

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. 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
State: MA District: 02

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 06 / 2013

Transaction ID : D140369

Amount of Each Disbursement this Period

1000.00

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
State: FL District: 14

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 27 / 2013

Transaction ID : D143421

Amount of Each Disbursement this Period

1000.00

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
State: KS District: 02

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 27 / 2013

Transaction ID : D143419

Amount of Each Disbursement this Period

1000.00

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

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

3000.00