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. FRIENDS OF SCHUMER

Mailing Address 509 MADISON AVE SUITE 1902

City NEW YORK State NY Zip Code 10022

Purpose of Disbursement
Contribution

Candidate Name
Sen. Charles E. Schumer

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: NY District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	15	/	2013

Transaction ID : D145066

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. MCCONNELL SENATE COMMITTEE '14

Mailing Address PO BOX 1496

City LOUISVILLE State KY Zip Code 40201

Purpose of Disbursement
Contribution

Candidate Name
Sen. Mitch McConnell

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	15	/	2013

Transaction ID : D145065

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

7500.00

64000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. James E. Clyburn Research and Scholarship Foundation

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		25		2013

Mailing Address 499 South Capitol Street SW, Suite

Transaction ID : D145338

City Washington State DC Zip Code 20003

Amount of Each Disbursement this Period

Purpose of Disbursement
Donation

--

5000.00

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

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

Mailing Address

Amount of Each Disbursement this Period

City State Zip Code

Purpose of Disbursement

--

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

Amount of Each Disbursement this Period

City State Zip Code

Purpose of Disbursement

--

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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

5000.00

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

5000.00
