

**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="2015"/>		213354.30
(b) Cash on Hand at Beginning of Reporting Period.....	166307.33	
(c) Total Receipts (from Line 19)	44872.04	619087.40
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	211179.37	832441.70
7. Total Disbursements (from Line 31).....	40372.46	661634.79
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	170806.91	170806.91
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

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period: From: 12 / 01 / 2015 To: 12 / 31 / 2015

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).....	39677.04	579510.23
(ii) Unitemized	195.00	19404.17
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	39872.04	598914.40
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	10000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	39872.04	608914.40
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.....	5000.00	10173.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
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))..... ▶	44872.04	619087.40
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	44872.04	619087.40

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1372.46	14634.79
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1372.46	14634.79
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	39000.00	631500.00
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	9500.00
(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	9500.00
29. Other Disbursements	0.00	6000.00
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)) ..	40372.46	661634.79
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	40372.46	661634.79

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)	39872.04	608914.40
34. Total Contribution Refunds (from Line 28(d))	0.00	9500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	39872.04	599414.40
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1372.46	14634.79
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1372.46	14634.79

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

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

FOR LINE NUMBER: PAGE 6 OF 29
(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. Tyler Altman

Mailing Address 13214 Portsmouth Crossing

City Plymouth State MI Zip Code 48170

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

Name of Employer Medline Industries Occupation District Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 249.99

Date of Receipt
 12 / 23 / 2015
Transaction ID : C3220235

Amount of Each Receipt this Period
 83.33

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

Mailing Address 2201 N 98th Street

City Lincoln State NE Zip Code 68505

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

Name of Employer Nebraska Health Care Association Occupation State Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1050.00

Date of Receipt
 12 / 17 / 2015
Transaction ID : C3215583

Amount of Each Receipt this Period
 87.50

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

Mailing Address 927 Elgin Court

City Fort Collins State CO Zip Code 80524

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

Name of Employer Juniper Communities Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 12 / 27 / 2015
Transaction ID : C3220460

Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 195.83

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 29
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Mary Tess Crotty
Full Name (Last, First, Middle Initial)

Mailing Address 6 Munroe Dr

City Rockport State MA Zip Code 01966-1223

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

Name of Employer Genesis Health Care Occupation VP, Quality

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 19 / 2015

Transaction ID : C3218808

Amount of Each Receipt this Period
25.00

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

Mailing Address 2905 E Side Dr

City Alexandria State VA Zip Code 22306-1714

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

Name of Employer American Health Care Association Occupation Director Applications & Web Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **258.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : C3238874

Amount of Each Receipt this Period
43.47

* Payroll Deduction: \$10.87 Bi-Weekly

C. Joanne E Erickson
Full Name (Last, First, Middle Initial)

Mailing Address 911 S Randolph St

City Arlington State VA Zip Code 22204-1564

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

Name of Employer American Health Care Association Occupation Senior Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1043.44**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : C3238877

Amount of Each Receipt this Period
173.88

* Payroll Deduction: \$43.48 Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	242.35
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 29
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Norman Estes		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 22 / 2015 Transaction ID : C3219639
Mailing Address 931 Fairfax Park		Amount of Each Receipt this Period 5000.00
City Tuscaloosa	State AL	Zip Code 35406-2805
FEC ID number of contributing federal political committee. C		
Name of Employer NHS Management	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. Teresa Eyt		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2015 Transaction ID : C3238880
Mailing Address 10009 Dallas Ave		Amount of Each Receipt this Period 203.47
City Takoma Park	State MD	Zip Code 20901-2240
FEC ID number of contributing federal political committee. C		
Name of Employer American Health Care Association	Occupation Senior Director, Education	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1170.00	* Payroll Deduction: \$50.87 Bi-Weekly

Full Name (Last, First, Middle Initial) C. Julie Fox Cash		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 04 / 2015 Transaction ID : C3206780
Mailing Address 1536 Claiborne Ave		Amount of Each Receipt this Period 500.00
City Shreveport	State LA	Zip Code 71103-4206
FEC ID number of contributing federal political committee. C		
Name of Employer Claiborne Health Center	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	5703.47
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 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Geoffrey Fraser

Mailing Address 709 South Harbor City Boulevard
Suite 240

City Melbourne State FL Zip Code 32901

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

Name of Employer Clear Choice Health Care, LLC Occupation Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
12 / 30 / 2015
Transaction ID : C3222917

Amount of Each Receipt this Period
5000.00

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

Mailing Address 2045 Highway 59
PO Box 1429

City Mandeville State LA Zip Code 70448-1909

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

Name of Employer Gulf South Medical Enterprises Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2499.00

Date of Receipt
12 / 09 / 2015
Transaction ID : C3206777

Amount of Each Receipt this Period
833.00

Full Name (Last, First, Middle Initial)
C. William J. Griffith

Mailing Address 1825 7th Street, NW
#901

City Washington State DC Zip Code 20001

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

Name of Employer American Health Care Association Occupation Senior Manager, Political Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.83

Date of Receipt
12 / 31 / 2015
Transaction ID : C3238881

Amount of Each Receipt this Period
86.94

* Payroll Deduction: \$21.74 Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	5919.94
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 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Jennifer S Hahs
 Full Name (Last, First, Middle Initial)
 Mailing Address 12423 Flint Street
 City Overland Park State KS Zip Code 66213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Health Care Association Occupation Senior Director, Political Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1043.34

Date of Receipt 12 / 31 / 2015
Transaction ID : C3238882
 Amount of Each Receipt this Period 181.80
 * Payroll Deduction: \$45.45 Bi-Weekly

B. Dana Halvorson
 Full Name (Last, First, Middle Initial)
 Mailing Address 235 2nd St NE
 City Washington State DC Zip Code 20002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Health Care Association Occupation Director, Not For Profit Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.34

Date of Receipt 12 / 31 / 2015
Transaction ID : C3238883
 Amount of Each Receipt this Period 43.47
 * Payroll Deduction: \$10.87 Bi-Weekly

C. Kelsey Hastings
 Full Name (Last, First, Middle Initial)
 Mailing Address 17515 West 9 Mile Rd Ste 925
 City Southfield State MI Zip Code 48075
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Advantage Management Group Occupation CEO/President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 22 / 2015
Transaction ID : C3219637
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 725.27
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. J. Carole Jones
Full Name (Last, First, Middle Initial)

Mailing Address 5601 Seminary Road, Apt. 2505N

City Falls Church	State VA	Zip Code 22041
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FEC ID number of contributing federal political committee. **C**

Name of Employer American Health Care Association	Occupation Executive Assistant to the President
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : C3206781

Amount of Each Receipt this Period

100.00

B. Francis P. Kirley
Full Name (Last, First, Middle Initial)

Mailing Address 12834 Amberwoods Way

City Sykesville	State MD	Zip Code 21784-5524
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FEC ID number of contributing federal political committee. **C**

Name of Employer Nexion Health, Inc.	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
12	/	30	/	2015

Transaction ID : C3222919

Amount of Each Receipt this Period

5000.00

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

Mailing Address 12834 Amberwoods Way

City Sykesville	State MD	Zip Code 21784-5524
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FEC ID number of contributing federal political committee. **C**

Name of Employer Nexion Health, Inc.	Occupation Partner
---	-----------------------

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
12	/	30	/	2015

Transaction ID : C3222920

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional).....▶	10100.00
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 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. David A Kylo
 Full Name (Last, First, Middle Initial)
 Mailing Address 4621 28th Road South
 City Arlington State VA Zip Code 22206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AHCA/NCAL Occupation VP, Insurance and Member Programs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2608.60**

Date of Receipt **12 / 31 / 2015**
Transaction ID : C3238884
 Amount of Each Receipt this Period **434.70**
 * Payroll Deduction: \$108.70 Bi-Weekly

B. Larry F. Lane
 Full Name (Last, First, Middle Initial)
 Mailing Address 1616 Stephens Dr
 City Wayne State PA Zip Code 19087-1023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Genesis Health Care Occupation Sr VP, Regulatory Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2500.00**

Date of Receipt **12 / 30 / 2015**
Transaction ID : C3222918
 Amount of Each Receipt this Period **1000.00**

C. Stephen Marciano
 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 Industries Occupation VP, Sales
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **12 / 23 / 2015**
Transaction ID : C3220236
 Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional).....	1534.70
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 13 OF 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Stephanie Marcotullio

Mailing Address 509 Fairbrook St

City Northville State MI Zip Code 48167

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

Name of Employer Advantage Management Group Occupation VP of Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2015
Transaction ID : C3213153

Amount of Each Receipt this Period
40.00

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

Mailing Address 1702 South Elm Street

City Hammond State LA Zip Code 70403

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

Name of Employer Hammond Nursing Home Occupation Owner

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
 12 / 06 / 2015
Transaction ID : C3205117

Amount of Each Receipt this Period
250.00

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

Mailing Address 1730 Truro Rd

City Crofton State MD Zip Code 21114-2520

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

Name of Employer American Health Care Association Occupation Director of IT and Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.83**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : C3238885

Amount of Each Receipt this Period
100.00

* Payroll Deduction: \$25.00 Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ▶ **390.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Clifton Porter

Mailing Address 3929 Azalea Court

City Maumee State OH Zip Code 43537

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

Name of Employer American Health Care Association Occupation SVP Government Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5192.37

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : C3238886

Amount of Each Receipt this Period
769.24

* Payroll Deduction: \$192.31 Bi-Weekly; See refund of \$192.37 on next report

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

Mailing Address PO Box 128

City Ardmore State OK Zip Code 73402

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

Name of Employer Premier Health Care, LLC Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4998.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2015

Transaction ID : C3217358

Amount of Each Receipt this Period
1666.00

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

Mailing Address PO Box 128

City Ardmore State OK Zip Code 73402-0128

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

Name of Employer Premier Health Care, LLC Occupation COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4998.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2015

Transaction ID : C3217359

Amount of Each Receipt this Period
1666.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 4101.24

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 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Robert Rotolo

Mailing Address PO Box 3376

City State Zip Code
 Ridgeland MS 39158

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

Name of Employer Occupation
 Briar Hill Management Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2015
Transaction ID : C3222916

Amount of Each Receipt this Period
 2500.00

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

Mailing Address 40 Keogh Lane

City State Zip Code
 New Rochelle NY 10805

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

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

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
 12 / 11 / 2015
Transaction ID : C3207792

Amount of Each Receipt this Period
 5000.00

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

Mailing Address 7265 Kenwood Road
 # 300

City State Zip Code
 Cincinnati OH 45236-4414

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

Name of Employer Occupation
 Nursing Care Management Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 551.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 03 / 2015
Transaction ID : C3204768

Amount of Each Receipt this Period
 138.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 7638.00

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 29
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

Full Name (Last, First, Middle Initial)
A. Christina L Sharp

Mailing Address 1644 Mount Eagle Pl

City State Zip Code
Alexandria VA 22302-2121

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

Name of Employer Occupation
American Health Care Association Director, Member Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.42

Date of Receipt
12 / 31 / 2015

Transaction ID : C3238888

Amount of Each Receipt this Period
43.47

* Payroll Deduction: \$10.87 Bi-Weekly

Full Name (Last, First, Middle Initial)
B. Jennifer S Shimer

Mailing Address 9507 Shelly Krasnow Ln

City State Zip Code
Fairfax VA 22031-4720

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

Name of Employer Occupation
American Health Care Association COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1045.45

Date of Receipt
12 / 31 / 2015

Transaction ID : C3238889

Amount of Each Receipt this Period
200.00

* Payroll Deduction: \$50.00 Bi-Weekly

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

Mailing Address 8307 Woodcreek Drive

City State Zip Code
Woodway TX 76712-3510

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

Name of Employer Occupation
Medline Industries VP, Corporate Sales Western U.S.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.99

Date of Receipt
12 / 23 / 2015

Transaction ID : C3220237

Amount of Each Receipt this Period
83.33

SUBTOTAL of Receipts This Page (optional)..... ▶ **326.80**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Joseph Drew Thies

Mailing Address 1101 L Street NW
Apt. 504

City Washington State DC Zip Code 20005

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

Name of Employer AHCA Occupation Manager, Political and Grassroots

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
12 / 31 / 2015
Transaction ID : C3238891

Amount of Each Receipt this Period
86.94

* Payroll Deduction: \$21.74 Bi-Weekly

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

Mailing Address 100 Robin Ridge Dr

City Madison State CT Zip Code 06443-2003

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

Name of Employer Misison Health Communities Occupation SVP, Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
12 / 13 / 2015
Transaction ID : C3208794

Amount of Each Receipt this Period
187.50

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

Mailing Address 3301 Alabama Avenue

City Alexandria State VA Zip Code 22305

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

Name of Employer American Health Care Association Occupation CIO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3100.00

Date of Receipt
12 / 25 / 2015
Transaction ID : C3220406

Amount of Each Receipt this Period
775.00

SUBTOTAL of Receipts This Page (optional).....▶	1049.44
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 29
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Brett Waters
Full Name (Last, First, Middle Initial)
Mailing Address 2416 Mesa Street
City Idaho Falls State ID Zip Code 83401
FEC ID number of contributing federal political committee. **C**
Name of Employer New Beginnings Community Living Home Occupation President
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 12 / 27 / 2015
Transaction ID : C3220461
Amount of Each Receipt this Period 250.00

B. Jimmy D. Zimmerman
Full Name (Last, First, Middle Initial)
Mailing Address 189 Ted Price Lane
City Winnfield State LA Zip Code 71483
FEC ID number of contributing federal political committee. **C**
Name of Employer Autumn Leaves Nursing Home of Winnfiel Occupation President
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 12 / 22 / 2015
Transaction ID : C3219638
Amount of Each Receipt this Period 500.00

C. Vivage
Full Name (Last, First, Middle Initial)
Mailing Address 12136 W Bayaud Ave Ste 200
City Lakewood State CO Zip Code 80228
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 12 / 15 / 2015
Transaction ID : C3217352
Amount of Each Receipt this Period 1000.00
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: PAGE 19 OF 29
(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. Full Name (Last, First, Middle Initial)
Jay Moskowitz

Mailing Address 12136 West Bayard Avenue
 Suite 200

City State Zip Code
 Lakewood CO 80228

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

Name of Employer Occupation
 Vivage CEO

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
 12 / 15 / 2015

Transaction ID : C3217353

Amount of Each Receipt this Period
 1000.00

[MEMO ITEM]
 *

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 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).....▶	0.00
TOTAL This Period (last page this line number only).....▶	39677.04

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

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

FOR LINE NUMBER: PAGE 20 OF 29
(check only one)

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

A. FRIENDS OF JOHN BOEHNER
Full Name (Last, First, Middle Initial)
Mailing Address 7908 Cincinnati Dayton Road
City West Chester State OH Zip Code 45069
FEC ID number of contributing federal political committee. **C** C00237198
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
12 / 04 / 2015
Transaction ID : C3206779
Amount of Each Receipt this Period
5000.00
Refund of 7/13/15 Contribution to JFC

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 B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 11 / 2015

Transaction ID : D170311

Amount of Each Disbursement this Period

26.66

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
12 / 14 / 2015

Transaction ID : D170313

Amount of Each Disbursement this Period

160.00

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
12 / 15 / 2015

Transaction ID : D170314

Amount of Each Disbursement this Period

6.00

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

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

192.66

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 18 / 2015

Transaction ID : D170315

Amount of Each Disbursement this Period

1.28

Full Name (Last, First, Middle Initial)

B. 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
12 / 15 / 2015

Transaction ID : D170308

Amount of Each Disbursement this Period

354.33

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

MM / DD / YYYY
12 / 21 / 2015

Transaction ID : D170309

Amount of Each Disbursement this Period

78.56

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

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

434.17

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. BB&T

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

M M / D D / Y Y Y Y Y Y
12 / 21 / 2015

Transaction ID : D170310

Amount of Each Disbursement this Period

745.63

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) ▼

Category/
Type

Date of Disbursement

M M / 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) ▼

Category/
Type

Date of Disbursement

M M / 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)..... ▶

745.63

1372.46

**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. AMERICA WORKS PAC

Mailing Address PO BOX 15293

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2015

Transaction ID : D169736

Amount of Each Disbursement this Period

2500.00

Category/
Type

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) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2015

Transaction ID : D169735

Amount of Each Disbursement this Period

2500.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. FORWARD TOGETHER PAC

Mailing Address 1751 POTOMAC GREENS DRIVE

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2015

Transaction ID : D169738

Amount of Each Disbursement this Period

1000.00

Category/
Type

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

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

6000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. LUKE MESSER FOR CONGRESS

Mailing Address 345 W BROADWAY

City State Zip Code
SHELBYVILLE IN 46176

Purpose of Disbursement
Contribution

Candidate Name

Rep. ALLEN LUCAS MESSER

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IN District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		01		2015

Transaction ID : D169431

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. MOVING AMERICA FORWARD

Mailing Address 471 Birchington Lane

City State Zip Code
Melbourne FL 32940

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		15		2015

Transaction ID : D169740

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. Pioneer PAC

Mailing Address 1212 N Vernon St

City State Zip Code
Arlington VA 22201-4832

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		01		2015

Transaction ID : D169430

Amount of Each Disbursement this Period

2000.00

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

6000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. PROSPERITY PAC

Mailing Address 1006 Pendleton Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 01 / 2015

Transaction ID : D169429

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. MOORE FOR CONGRESS

Mailing Address PO BOX 16646

City MILWAUKEE State WI Zip Code 53216

Purpose of Disbursement Contribution

Candidate Name

Rep. Gwen Moore

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

Disbursement For: 2016 Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 01 / 2015

Transaction ID : D169424

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. JIM RENACCI FOR CONGRESS

Mailing Address 150 Smokerise Drive

City Wadsworth State OH Zip Code 44281

Purpose of Disbursement Contribution

Candidate Name

Rep. James B. Renacci

Office Sought: House Senate President
State: OH District: 16

Disbursement For: 2016 Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 15 / 2015

Transaction ID : D169739

Amount of Each Disbursement this Period

2500.00

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

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

8500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. FRIENDS OF JIM CLYBURN

Mailing Address PO BOX 12567

City COLUMBIA State SC Zip Code 29211

Purpose of Disbursement
Contribution

Candidate Name
Rep. James E. Clyburn

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: SC District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			01			2015			

Transaction ID : D169426

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. LANGEVIN FOR CONGRESS

Mailing Address 181A Knight Street

City Warwick State RI Zip Code 02886

Purpose of Disbursement
Contribution

Candidate Name
Rep. James R. Langevin

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: RI District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			15			2015			

Transaction ID : D169732

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. VOLUNTEERS FOR SHIMKUS

Mailing Address P.O. BOX 661

City COLLINSVILLE State IL Zip Code 62234

Purpose of Disbursement
Contribution

Candidate Name
Rep. John Shimkus

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: IL District: 15

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			01			2015			

Transaction ID : D169425

Amount of Each Disbursement this Period

2500.00

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

7000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. KENNY MARCHANT FOR CONGRESS

Mailing Address PO BOX 110187

City CARROLLTON State TX Zip Code 75011

Purpose of Disbursement
Contribution

Candidate Name

Rep. Kenny Marchant

Office Sought: House Senate President
State: TX District: 24

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2015

Transaction ID : D169733

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. VOTETIPTON.COM

Mailing Address PO BOX 1582

City CORTEZ State CO Zip Code 81321

Purpose of Disbursement
Contribution

Candidate Name

Rep. Scott Tipton

Office Sought: House Senate President
State: CO District: 03

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2015

Transaction ID : D169737

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. STIVERS FOR CONGRESS

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220

Purpose of Disbursement
Contribution

Candidate Name

Rep. Steve Stivers

Office Sought: House Senate President
State: OH District: 15

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2015

Transaction ID : D169734

Amount of Each Disbursement this Period

1500.00

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

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

4000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. BENNET FOR COLORADO

Mailing Address PO BOX 3078

City State Zip Code
DENVER CO 80201

Purpose of Disbursement
Contribution

Candidate Name
Sen. Michael F. Bennet

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	01	/	2015

Transaction ID : D169428

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. THE EYE OF THE TIGER POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 2485

City State Zip Code
Springfield VA 22152

Purpose of Disbursement
Contribution

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	01	/	2015

Transaction ID : D169427

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

7500.00

39000.00
