

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

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="2018"/>	<input type="text"/>	<input type="text" value="49158.07"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="24554.46"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="32761.01"/>	<input type="text" value="575897.94"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="57315.47"/>	<input type="text" value="625056.01"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="30423.71"/>	<input type="text" value="598164.25"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="26891.76"/>	<input type="text" value="26891.76"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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: 10 / 18 / 2018 To: 11 / 26 / 2018

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).....	32236.44	541279.45
(ii) Unitemized	524.57	20568.49
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	32761.01	561847.94
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	32761.01	566847.94
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	7500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	1550.00
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)).....▶	32761.01	575897.94
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	32761.01	575897.94

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	1423.71	11197.24
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1423.71	11197.24
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	28000.00	553117.01
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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	16250.00
(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	16250.00
29. Other Disbursements (Including Non-Federal Donations).....	1000.00	17600.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	30423.71	598164.25
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	30423.71	598164.25

DETAILED SUMMARY PAGE
of Disbursements

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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)	32761.01	566847.94
34. Total Contribution Refunds (from Line 28(d))	0.00	16250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	32761.01	550597.94
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1423.71	11197.24
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1423.71	11197.24

**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 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

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. Allen, Martin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7151 Whispering Oak Drive
 City Sylvania State OH Zip Code 43560
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HCR ManorCare Occupation (for Individual) VP of Reimbursement
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2200.00

Date of Receipt **11 / 02 / 2018**
Transaction ID : C3798491
 Amount of Each Receipt this Period 200.00
 Memo Item

B. Barreto, Abigail, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 619 Plantation Blvd.
 City West River State MD Zip Code 20778
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AHCA Occupation (for Individual) Senior Director, Public Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.06

Date of Receipt **11 / 16 / 2018**
Transaction ID : C3815548
 Amount of Each Receipt this Period 50.01
 Memo Item
 * Payroll Deduction: \$16.67 bi-weekly

C. Beck, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4607 Briar Oaks Circle
 City Dallas State TX Zip Code 75287
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sava SeniorCare Administrative Service Occupation (for Individual) Attorney
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **10 / 23 / 2018**
Transaction ID : C3794869
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	500.01
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. Bethea, LaShuan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 707 York Rd
 Apt. 4123
 City Towson State MD Zip Code 21204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Genesis Healthcare Occupation (for Individual) VP, Legislative Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt **10 / 22 / 2018**
Transaction ID : C3792686
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Ciolek, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1201 L Street NW
 City Washington State DC Zip Code 20005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Health Care Association Occupation (for Individual) Associate VP, Therapy Advocacy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1739.20

Date of Receipt **11 / 16 / 2018**
Transaction ID : C3815553
 Amount of Each Receipt this Period 260.88
 Memo Item
 * Payroll Deduction: \$86.96 bi-weekly

C. Colbert, George, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 777 Easywind Court
 City Valley Park State MO Zip Code 63088
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Garden View Care Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **10 / 26 / 2018**
Transaction ID : C3796905
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1344.88
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

A. Daniel, Kenneth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2243 Kilchurn Drive
 City Marion State OH Zip Code 43302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Church Homes Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 10 / 24 / 2018
Transaction ID : C3794901
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Dixon, Dave, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6220 Aspen Drive
 City West Des Moines State IA Zip Code 50266
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Care Initiatives Occupation (for Individual) Vice President/CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt 10 / 26 / 2018
Transaction ID : C3795403
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Donnellan, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2830 Marshall St
 City Falls Church State VA Zip Code 22042
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Health Care Association Occupation (for Individual) Senior Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 01 / 2018
Transaction ID : C3798167
 Amount of Each Receipt this Period 250.00
 Memo Item

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 9 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. Edwards, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) American Health Care Association Occupation (for Individual) Dir Applications & Web Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 271.40

Date of Receipt 11 / 16 / 2018
Transaction ID : C3815552
 Amount of Each Receipt this Period 40.71
 Memo Item
 * Payroll Deduction: \$13.57 bi-weekly

B. Erickson, Joanne, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) American Health Care Association Occupation (for Individual) Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 857.16

Date of Receipt 11 / 16 / 2018
Transaction ID : C3815551
 Amount of Each Receipt this Period 142.86
 Memo Item
 * Payroll Deduction: \$47.62 bi-weekly

C. Eyt, Teresa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10009 Dallas Ave
 City Takoma Park State MD Zip Code 20901-2240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Health Care Association Occupation (for Individual) Senior Director, Education
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1071.60

Date of Receipt 11 / 16 / 2018
Transaction ID : C3815550
 Amount of Each Receipt this Period 160.74
 Memo Item
 * Payroll Deduction: \$53.58 bi-weekly

SUBTOTAL of Receipts This Page (optional).....	344.31
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"/> 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. Gomez, Nico, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4505 N Mueller Ave

City Bethany	State OK	Zip Code 73008
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) OK Assoc of Health Care Providers	Occupation (for Individual) President/CEO
--	--

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
10	/	27	/	2018

Transaction ID : C3796931

Amount of Each Receipt this Period
25.00

Memo Item

B. Graybill, Clint, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7408 S. Audie Ave

City Sioux Falls	State SD	Zip Code 57108
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Sanford Health	Occupation (for Individual) 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
10	/	25	/	2018

Transaction ID : C3795290

Amount of Each Receipt this Period
250.00

Memo Item

C. Hahs, Jennifer, S, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12423 Flint Street

City Overland Park	State KS	Zip Code 66213
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) American Health Care Association	Occupation (for Individual) Senior Director, Political Affairs
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
863.55

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2018

Transaction ID : C3815557

Amount of Each Receipt this Period
136.35

Memo Item

* Payroll Deduction: \$45.45 bi-weekly

SUBTOTAL of Receipts This Page (optional).....	411.35
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 11 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. Halsted, Nicholas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1000 New Jersey Ave, SE #913
 City Washington State DC Zip Code 20003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Health Care Association Occupation (for Individual) Manager, Political Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 437.43

Date of Receipt 11 / 16 / 2018
Transaction ID : C3815561
 Amount of Each Receipt this Period 62.49
 Memo Item
 * Payroll Deduction: \$20.83 bi-weekly

B. Halvorson, Dana, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 777 7th Street, NW #815
 City Washington State DC Zip Code 20001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Health Care Association Occupation (for Individual) Director, Not For Profit Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 437.43

Date of Receipt 11 / 16 / 2018
Transaction ID : C3815559
 Amount of Each Receipt this Period 62.49
 Memo Item
 * Payroll Deduction: \$20.83 bi-weekly

C. Hare, Keith, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 520 Greene Ridge Road
 City Richmond State VA Zip Code 23229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virginia Health Care Association Occupation (for Individual) President & CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 10 / 26 / 2018
Transaction ID : C3796860
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	149.98
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"/> 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. Hare, Keith, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 520 Greene Ridge Road

City Richmond	State VA	Zip Code 23229
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Virginia Health Care Association	Occupation (for Individual) President & 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
11	/	26	/	2018

Transaction ID : C3808765

Amount of Each Receipt this Period
25.00

Memo Item

B. Harmon, Holly, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2241 N. Palermo Rd.

City Palermo	State ME	Zip Code 04354
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) American Health Care Association	Occupation (for Individual) Senior Director, Clinical Services
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
214.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2018

Transaction ID : C3815560

Amount of Each Receipt this Period
35.70

Memo Item

* Payroll Deduction: \$11.90 bi-weekly

C. Heaney, Steven, D., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1116 Ninth Ave

City Toms River	State NJ	Zip Code 08757-2643
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Brandywine Senior Living	Occupation (for Individual) Vice 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
10	/	30	/	2018

Transaction ID : C3797698

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	310.70
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: (check only one)	PAGE 13 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. Hillier, Robin, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3421 Pinnacle Road
 City Dayton State OH Zip Code 45418
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Welcome Nursing Home Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **10 / 30 / 2018**
Transaction ID : C3797699
 Amount of Each Receipt this Period 1250.00
 Memo Item

B. Kylo, David, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) American Health Care Association Occupation (for Individual) VP, Insurance and Member Programs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt **11 / 16 / 2018**
Transaction ID : C3815554
 Amount of Each Receipt this Period 150.00
 Memo Item
 * Payroll Deduction: \$50.00 bi-weekly

C. Levitt, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7611 State Line, #301
 City Kansas City State MO Zip Code 64114-1698
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tutera Senior Living Occupation (for Individual) V.P. Corporate Compliance
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **11 / 07 / 2018**
Transaction ID : C3800412
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1650.00
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

A. Marshall, Anthony, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 117 Whitestone Dr.

City McDonough	State GA	Zip Code 30253
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Georgia Health Care Association	Occupation (for Individual) President & CEO
--	--

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
11	/	12	/	2018

Transaction ID : C3801800

Amount of Each Receipt this Period
100.00

Memo Item

B. Mitchell, Barbara, B., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 119 Page Drive

City Americus	State GA	Zip Code 31709-5735
------------------	-------------	------------------------

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

Name of Employer (for Individual) Magnolia Manor, Inc.	Occupation (for Individual) VP Clinical Services
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2018

Transaction ID : C3796908

Amount of Each Receipt this Period
250.00

Memo Item

C. Ousley, Mary, K., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 101 Bittersweet Drive

City Richmond	State KY	Zip Code 40475-8639
------------------	-------------	------------------------

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

Name of Employer (for Individual) PMD Corporation	Occupation (for Individual) 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
10	/	30	/	2018

Transaction ID : C3798163

Amount of Each Receipt this Period
1250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1600.00
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 15 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. Parks, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) American Health Care Association Occupation (for Individual) Director of IT and Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 434.80

Date of Receipt **11 / 16 / 2018**
Transaction ID : C3815558
 Amount of Each Receipt this Period 65.22
 Memo Item
 * Payroll Deduction: \$21.74 bi-weekly

B. Ponthie, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 449 Overbrook Court
 City Shreveport State LA Zip Code 71106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southern Administrative Services Occupation (for Individual) Managing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt **11 / 01 / 2018**
Transaction ID : C3798170
 Amount of Each Receipt this Period 1250.00
 Memo Item

C. Porter, Clifton, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1814 Carpenter Rd
 City Alexandria State VA Zip Code 22314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Health Care Association Occupation (for Individual) SVP Government Relations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 4374.93

Date of Receipt **11 / 16 / 2018**
Transaction ID : C3815555
 Amount of Each Receipt this Period 624.99
 Memo Item
 * Payroll Deduction: \$208.33 bi-weekly

SUBTOTAL of Receipts This Page (optional).....	1940.21
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 16 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. Qazi, Mohammad, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6405 Middlebelt Road
 City West Bloomfield State MI Zip Code 48322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ciena Healthcare Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **10 / 29 / 2018**
Transaction ID : C3798141
 Amount of Each Receipt this Period 5000.00
 Memo Item

B. Roberts, Tara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 269 Harders Crossing Blvd
 City Shreveport State LA Zip Code 71106-8526
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nexion Health Management, Inc. Occupation (for Individual) VP, Rehab and Wound Care Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **11 / 02 / 2018**
Transaction ID : C3798492
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Russ, Leonard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Keogh
 City New Rochelle State NY Zip Code 10805
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bay Berry Care Center Occupation (for Individual) Owner & Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **10 / 22 / 2018**
Transaction ID : C3792729
 Amount of Each Receipt this Period 2500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	7750.00
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 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

A. Scalo, Philip, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 N. County Line Road

City Jackson	State NJ	Zip Code 08527-1264
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Bartley Healthcare	Occupation (for Individual) 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
10	/	30	/	2018

Transaction ID : C3797700

Amount of Each Receipt this Period
1250.00

Memo Item

B. Scheulen, Ben, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 42920 Hwy 52

City Meta	State MO	Zip Code 65058
--------------	-------------	-------------------

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

Name of Employer (for Individual) JMS Senior Living	Occupation (for Individual) COO
--	------------------------------------

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
11	/	07	/	2018

Transaction ID : C3800176

Amount of Each Receipt this Period
250.00

Memo Item

C. Schwartz, Russell, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 60 Cassandra Blvd.
Apt. 107

City West Hartford	State CT	Zip Code 06107
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Avon & West Hartford Health Centers	Occupation (for Individual) VP/Director of Operations
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	24	/	2018

Transaction ID : C3795221

Amount of Each Receipt this Period
150.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1650.00
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 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. Scott, Shawn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8106 Boulder Ct
 City Long Grove State IL Zip Code 60047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medline Industries Occupation (for Individual) Senior VP HC Corporate Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 30 / 2018
Transaction ID : C3797701
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Sharp-Herle, Christina, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1644 Mount Eagle Pl
 City Alexandria State VA Zip Code 22302-2121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Health Care Association Occupation (for Individual) Senior Director, Member Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 16 / 2018
Transaction ID : C3815562
 Amount of Each Receipt this Period 90.00
 Memo Item
 * Payroll Deduction: \$30.00 bi-weekly

C. Stott, Martin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15035 Memorial Tower Dr
 City Baton Rouge State LA Zip Code 70810-8398
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Diversified Health Care Occupation (for Individual) Owner/Operator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 29 / 2018
Transaction ID : C3798144
 Amount of Each Receipt this Period 2500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2840.00
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 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. Vande Merwe, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14352 W Woodspring
 City Boise State ID Zip Code 83713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Idaho Health Care Association Occupation (for Individual) Executive Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 30 / 2018
Transaction ID : C3797702
 Amount of Each Receipt this Period 75.00
 Memo Item

B. Warren, Paula, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3301 Alabama Ave.
 City Alexandria State VA Zip Code 22305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Health Care Association Occupation (for Individual) CIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3750.00

Date of Receipt 10 / 27 / 2018
Transaction ID : C3796921
 Amount of Each Receipt this Period 1250.00
 Memo Item

C. Waters, Brett, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) New Beginnings Community Living Home Occupation (for Individual) President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 10 / 18 / 2018
Transaction ID : C3792049
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1575.00
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 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. Williams, Julianne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2523 20th Ave.
 City Kingsburg State CA Zip Code 93631
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Dykora Transitional Health & Living Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1680.00

Date of Receipt **11 / 01 / 2018**
Transaction ID : C3798178
 Amount of Each Receipt this Period 420.00
 Memo Item

B. Wronski, Frank, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3925 Industrial Drive Street Address 2
 City Rochester Hills State MI Zip Code 48309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nexcare Health Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3500.00

Date of Receipt **10 / 24 / 2018**
Transaction ID : C3794974
 Amount of Each Receipt this Period 2500.00
 Memo Item

C. Wylie, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 205 Fairview Rd
 City Clarks Green State PA Zip Code 18411-1207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Genesis Healthcare Occupation (for Individual) VP Development
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt **11 / 05 / 2018**
Transaction ID : C3805849
 Amount of Each Receipt this Period 750.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3670.00
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 21 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

A. JD Mitchell Consulting, LLC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2123 Centre Pointe Blvd

City Tallahassee	State FL	Zip Code 32308
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		07		2018

Transaction ID : C3805850

Amount of Each Receipt this Period
5000.00

Memo Item

PARTNERSHIP--partners below if itemized

B. Mitchell, Joseph, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2123 Centre Pointe Blvd

City Tallahassee	State FL	Zip Code 32308
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Occupation (for Individual)
Summit Care II, Inc President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		07		2018

Transaction ID : C3805851

Amount of Each Receipt this Period
5000.00

Memo Item

*

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	5000.00
TOTAL This Period (last page this line number only).....	32236.44

**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"/> 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

M	M	/	D	D	/	Y	Y	Y	Y
11			05			2018			

FEC Identification Number

C []

Transaction ID : D185809

Amount of Each Disbursement this Period

[] 552.80

Memo Item

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

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2018			

FEC Identification Number

C []

Transaction ID : D185810

Amount of Each Disbursement this Period

[] 450.77

Memo Item

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

M	M	/	D	D	/	Y	Y	Y	Y
11			21			2018			

FEC Identification Number

C []

Transaction ID : D185811

Amount of Each Disbursement this Period

[] 214.21

Memo Item

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

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

[] 1217.78

[]

**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"/> 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) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 22 / 2018

FEC Identification Number

C
Transaction ID : D185812
Amount of Each Disbursement this Period
205.93

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 / D D / Y Y Y Y Y Y

FEC Identification Number

C
Amount of Each Disbursement this Period

Memo Item

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 / D D / Y Y Y Y Y Y

FEC Identification Number

C
Amount of Each Disbursement this Period

Memo Item

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

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

205.93
1423.71

**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"/> 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. FIRST STATE PAC

Mailing Address P.O. Box 3006

City: **Wilmington** State: **DE** Zip Code: **19804**

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
11 / 01 / 2018

FEC Identification Number

C C00363648

Transaction ID : D185634

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. KIRKPATRICK FOR CONGRESS

Mailing Address PO BOX 3015

City: **TUCSON** State: **AZ** Zip Code: **85702**

Purpose of Disbursement: **Contribution**

Candidate Name: **KIRKPATRICK, ANN, , ,**

Office Sought: House Senate President
State: **AZ** District: **02**

Disbursement For: 2020 Primary General Other (specify)

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 14 / 2018

FEC Identification Number

C C00651042

Transaction ID : D185688

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. KIRKPATRICK FOR CONGRESS

Mailing Address PO BOX 3015

City: **TUCSON** State: **AZ** Zip Code: **85702**

Purpose of Disbursement: **Contribution**

Candidate Name: **KIRKPATRICK, ANN, , ,**

Office Sought: House Senate President
State: **AZ** District: **02**

Disbursement For: 2018 Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 30 / 2018

FEC Identification Number

C C00651042

Transaction ID : D185570

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3000.00

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"/> 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. MIKIE SHERRILL FOR CONGRESS

Mailing Address PO BOX 43032

City MONTCLAIR State NJ Zip Code 07043

Purpose of Disbursement Contribution

Candidate Name SHERRILL, REBECCA, MICHELLE, ,

Office Sought: House Senate President
 Disbursement For: 2020 Primary General Other (specify) ▼
 State: NJ District: 11

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 14 / 2018

FEC Identification Number

C C00640003

Transaction ID : D185690

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. NEVADANS FOR STEVEN HORSFORD

Mailing Address PO BOX 336664

City LAS VEGAS State NV Zip Code 89033

Purpose of Disbursement Contribution

Candidate Name HORSFORD, STEVEN, A, ,

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼
 State: NV District: 04

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 30 / 2018

FEC Identification Number

C C00668228

Transaction ID : D18567

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. PAC TO THE FUTURE

Mailing Address 430 S. Capitol St. SE 1st Flr.

City Washington State DC Zip Code 20003

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 Y Y
11 / 14 / 2018

FEC Identification Number

C C00344234

Transaction ID : D185691

Amount of Each Disbursement this Period

5000.00

Memo Item

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

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

7000.00

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

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

FOR LINE NUMBER:
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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

A. LANGEVIN FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address 181A Knight Street

City Warwick State RI Zip Code 02886

Purpose of Disbursement Contribution

Candidate Name Langevin, James, R., Rep.,

Office Sought: House Senate President Disbursement For: 2018 Primary General Other (specify) ▼

State: RI District: 02

Date of Disbursement: 10 / 30 / 2018

FEC Identification Number: C00344697
Transaction ID : D185568
Amount of Each Disbursement this Period: 1000.00

Memo Item

B. MORGAN GRIFFITH FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 361

City CHRISTIANSBURG State VA Zip Code 24068

Purpose of Disbursement Contribution

Candidate Name GRIFFITH, H MORGAN, , Rep.,

Office Sought: House Senate President Disbursement For: 2018 Primary General Other (specify) ▼

State: VA District: 09

Date of Disbursement: 10 / 24 / 2018

FEC Identification Number: C00477240
Transaction ID : D185481
Amount of Each Disbursement this Period: 2500.00

Memo Item

C. RICHARD E NEAL FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address 76 MAGNOLIA TERRACE

City SPRINGFIELD State MA Zip Code 01108

Purpose of Disbursement Contribution

Candidate Name Neal, Richard, E., Rep.,

Office Sought: House Senate President Disbursement For: 2018 Primary General Other (specify) ▼

State: MA District: 01

Date of Disbursement: 10 / 30 / 2018

FEC Identification Number: C00226522
Transaction ID : D185569
Amount of Each Disbursement this Period: 4000.00

Memo Item

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

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

7500.00

**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"/> 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. SCHNEIDER FOR CONGRESS

Mailing Address PO BOX 1318

City
DEERFIELD

State
IL

Zip Code
60015

Purpose of Disbursement
Contribution

Candidate Name

Schneider, Brad, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: IL District: 10

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			24			2018			

FEC Identification Number

C C00495952

Transaction ID : D185482

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. DONNELLY FOR INDIANA

Mailing Address 1050 17TH ST NW STE 590

City
WASHINGTON

State
DC

Zip Code
20036

Purpose of Disbursement
Contribution

Candidate Name

Donnelly, Joe, , Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: IN District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			24			2018			

FEC Identification Number

C C00496232

Transaction ID : D185479

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. THOM TILLIS COMMITTEE

Mailing Address PO BOX 97396

City
RALEIGH

State
NC

Zip Code
27624

Purpose of Disbursement
Contribution

Candidate Name

Tillis, Thom, , Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: NC District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			07			2018			

FEC Identification Number

C C00545772

Transaction ID : D185645

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3500.00

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"/> 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. SHARICE FOR CONGRESS

Mailing Address 13851 W. 63RD ST

City SHAWNEE State KS Zip Code 66216

Purpose of Disbursement
Contribution - Debt Retirement

Candidate Name
DAVIDS, SHARICE, , ,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General Other (specify) ▼
State: KS District: 03

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : D185714

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. SUPPORT TO ENSURE VICTORY EVERYWHERE PAC (STEVE PAC)

Mailing Address 228 S Washington St
Ste 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Contribution

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : D185480

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. VERONICA ESCOBAR FOR CONGRESS

Mailing Address PO BOX 3961

City EL PASO State TX Zip Code 79923

Purpose of Disbursement
Contribution

Candidate Name
ESCOBAR, VERONICA, , ,

Office Sought: House Senate President
Disbursement For: 2020
 Primary General Other (specify) ▼
State: TX District: 16

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : D185689

Amount of Each Disbursement this Period

Memo Item

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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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. Citizens for Grassley

Mailing Address 30601 Deer Trail Dr.

City
New Hartford

State
IA

Zip Code
50660

Purpose of Disbursement
Non-Federal Contribution

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
10			30			2018			

FEC Identification Number

C

Transaction ID : D185566

Amount of Each Disbursement this Period

1000.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

1000.00

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

1000.00