

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

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

FOR LINE NUMBER: PAGE 9 OF 36
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Robin Dale
 Full Name (Last, First, Middle Initial)
 Mailing Address 4805 N. 18th Street
 City Tacoma State WA Zip Code 98406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Washington Health Care Assn. Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 03 / 2015
Transaction ID : C3090214
 Amount of Each Receipt this Period
 100.00

B. Robin Dale
 Full Name (Last, First, Middle Initial)
 Mailing Address 4805 N. 18th Street
 City Tacoma State WA Zip Code 98406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Washington Health Care Assn. Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : C3108190
 Amount of Each Receipt this Period
 250.00

C. Jonathan P Dolan
 Full Name (Last, First, Middle Initial)
 Mailing Address 4033 Catalina Drive
 City Jefferson City State MO Zip Code 65109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Care Association of New Jersey Occupation Trade Association Executive
 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
 09 / 01 / 2015
Transaction ID : C3085102
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 600.00
TOTAL This Period (last page this line number only)..... ▶