

**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.....	286401.54	
(c) Total Receipts (from Line 19)	156227.95	246885.70
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	442629.49	534500.98
7. Total Disbursements (from Line 31).....	39931.13	131802.62
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	402698.36	402698.36
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).....	144441.00	227502.00
(ii) Unitemized	5580.70	8177.45
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	150021.70	235679.45
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	10000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	155021.70	245679.45
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	1206.25	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))..... ▶	156227.95	246885.70
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	156227.95	246885.70

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1931.13	2802.62
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1931.13	2802.62
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	38000.00	129000.00
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	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	39931.13	131802.62
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	39931.13	131802.62

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)	155021.70	245679.45
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	155021.70	245679.45
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1931.13	2802.62
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1931.13	2802.62

**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 6 OF 58
<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

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

A. Steve Ackerson
Full Name (Last, First, Middle Initial)

Mailing Address 1634 NW 131st Street

City Clive State IA Zip Code 50325-7448

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

Name of Employer Iowa Health Care Association Occupation Executive Director

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
 02 / 05 / 2013

Transaction ID : C1920768

Amount of Each Receipt this Period
 1000.00

B. Alan Anderson
Full Name (Last, First, Middle Initial)

Mailing Address 17 N. La Senda Drive

City Laguna Beach State CA Zip Code 92651

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

Name of Employer South Coast Healthcare Management Occupation President

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
 02 / 05 / 2013

Transaction ID : C1921756

Amount of Each Receipt this Period
 1000.00

C. Gary D Anderson
Full Name (Last, First, Middle Initial)

Mailing Address 5420 West Plano Parkway

City Plano State TX Zip Code 75093-4823

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

Name of Employer Preferred Care Partners Group Occupation Health Care Manager

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
 02 / 08 / 2013

Transaction ID : C1922268

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 7 OF 58
<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

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. Mark Anderson		Date of Receipt MM / DD / YYYY 02 / 28 / 2013 Transaction ID : C2275750
Mailing Address 2452 N Broadway		Amount of Each Receipt this Period 250.00
City Council Bluffs	State IA	Zip Code 51503-0432
FEC ID number of contributing federal political committee. C	Name of Employer Midlands Living Center	Occupation Owner/Administrator
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. Terry Bane		Date of Receipt MM / DD / YYYY 02 / 06 / 2013 Transaction ID : C1921035
Mailing Address 8180 Anastasia Way		Amount of Each Receipt this Period 500.00
City El Dorado Hills	State CA	Zip Code 95762
FEC ID number of contributing federal political committee. C	Name of Employer Riverside Health Care	Occupation Administrator
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Harry Baum		Date of Receipt MM / DD / YYYY 02 / 28 / 2013 Transaction ID : C2275694
Mailing Address 10315 Johnson Drive		Amount of Each Receipt this Period 625.00
City Shawnee	State KS	Zip Code 66203
FEC ID number of contributing federal political committee. C	Name of Employer Sharon Lane Health Services	Occupation Owner
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00	

SUBTOTAL of Receipts This Page (optional).....▶	1375.00
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 8 OF 58
(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

A. Ken Beebe Jr.
 Full Name (Last, First, Middle Initial)
 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 ▼
 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 04 / 2013
Transaction ID : C1921582
 Amount of Each Receipt this Period
 275.00

B. Patricia J. Benesh
 Full Name (Last, First, Middle Initial)
 Mailing Address 916 Tyler Drive
 City State Zip Code
 Williamsburg VA 23185
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Golden Living Safety & Loss Control Manager
 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
 02 / 06 / 2013
Transaction ID : C2288001
 Amount of Each Receipt this Period
 500.00

C. Francie Biggs
 Full Name (Last, First, Middle Initial)
 Mailing Address 506 Holly Creek Dr
 City State Zip Code
 Anderson SC 29621-2017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 N/A Homemaker
 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
 02 / 05 / 2013
Transaction ID : C1921765
 Amount of Each Receipt this Period
 5000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 5775.00
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 58
	<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	

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

A. Jennifer G. Brady
Full Name (Last, First, Middle Initial)

Mailing Address 103 Paired Oaks Lane

City State Zip Code
Wilmington DE 19807

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

Name of Employer Occupation
Potter Anderson & Corroon LLP Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 05 / 2013
Transaction ID : C1921762

Amount of Each Receipt this Period
500.00

B. Greg H. Brown
Full Name (Last, First, Middle Initial)

Mailing Address 155 West Point Court

City State Zip Code
Tonka Bay MN 55331

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

Name of Employer Occupation
Covenire Care, LLC President & CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
02 / 11 / 2013
Transaction ID : C1922432

Amount of Each Receipt this Period
1000.00

C. Virginia Burke
Full Name (Last, First, Middle Initial)

Mailing Address 17 Heritage Road

City State Zip Code
Barrington RI 02806

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

Name of Employer Occupation
Rhode Island Health Care Association Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 11 / 2013
Transaction ID : C1922433

Amount of Each Receipt this Period
250.00

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 10 OF 58
	<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	

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

A. Marco Carrasco
Full Name (Last, First, Middle Initial)

Mailing Address 2525 SW 75th Avenue

City Miami State FL Zip Code 33155

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

Name of Employer West Gables Health Care Center Occupation Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 20 / 2013
Transaction ID : C1976094

Amount of Each Receipt this Period 250.00

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 ▼ 2500.00

Date of Receipt 02 / 13 / 2013
Transaction ID : C1923288

Amount of Each Receipt this Period 2500.00

C. Randall Cyphers
Full Name (Last, First, Middle Initial)

Mailing Address 14591 SE Hemmen Ave.

City Clackamas State OR Zip Code 97015

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

Name of Employer Emeritus Senior Living Occupation Vice President of Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 05 / 2013
Transaction ID : C1921758

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3000.00

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 58
	<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

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. Time Dundon

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 HealthCare President, Health Care Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 07 / 2013
Transaction ID : C1921736

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
B. Gregory J. Elliot

Mailing Address 1101 Johnson Road

City State Zip Code
Charleston WV 25314

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

Name of Employer Occupation
AMFM, Inc. IT Coordinator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 04 / 2013
Transaction ID : C1921599

Amount of Each Receipt this Period
5000.00

Full Name (Last, First, Middle Initial)
C. Jennifer Elliot

Mailing Address PO Box 2425

City State Zip Code
Charleston WV 25329-2425

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

Name of Employer Occupation
Farpointe Training LLC Equestrian Instructor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 04 / 2013
Transaction ID : C1921604

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 11000.00

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 58
<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

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. Sandra Fitzler		Date of Receipt MM / DD / YYYY 02 / 04 / 2013 Transaction ID : C1921580
Mailing Address 802 Grand Champion Drive Apt. 405		Amount of Each Receipt this Period 251.00
City Rockville	State MD	Zip Code 20850
FEC ID number of contributing federal political committee. C		
Name of Employer AHCA	Occupation Director of Clinical Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 251.00	

Full Name (Last, First, Middle Initial) B. J Wayne Franklin		Date of Receipt MM / DD / YYYY 02 / 07 / 2013 Transaction ID : C1921732
Mailing Address 125 Springfield Ct. Ste #2		Amount of Each Receipt this Period 500.00
City OFallon	State IL	Zip Code 62269
FEC ID number of contributing federal political committee. C		
Name of Employer Franklin Healthcare Consultants, Inc.	Occupation Accounting Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. David Gifford		Date of Receipt MM / DD / YYYY 02 / 28 / 2013 Transaction ID : C1978192
Mailing Address 81 Kenyon Ave		Amount of Each Receipt this Period 1000.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional).....▶	1751.00
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 14 OF 58
(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. Clayton Green

Mailing Address 2211 Silver Creek Ln

City State Zip Code
 Roseville CA 95747-6218

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

Name of Employer Occupation
 Riverside Health Care 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
 02 / 11 / 2013
Transaction ID : C1922436

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. Don Greiner

Mailing Address 4350 Will Rogers Pkwy
 Ste 350

City State Zip Code
 Oklahoma City OK 73108-1857

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

Name of Employer Occupation
 Grace Living Centers 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
 02 / 04 / 2013
Transaction ID : C1921581

Amount of Each Receipt this Period
 5000.00

Full Name (Last, First, Middle Initial)
c. Shellie Greiner

Mailing Address 4350 Will Rogers Pkwy
 Ste 350

City State Zip Code
 Oklahoma City OK 73108-1857

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

Name of Employer Occupation
 N/A Homemaker

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
 02 / 04 / 2013
Transaction ID : C1921605

Amount of Each Receipt this Period
 5000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 10250.00

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

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

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

FOR LINE NUMBER: PAGE 15 OF 58
(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

A. Howard Groff
 Full Name (Last, First, Middle Initial)
 Mailing Address 7400 West 109th St.
 City Bloomington State MN Zip Code 55438
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tealwood Care Centers, Inc. 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
 02 / 27 / 2013
Transaction ID : C2288010
 Amount of Each Receipt this Period
 1250.00

B. Robert W. Hagan
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 Norcross Street Suite 100
 City Roswell State GA Zip Code 30075
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sterling Healthcare, Inc 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
 02 / 26 / 2013
Transaction ID : C1977062
 Amount of Each Receipt this Period
 5000.00

C. Kristi Hall
 Full Name (Last, First, Middle Initial)
 Mailing Address 680 E Hospital Dr
 City Cortez State CO Zip Code 81321-6200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Vista Grande Inn Occupation Administrator
 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
 02 / 05 / 2013
Transaction ID : C1921768
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 7250.00
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 16 OF 58
(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. Lisa Higgins

Mailing Address 604 E 38th St

City Farmington State NM Zip Code 87401-2306

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

Name of Employer Cedar Ridge Inn, Inc. Occupation Administrator

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
 02 / 05 / 2013
Transaction ID : C1921747

Amount of Each Receipt this Period
 1000.00

Full Name (Last, First, Middle Initial)
B. Robin L. Hillier

Mailing Address 4433 Pebble Creek Ln

City Long Grove State IL Zip Code 60047-5283

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

Name of Employer Lake Point Rehab and Nursing Center Occupation Owner

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
 02 / 20 / 2013
Transaction ID : C1974989

Amount of Each Receipt this Period
 1250.00

Full Name (Last, First, Middle Initial)
C. Joyce Humiston

Mailing Address 1004 E Main St

City Cortez State CO Zip Code 81321-3326

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

Name of Employer C & G Health Care Management Occupation Administrator

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
 02 / 05 / 2013
Transaction ID : C1921744

Amount of Each Receipt this Period
 5000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 7250.00

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 17 OF 58
(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. Pat Kelly

Mailing Address 110 Association Dr

City Charleston State WV Zip Code 25311-1217

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

Name of Employer West Virginia Health Care Association Occupation CEO

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
 02 / 06 / 2013
Transaction ID : C2288002

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. Tandy Kephart

Mailing Address 409 Benedicta Ave

City Trinidad State CO Zip Code 81082-2004

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

Name of Employer Trinidad Inn Occupation Administrator

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
 02 / 05 / 2013
Transaction ID : C1921767

Amount of Each Receipt this Period
 1000.00

Full Name (Last, First, Middle Initial)
C. Evan Lansing Kolb

Mailing Address 2701 Marye Street

City Alexandria State LA Zip Code 71301

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

Name of Employer Magnolia Management Corporation Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 265.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 04 / 2013
Transaction ID : C1921596

Amount of Each Receipt this Period
 265.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1515.00

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 58
	<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

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

A. Ted LeNeave
Full Name (Last, First, Middle Initial)

Mailing Address 10653 South River Front Parkway, S

City	State	Zip Code
South Jordan	UT	84095

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

Name of Employer	Occupation
Kindred	Executive Vice 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
02	/	08	/	2013

Transaction ID : C1922269

Amount of Each Receipt this Period
5000.00

B. Paul Liistro
Full Name (Last, First, Middle Initial)

Mailing Address 1 Meadow Brook Lane

City	State	Zip Code
Westport	CT	06880-3929

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

Name of Employer	Occupation
Arbors of Hop Brook, LTD	CEO

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
02	/	11	/	2013

Transaction ID : C1922426

Amount of Each Receipt this Period
2500.00

C. Kelli Likes
Full Name (Last, First, Middle Initial)

Mailing Address 321 S Chestnut St

City	State	Zip Code
Cortez	CO	81321-3627

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

Name of Employer	Occupation
Rio Grande Inn	Administrator

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
02	/	05	/	2013

Transaction ID : C1921742

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶	8500.00
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 19 OF 58
	<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

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

A. Richard Loucks
Full Name (Last, First, Middle Initial)

Mailing Address 40220 County Road

City Mancos State CO Zip Code 81328

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

Name of Employer C&G Health Care Management Inc. Occupation Health Care Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 02 / 05 / 2013
Transaction ID : C1921743

Amount of Each Receipt this Period 5000.00

B. Tim Lukenda
Full Name (Last, First, Middle Initial)

Mailing Address 111 West Michigan Street

City Milwaukee State WI Zip Code 53203

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

Name of Employer Extencicare Health Services Occupation President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 02 / 27 / 2013
Transaction ID : C2275835

Amount of Each Receipt this Period 5000.00

C. Janet Lumpkin
Full Name (Last, First, Middle Initial)

Mailing Address 2781 Osborn Dr

City Lake Havasu City State AZ Zip Code 86406-8629

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

Name of Employer Lake Hills Inn Occupation Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 05 / 2013
Transaction ID : C1921745

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 11000.00

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 58
	<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

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

A. R. Peter Madel Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 108 8th St NW

City Waseca State MN Zip Code 56093-1912

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

Name of Employer Lake Shore Inn Nursing Home Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 20 / 2013
Transaction ID : C1976088

Amount of Each Receipt this Period
 275.00

B. Maureen Marchant
Full Name (Last, First, Middle Initial)

Mailing Address 3800 Gifford Road

City Bloomington State IN Zip Code 47403

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

Name of Employer Hospitality House Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 04 / 2013
Transaction ID : C1921576

Amount of Each Receipt this Period
 1100.00

C. Karen E. McCormack
Full Name (Last, First, Middle Initial)

Mailing Address 455 Reynolds Mill Rd

City York State PA Zip Code 17403-9316

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

Name of Employer Wilmac Corporation Occupation President/CEO

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
 02 / 21 / 2013
Transaction ID : C1975645

Amount of Each Receipt this Period
 5000.00

SUBTOTAL of Receipts This Page (optional).....▶	6375.00
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 58
<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

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

A. Ronald McNeill
 Full Name (Last, First, Middle Initial)
 Mailing Address 102 Magnolia Drive
 City State Zip Code
 Wilmington NC 28409
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Liberty Healthcare Executive
 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
 02 / 26 / 2013
Transaction ID : C2275825
 Amount of Each Receipt this Period
 1250.00

B. Richard Mendlen
 Full Name (Last, First, Middle Initial)
 Mailing Address 2151 Calle Poco
 City State Zip Code
 San Diego CA 92019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Kennon S. Shea & Associates COO
 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
 02 / 23 / 2013
Transaction ID : C1976086
 Amount of Each Receipt this Period
 500.00

C. Gregory Miller
 Full Name (Last, First, Middle Initial)
 Mailing Address 11573 Stablewatch Court
 City State Zip Code
 Cincinnati OH 45249
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Health Care Management Group Vice President, Operations
 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 / 07 / 2013
Transaction ID : C1921885
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
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 58
	<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

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

A. Richard Miller
Full Name (Last, First, Middle Initial)

Mailing Address 3201 Vista Verde Lane SW

City Tumwater State WA Zip Code 98512

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

Name of Employer Washington Health Care Association Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
02 / 01 / 2013
Transaction ID : C1919555

Amount of Each Receipt this Period
250.00

B. Paula Mitchell
Full Name (Last, First, Middle Initial)

Mailing Address 1100 E Monroe St

City Globe State AZ Zip Code 85501-1363

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

Name of Employer Copper Mountain Inn Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
02 / 05 / 2013
Transaction ID : C1921746

Amount of Each Receipt this Period
1000.00

C. Ashlee Monarco
Full Name (Last, First, Middle Initial)

Mailing Address 211 E 3rd Ave

City Mancos State CO Zip Code 81328

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
02 / 05 / 2013
Transaction ID : C1921750

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2250.00

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 23 OF 58
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 415 Rogers Avenue

City State Zip Code
 Fort Smith AR 72901-1903

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

Name of Employer Occupation
 Central Arkansas Nursing Centers Owner

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
 02 / 04 / 2013
Transaction ID : C1921592

Amount of Each Receipt this Period
 1250.00

Full Name (Last, First, Middle Initial)
B. Cornelius Murray

Mailing Address 54 State Street

City State Zip Code
 Albany NY 12207

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

Name of Employer Occupation
 O'Connell & Aronowitz Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 04 / 2013
Transaction ID : C1921587

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
C. Timothy F Nicholson

Mailing Address 15 Ocean Harbour Cir

City State Zip Code
 Ocean Ridge FL 33435-6207

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

Name of Employer Occupation
 Lyric Health Care President/CEO

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
 02 / 07 / 2013
Transaction ID : C1921737

Amount of Each Receipt this Period
 1250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2750.00

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 24 OF 58
(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

A. David Norsworthy
 Full Name (Last, First, Middle Initial)
 Mailing Address 1902 S. 8th Street
 City Rogers State AR Zip Code 72758
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Central Arkansas Nursing Occupation Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 02 / 26 / 2013
Transaction ID : C2275831
 Amount of Each Receipt this Period 5000.00

B. Marvin J. Ostreicher
 Full Name (Last, First, Middle Initial)
 Mailing Address 46 Stauderman Ave
 City Lynbrook State NY Zip Code 11563-2524
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Health Care Associates, Inc. Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 02 / 11 / 2013
Transaction ID : C1922884
 Amount of Each Receipt this Period 5000.00

c. Delbert Ousley
 Full Name (Last, First, Middle Initial)
 Mailing Address 300 Provider Court
 City Richmond State KY Zip Code 40475-8488
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PMD Corporation Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 11 / 2013
Transaction ID : C1922499
 Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 11000.00
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 25 OF 58
(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. Mark V Parkinson

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 ▼ **600.00**

Date of Receipt
02 / 20 / 2013
Transaction ID : C1976089

Amount of Each Receipt this Period
400.00

* Payroll Deduction: \$200.00 Bi-Weekly

Full Name (Last, First, Middle Initial)
B. Douglas Pendergras

Mailing Address 1036 Liberty Park Dr Apt 47

City Austin State TX Zip Code 78746-6990

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

Name of Employer Pebble Creek Nursing Center Occupation Nursing Home Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1100.00**

Date of Receipt
02 / 11 / 2013
Transaction ID : C1922892

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. Russell V Peterson

Mailing Address 5281 Ventura Dr

City Fremont State NE Zip Code 68025-9779

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

Name of Employer Nye Senior Living Occupation Regional Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
02 / 07 / 2013
Transaction ID : C1921740

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **1900.00**

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 26 OF 58
<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

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. Thomas Pollock		Date of Receipt MM / DD / YYYY 02 / 18 / 2013 Transaction ID : C1924579
Mailing Address 18375 83rd Ave N		Amount of Each Receipt this Period 250.00
City Maple Grove	State MN	Zip Code 55311
FEC ID number of contributing federal political committee. C	Name of Employer Park River Estates Care Center	Occupation Administrator
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. Neil L. Pruitt Jr.		Date of Receipt MM / DD / YYYY 02 / 23 / 2013 Transaction ID : C2288009
Mailing Address 1626 Jeurgens Ct		Amount of Each Receipt this Period 1250.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

Full Name (Last, First, Middle Initial) C. Mark Reagan		Date of Receipt MM / DD / YYYY 02 / 04 / 2013 Transaction ID : C1921590
Mailing Address 1508 Landmark Drive		Amount of Each Receipt this Period 1000.00
City Vallejo	State CA	Zip Code 94591
FEC ID number of contributing federal political committee. C	Name of Employer Hooper, Lundy & Bookman	Occupation Attorney
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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 27 OF 58
	<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	

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

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 ▼ 275.00

Date of Receipt
MM / DD / YYYY
02 / 04 / 2013
Transaction ID : C1921600

Amount of Each Receipt this Period
275.00

B. Stephen Reissman
Full Name (Last, First, Middle Initial)

Mailing Address 5120 W Goldleaf Circle Suite 400

City Los Angeles State CA Zip Code 90056-1297

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

Name of Employer Country Villa Health Services Occupation President/CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2013
Transaction ID : C2291693

Amount of Each Receipt this Period
1250.00

C. Leonard Russ
Full Name (Last, First, Middle Initial)

Mailing Address 40 Keogh Lane

City New Rochelle State NY Zip Code 10805

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

Name of Employer Bayberry Health Care Occupation Skilled Nursing Facility Owner & Admin

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2013
Transaction ID : C1921034

Amount of Each Receipt this Period
1250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2775.00

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 28 OF 58
	<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	

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

A. Daniel Salmon
Full Name (Last, First, Middle Initial)

Mailing Address 85 Beaumont Dr

City Northbridge State MA Zip Code 01534-1093

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

Name of Employer Beaumont Nursing Home Occupation Administrator

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
 02 / 05 / 2013
Transaction ID : C2288000

Amount of Each Receipt this Period
 550.00

B. Jerry Sams
Full Name (Last, First, Middle Initial)

Mailing Address 3316 Pecan Grove Lane

City Alma State AR Zip Code 72921

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

Name of Employer Central Arkansas Nursing Occupation CFO

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
 02 / 05 / 2013
Transaction ID : C1921766

Amount of Each Receipt this Period
 5000.00

C. Ben Sanders
Full Name (Last, First, Middle Initial)

Mailing Address 19 NH Route 104

City Meredith State NH Zip Code 03253-5715

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

Name of Employer Golden View Health Care Occupation Dir Special Services

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
 02 / 11 / 2013
Transaction ID : C1922890

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	6550.00
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 58
<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

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

A. Jeanne Sanders
Full Name (Last, First, Middle Initial)
Mailing Address 19 NH Route 104

City Meredith	State NH	Zip Code 03253-5715
------------------	-------------	------------------------

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

Name of Employer Golden View Health Care	Occupation 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
02	/	13	/	2013

Transaction ID : C1923316

Amount of Each Receipt this Period
250.00

B. Shawn Scott
Full Name (Last, First, Middle Initial)
Mailing Address One Medline Place

City Mundelein	State IL	Zip Code 60060
-------------------	-------------	-------------------

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

Name of Employer Medline	Occupation Senior VP HC Corporate Sales
-----------------------------	--

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	/	20	/	2013

Transaction ID : C1974984

Amount of Each Receipt this Period
250.00

C. Scott Sibigroth
Full Name (Last, First, Middle Initial)
Mailing Address One Medline Place

City Mundelein	State IL	Zip Code 60060
-------------------	-------------	-------------------

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

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

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	/	11	/	2013

Transaction ID : C1922498

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 30 OF 58
	<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

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

A. John Sims
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1129

City Turlock State CA Zip Code 95381-1129

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

Name of Employer Elness CH Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 02 / 07 / 2013
Transaction ID : C1921741

Amount of Each Receipt this Period
 5000.00

B. Howard Sollins
Full Name (Last, First, Middle Initial)

Mailing Address 120 E Baltimore St

City Baltimore State MD Zip Code 21202-1605

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

Name of Employer Ober Kaler Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 02 / 06 / 2013
Transaction ID : C2288003

Amount of Each Receipt this Period
 500.00

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

Mailing Address 4008 Port Royal Dr

City Richmond State KY Zip Code 40475-8225

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

Name of Employer Stites and Harbison Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 02 / 05 / 2013
Transaction ID : C1921752

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 6000.00

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 31 OF 58
(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. Stacy Suchla

Mailing Address PO Box 27

City Blair State WI Zip Code 54616-0027

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

Name of Employer Grand View Care Center, Inc. Occupation Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **02 / 21 / 2013**

Transaction ID : C1975951

Amount of Each Receipt this Period **500.00**

Full Name (Last, First, Middle Initial)
B. James Tabak

Mailing Address 105 Marlbrooke Way

City Kennett Square State PA Zip Code 19348

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

Name of Employer Genesis HealthCare Occupation SVP, Admin & Gov't Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **02 / 20 / 2013**

Transaction ID : C1975371

Amount of Each Receipt this Period **500.00**

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

Mailing Address 1403 Adele Court

City Grafton State WI Zip Code 53024

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

Name of Employer Extencicare Occupation VP Clinical Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **02 / 13 / 2013**

Transaction ID : C1923315

Amount of Each Receipt this Period **500.00**

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 32 OF 58
	<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

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

A. Jan Thayer
Full Name (Last, First, Middle Initial)

Mailing Address 2307 Stagecoach Rd.

City Grand Island State NE Zip Code 68801

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

Name of Employer Riverside Lodge Retirement Community Occupation Owner

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
 02 / 26 / 2013
Transaction ID : C2275828

Amount of Each Receipt this Period
 1250.00

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

Mailing Address 2134 Franklin Drive

City Papillion State NE Zip Code 68133

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

Name of Employer Huntington Park Care Center Occupation 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
 02 / 28 / 2013
Transaction ID : C2275704

Amount of Each Receipt this Period
 250.00

C. Bill Ulrich
Full Name (Last, First, Middle Initial)

Mailing Address 104 S Freya, Suite 119

City Spokane State WA Zip Code 99202

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

Name of Employer Consolidated Billing Services 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
 02 / 04 / 2013
Transaction ID : C1921589

Amount of Each Receipt this Period
 1000.00

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 33 OF 58
	<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	

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

A. James W. Unverferth
 Full Name (Last, First, Middle Initial)
 Mailing Address 1100 Shawnee Rd
 City State Zip Code
 Lima OH 45805-3529
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 HCF Management, Inc. President & CEO
 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
 02 / 27 / 2013
Transaction ID : C2292516
 Amount of Each Receipt this Period
 1250.00

B. Christopher J. Urban
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 75
 City State Zip Code
 Solana Beach CA 92075-0075
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Ambrose Capital 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
 02 / 20 / 2013
Transaction ID : C1976085
 Amount of Each Receipt this Period
 500.00

C. Robert Van Dyk
 Full Name (Last, First, Middle Initial)
 Mailing Address 304 South Van Dien Avenue
 City State Zip Code
 Ridgewood NJ 07450-5200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Van Dyk Health Care President/CEO
 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
 02 / 04 / 2013
Transaction ID : C1921584
 Amount of Each Receipt this Period
 5000.00

SUBTOTAL of Receipts This Page (optional).....▶	6750.00
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 34 OF 58
	<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

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

A. John A. Vinson
Full Name (Last, First, Middle Initial)

Mailing Address 329 Townepark Circle
100

City Louisville State KY Zip Code 40243

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

Name of Employer Health Systems of Kentucky Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
02 / 11 / 2013
Transaction ID : C1922437

Amount of Each Receipt this Period
2500.00

B. Benjamin Wahl
Full Name (Last, First, Middle Initial)

Mailing Address 39 Calle Miller

City La Jara State CO Zip Code 81140

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

Name of Employer Rio Grande Inc, SNE Occupation Nursing Home Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
02 / 05 / 2013
Transaction ID : C1921751

Amount of Each Receipt this Period
1000.00

C. 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 ▼
275.00

Date of Receipt
02 / 11 / 2013
Transaction ID : C1922425

Amount of Each Receipt this Period
275.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3775.00

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 35 OF 58
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 205 Fairview Road

City State Zip Code
 Clarks Green PA 18411

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

Name of Employer Occupation
 Genesis Healthcare VP Development

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 / 20 / 2013
Transaction ID : C1974986

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. Wintonbury Realty, LLC

Mailing Address 341 Bidwell Street

City State Zip Code
 Manchester CT 06040

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 / 11 / 2013
Transaction ID : C1922500

Amount of Each Receipt this Period
 250.00

PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial)
c. Chris S. 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 ▼
 2750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 11 / 2013
Transaction ID : C2291696

Amount of Each Receipt this Period
 250.00

[MEMO ITEM]
 *

SUBTOTAL of Receipts This Page (optional)..... ▶ 500.00

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 36 OF 58
	<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

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

A. Westside Realty Investments, LLC
 Full Name (Last, First, Middle Initial)
 Mailing Address 341 Bidwell St
 City Manchester State CT Zip Code 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 / 11 / 2013
Transaction ID : C1922501
 Amount of Each Receipt this Period
 250.00
 PARTNERSHIP--partners below if itemized

B. Chris S. Wright
 Full Name (Last, First, Middle Initial)
 Mailing Address 341 Bidwell Street
 City Manchester State CT Zip Code 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 ▼
 2750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 11 / 2013
Transaction ID : C2291697
 Amount of Each Receipt this Period
 250.00
[MEMO ITEM]
 *

C. Trinity Hill Realty, LLC
 Full Name (Last, First, Middle Initial)
 Mailing Address 341 Bidwell Street
 City Manchester State CT Zip Code 06040
 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 / 11 / 2013
Transaction ID : C1922502
 Amount of Each Receipt this Period
 250.00
 PARTNERSHIP--partners below if itemized

SUBTOTAL of Receipts This Page (optional)..... ▶ 500.00
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 37 OF 58
(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. Chris S. 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 ▼
 2750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 11 / 2013
Transaction ID : C2291698

Amount of Each Receipt this Period
 250.00

[MEMO ITEM]
 *

Full Name (Last, First, Middle Initial)
B. Meriden Realty Investments, 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 / D D / Y Y Y Y Y Y
 02 / 11 / 2013
Transaction ID : C1922504

Amount of Each Receipt this Period
 250.00

PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial)
c. Chris S. 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 ▼
 2750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 11 / 2013
Transaction ID : C2291699

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)..... ▶

**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 38 OF 58
	<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

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. Bidwell Realty, LLC

Mailing Address 341 Bidwell St

City Manchester State CT Zip Code 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 / 11 / 2013
Transaction ID : C1922507

Amount of Each Receipt this Period
250.00

PARTNERSHIP--partners below if itemized

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

Mailing Address 341 Bidwell Street

City Manchester State CT Zip Code 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 ▼
2750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 11 / 2013
Transaction ID : C2291692

Amount of Each Receipt this Period
250.00

[MEMO ITEM]
*

Full Name (Last, First, Middle Initial)
C. Hartford/Windsor Healthcare Properties, LLC

Mailing Address 341 Bidwell Street

City Manchester State CT Zip Code 06040

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 / 11 / 2013
Transaction ID : C1922871

Amount of Each Receipt this Period
250.00

PARTNERSHIP--partners below if itemized

SUBTOTAL of Receipts This Page (optional).....▶	500.00
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 39 OF 58
(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. Chris S. Wright

Mailing Address 341 Bidwell Street

City Manchester State CT Zip Code 06040-6470

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

Name of Employer Self Employed Occupation Nursing Home Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 11 / 2013
Transaction ID : C2291701

Amount of Each Receipt this Period
 250.00

[MEMO ITEM]
*

Full Name (Last, First, Middle Initial)
B. Chestnut Point Realty, LLC

Mailing Address 341 Bidwell St

City Manchester State CT Zip Code 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 / D D / Y Y Y Y Y Y
 02 / 11 / 2013
Transaction ID : C1922874

Amount of Each Receipt this Period
 250.00

PARTNERSHIP--partners below if itemized

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

Mailing Address 341 Bidwell Street

City Manchester State CT Zip Code 06040-6470

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

Name of Employer Self Employed Occupation Nursing Home Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 11 / 2013
Transaction ID : C2291695

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)..... ▶

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

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

FOR LINE NUMBER: PAGE 40 OF 58
(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. Farmington Realty, 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 / 11 / 2013
Transaction ID : C1922875
 Amount of Each Receipt this Period
 250.00
 PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial)
B. Chris S. 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 ▼
 2750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 11 / 2013
Transaction ID : C2291702
 Amount of Each Receipt this Period
 250.00
[MEMO ITEM]
 *

Full Name (Last, First, Middle Initial)
c. Kettle Brook Realty, LLC
 Mailing Address 341 Bidwell Street
 City State Zip Code
 Manchester CT 06040
 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 / 11 / 2013
Transaction ID : C1922877
 Amount of Each Receipt this Period
 250.00
 PARTNERSHIP--partners below if itemized

SUBTOTAL of Receipts This Page (optional)..... ▶ 500.00
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 41 OF 58 (check only one)
<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"/>	<input type="checkbox"/> 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

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

Mailing Address 341 Bidwell Street

City Manchester State CT Zip Code 06040-6470

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

Name of Employer Self Employed Occupation Nursing Home Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2750.00

Date of Receipt 02 / 11 / 2013
Transaction ID : C2291703

Amount of Each Receipt this Period 250.00

[MEMO ITEM]
*

B. Pebble Creek Nursing Center
Full Name (Last, First, Middle Initial)

Mailing Address 1838 Scott Simpson Dr

City El Paso State TX Zip Code 79936

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 02 / 11 / 2013
Transaction ID : C1922899

Amount of Each Receipt this Period 600.00

PARTNERSHIP--partners below if itemized

C. Douglas Pendergras
Full Name (Last, First, Middle Initial)

Mailing Address 1036 Liberty Park Dr Apt 47

City Austin State TX Zip Code 78746-6990

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

Name of Employer Occupation Pebble Creek Nursing Center Nursing Home Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 02 / 11 / 2013
Transaction ID : C2291719

Amount of Each Receipt this Period 600.00

[MEMO ITEM]
*

SUBTOTAL of Receipts This Page (optional).....▶	600.00
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 42 OF 58
(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. iCare Management 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 ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 11 / 2013
Transaction ID : C1922924

Amount of Each Receipt this Period
 500.00

PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial)
B. Chris S. 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 ▼
 2750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 11 / 2013
Transaction ID : C2291718

Amount of Each Receipt this Period
 500.00

[MEMO ITEM]
 *

Full Name (Last, First, Middle Initial)
C. Millenium Health Systems LLC dba Nuvision Management

Mailing Address 5310 NW 33rd Ave
 Ste 211

City State Zip Code
 Fort Lauderdale FL 33309-6319

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

Name of Employer Occupation

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
 02 / 20 / 2013
Transaction ID : C1976087

Amount of Each Receipt this Period
 1250.00

PARTNERSHIP--partners below if itemized

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 43 OF 58
	<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

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

A. Howard Lipschutz
Full Name (Last, First, Middle Initial)

Mailing Address 1304 Laurel Oak Rd

City Voorhees State NJ Zip Code 08043-4310

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

Name of Employer **Burnt Tavern Rehabilitation HealthCare** Occupation **Vice President**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **202.70**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2013

Transaction ID : C2291709

Amount of Each Receipt this Period
202.70

[MEMO ITEM]
*

B. Andrew S Weisman
Full Name (Last, First, Middle Initial)

Mailing Address 5310 NW 35th Ave Ste 211

City Fort Lauderdale State FL Zip Code 33309-6314

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

Name of Employer **NuVision Management** Occupation **Chief Executive Officer**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **472.98**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2013

Transaction ID : C2291708

Amount of Each Receipt this Period
472.98

[MEMO ITEM]
*

C. Barton D. Weisman
Full Name (Last, First, Middle Initial)

Mailing Address 5310 NW 33rd Ave Ste 211

City Ft Lauderdale State FL Zip Code 33309-6319

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

Name of Employer **Millennium Health Systems** Occupation **Chairman**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **472.98**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2013

Transaction ID : C2291704

Amount of Each Receipt this Period
472.98

[MEMO ITEM]
*

SUBTOTAL of Receipts This Page (optional)..... ▶ **0.00**

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 44 OF 58
(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. The Five Seas, LLC

Mailing Address 3220 W Feather Sound Ct

City State Zip Code
 Anthem AZ 85086-1006

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 26 / 2013
Transaction ID : C2275832

Amount of Each Receipt this Period
 1200.00

PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial)
B. Cathy Williams

Mailing Address 826 W Desmond Street

City State Zip Code
 Winslow AZ 86047-2321

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

Name of Employer Occupation
 The Five Seas, LLC Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 26 / 2013
Transaction ID : C2291723

Amount of Each Receipt this Period
 1200.00

[MEMO ITEM]
 *

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
TOTAL This Period (last page this line number only).....▶	144441.00

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

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

FOR LINE NUMBER: PAGE 45 OF 58
(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

A. Skilled Healthcare PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 27442 Portola Parkway
 Suite 200
 City State Zip Code
 Foothill Ranch CA 92610
 FEC ID number of contributing federal political committee. **C** C00442426
 Name of Employer Occupation
 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
 02 / 27 / 2013
Transaction ID : C2275839
 Amount of Each Receipt this Period
 5000.00
 Unsolicited Contribution

B.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	5000.00

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

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

FOR LINE NUMBER: PAGE 46 OF 58
(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. American Health Care Association

Mailing Address 1201 L St. NW

City Washington State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1206.25

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 20 / 2013

Transaction ID : C2291716

Amount of Each Receipt this Period
 1206.25

Misdeposited Funds/ See refund on Line 29 of April Monthly Report

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1206.25
TOTAL This Period (last page this line number only).....▶	1206.25

**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

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. 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
02 / 04 / 2013

Transaction ID : D144474

Amount of Each Disbursement this Period

3.20

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
02 / 04 / 2013

Transaction ID : D144475

Amount of Each Disbursement this Period

16.00

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
02 / 05 / 2013

Transaction ID : D144490

Amount of Each Disbursement this Period

4.10

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

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

23.30

**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

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. 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

M M M / D D D / Y Y Y Y Y Y
02 / 08 / 2013

Transaction ID : D144491

Amount of Each Disbursement this Period

3.20

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

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2013

Transaction ID : D144492

Amount of Each Disbursement this Period

56.00

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

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2013

Transaction ID : D144493

Amount of Each Disbursement this Period

160.00

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

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

219.20

**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

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. 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
02 / 15 / 2013

Transaction ID : D144494

Amount of Each Disbursement this Period

112.00

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 25 / 2013

Transaction ID : D144495

Amount of Each Disbursement this Period

1.60

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
02 / 25 / 2013

Transaction ID : D144496

Amount of Each Disbursement this Period

56.80

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

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

170.40

**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

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. 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
02 / 26 / 2013

Transaction ID : D144497

Amount of Each Disbursement this Period

4.00

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 27 / 2013

Transaction ID : D144498

Amount of Each Disbursement this Period

40.00

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
02 / 15 / 2013

Transaction ID : D144472

Amount of Each Disbursement this Period

54.40

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

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

98.40

**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

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. 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

/ /

Transaction ID : D144473

Amount of Each Disbursement this Period

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) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : D144470

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. BB&T

Mailing Address 1099 New York Ave NW
Ste 100

City Washington State DC Zip Code 20001-4452

Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : D144471

Amount of Each Disbursement this Period

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

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

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. BLUE DOG POLITICAL ACTION COMMITTEE

Mailing Address 6849 Old Dominion Drive
Suite 222

City McLean State VA Zip Code 22101

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2013

Transaction ID : D143346

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Common Sense Colorado

Mailing Address PO Box 1978

City Denver State CO Zip Code 80201-1978

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2013

Transaction ID : D140372

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Missourians for Accountability & Change

Mailing Address 607 14th Street NW
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2013

Transaction ID : D143423

Amount of Each Disbursement this Period

2500.00

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

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

12500.00

**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

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. ALLYSON SCHWARTZ FOR CONGRESS

Mailing Address P.O. Box 2232

City State Zip Code
Jenkintown PA 19046

Purpose of Disbursement
Contribution

Candidate Name

Rep. Allyson Y. Schwartz

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2013

Transaction ID : D143418

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. JIM RENACCI FOR CONGRESS

Mailing Address 150 Smokerise Drive

City State Zip Code
Wadsworth OH 44281

Purpose of Disbursement
Contribution

Candidate Name

Rep. James B. Renacci

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OH District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	06	/	2013

Transaction ID : D140370

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial)

C. FRIENDS FOR JIM MCDERMOTT

Mailing Address PO BOX 21786

City State Zip Code
SEATTLE WA 98111

Purpose of Disbursement
Contribution

Candidate Name

Rep. Jim McDermott

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	20	/	2013

Transaction ID : D143347

Amount of Each Disbursement this Period

1000.00

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

7000.00

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

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. RE-ELECT MCGOVERN COMMITTEE

Mailing Address PO Box 60405

City Worcester State MA Zip Code 01606

Purpose of Disbursement
Contribution

Candidate Name

Rep. Jim McGovern

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MA District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	6		2	0	1	3

Transaction ID : D140369

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. CASTOR FOR CONGRESS

Mailing Address 301 W. Platt Street #385

City Tampa State FL Zip Code 33606

Purpose of Disbursement
Contribution

Candidate Name

Rep. Kathy Castor

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: FL District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	7		2	0	1	3

Transaction ID : D143421

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. LYNN JENKINS FOR CONGRESS

Mailing Address P.O. Box 1441

City Topeka State KS Zip Code 66601

Purpose of Disbursement
Contribution

Candidate Name

Rep. Lynn Jenkins

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KS District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	7		2	0	1	3

Transaction ID : D143419

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

1	0	0	0	0	0	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

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. MARCIA FUDGE FOR CONGRESS

Mailing Address 3729 SILSBY RD

City UNIVERSITY HEIGHTS State OH Zip Code 44118

Purpose of Disbursement
Contribution

Candidate Name

Rep. Marcia L. Fudge

Office Sought: House
 Senate
 President
State: OH District: 11

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	20	/	2013

Transaction ID : D143345

Amount of Each Disbursement this Period

2,000.00

Full Name (Last, First, Middle Initial)

B. MARSHA BLACKBURN FOR CONGRESS INC.

Mailing Address PO Box 3750

City Brentwood State TN Zip Code 37024

Purpose of Disbursement
Contribution

Candidate Name

Rep. Marsha Blackburn

Office Sought: House
 Senate
 President
State: TN District: 07

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	27	/	2013

Transaction ID : D143420

Amount of Each Disbursement this Period

1,000.00

Full Name (Last, First, Middle Initial)

C. POMPEO FOR CONGRESS INC

Mailing Address PO BOX 780146

City WICHITA State KS Zip Code 67212

Purpose of Disbursement
Contribution

Candidate Name

Rep. Mike Pompeo

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	06	/	2013

Transaction ID : D140373

Amount of Each Disbursement this Period

1,000.00

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

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

4,000.00

--

**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

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. RE-ELECT TIM GRIFFIN FOR CONGRESS COMMITTEE

Mailing Address P.O. Box 7526

City Little Rock State AR Zip Code 72217

Purpose of Disbursement Contribution

Candidate Name
Rep. Tim Griffin

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	06	/	2013

Transaction ID : D140374

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. THE BILL KEATING COMMITTEE

Mailing Address PO BOX 690353

City QUINCY State MA Zip Code 02269

Purpose of Disbursement Contribution

Candidate Name
Rep. William Keating

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2013

Transaction ID : D143422

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Schatz for Senate

Mailing Address PO Box 3828

City Honolulu State HI Zip Code 96812-3828

Purpose of Disbursement Contribution

Candidate Name
BRIAN EMANUEL SCHATZ

Office Sought: House Senate President
State: HI District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2013

Transaction ID : D143424

Amount of Each Disbursement this Period

2500.00

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

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

5500.00

--

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

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

FOR LINE NUMBER:
(check only one)

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

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. FRIENDS OF JOHN THUNE

Mailing Address 200 NORTH PHILLIPS AVENUE STE L101

City SIOUX FALLS State SD Zip Code 57104

Purpose of Disbursement
Contribution

Candidate Name

Sen. John Thune

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: SD District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	6		2	0	1	3

Transaction ID : D140371

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. VOTE TO ELECT REPUBLICANS NOW PAC (VERN PAC)

Mailing Address 2875 Towerview Road, Suite 1000

City Herndon State VA Zip Code 20171

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : D140339

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. JOHN TIERNEY FOR CONGRESS

Mailing Address 49 Federal Street

City Salem State MA Zip Code 01970

Purpose of Disbursement
Debt Retirement Contribution as Disclosed on Year-End Report

Candidate Name

Rep. John F. Tierney

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MA District: 06

Date of Disbursement

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

Transaction ID : D140507

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

[MEMO ITEM]

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

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

6	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

6	0	0	0	0	0	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

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. JOHN TIERNEY FOR CONGRESS

Mailing Address 49 Federal Street

City Salem State MA Zip Code 01970

Purpose of Disbursement
Redesignation of Above Contribution

Candidate Name
Rep. John F. Tierney

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	04	/	2013

Transaction ID : D140508

Amount of Each Disbursement this Period

1500.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

--

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

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

0.00

38000.00
