

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

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

FOR LINE NUMBER: PAGE 44 OF 68
(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. Chris Wright

Mailing Address 341 Bidwell Street

City State Zip Code
 Manchester CT 06040-6470

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

Name of Employer Occupation
 Self Employed Nursing Home Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 4750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 14 / 2012
Transaction ID : C1617117

Amount of Each Receipt this Period
 250.00

[MEMO ITEM]
 *

Full Name (Last, First, Middle Initial)
B. Farmington Care Center, LLC

Mailing Address 341 Bidwell St

City State Zip Code
 Manchester CT 06040-6470

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

Name of Employer Occupation

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
 02 / 14 / 2012
Transaction ID : C1600666

Amount of Each Receipt this Period
 250.00

PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial)
c. Chris Wright

Mailing Address 341 Bidwell Street

City State Zip Code
 Manchester CT 06040-6470

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

Name of Employer Occupation
 Self Employed Nursing Home Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 4750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 14 / 2012
Transaction ID : C1617118

Amount of Each Receipt this Period
 250.00

[MEMO ITEM]
 *

SUBTOTAL of Receipts This Page (optional)..... ▶ 250.00

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