FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. 12FE4M5

American Health Care Association Political Action Committee

ADDRESS (number and street) ▼ 1201 L Street, NW

☐ Check if different than previously reported. (ACC)

Washington | DC | 20005 –

CITY ▲ STATE ▲ ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼** C C00006080

3. IS THIS REPORT ☒ NEW (N) **OR** ☐ AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
- ☐ July 15 Quarterly Report (Q2)
- ☐ October 15 Quarterly Report (Q3)
- ☐ January 31 Year-End Report (YE)
- ☐ July 31 Mid-Year Report (Non-election Year Only) (MY)
- ☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)	☐ May 20 (M5)	☒ Aug 20 (M8)	☐ Nov 20 (M11) (Non-Election Year Only)
☐ Mar 20 (M3)	☐ Jun 20 (M6)	☐ Sep 20 (M9)	☐ Dec 20 (M12) (Non-Election Year Only)
☐ Apr 20 (M4)	☐ Jul 20 (M7)	☐ Oct 20 (M10)	☐ Jan 31 (YE)

(c) 12-Day **PRE**-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R) ☐ Convention (12C) ☐ Special (12S)

Election on MM / DD / YYYY in the State of

(d) 30-Day **POST**-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on MM / DD / YYYY in the State of

5. Covering Period 07 / 01 / 2014 through 07 / 31 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ms. Robin Hillier

Signature of Treasurer *Ms. Robin Hillier* ***[Electronically Filed]*** Date 08 / 18 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only							

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: 07 / 01 / 2014 To: 07 / 31 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2014		433429.72
(b) Cash on Hand at Beginning of Reporting Period	320908.17	
(c) Total Receipts (from Line 19)	36217.53	412270.66
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	357125.70	845700.38
7. Total Disbursements (from Line 31)	107929.09	596503.77
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	249196.61	249196.61
9. Debts and Obligations Owed **TO** the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed **BY** the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC **Form 3X** (Rev. 06/2004)

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period: From: M M 07 / D D 01 / Y Y Y Y 2014 To: M M 07 / D D 31 / Y Y Y Y 2014

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)	34680.01	370354.35
(ii) Unitemized	1537.52	18416.31
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	36217.53	388770.66
(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) ▶	36217.53	393770.66
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	17500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	1000.00
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)) ▶	36217.53	412270.66
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶	36217.53	412270.66

DETAILED SUMMARY PAGE
of Disbursements

FEC **Form 3X** (Rev. 02/2003)

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	929.09	8803.77
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶	929.09	8803.77
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	102000.00	572500.00
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	200.00
(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	200.00
29. Other Disbursements	5000.00	15000.00
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))	107929.09	596503.77
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶	107929.09	596503.77

DETAILED SUMMARY PAGE
of Disbursements

FEC **Form 3X** (Rev. 02/2003)

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)	36217.53	393770.66
34. Total Contribution Refunds (from Line 28(d))	0.00	200.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	36217.53	393570.66
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	929.09	8803.77
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ▶	929.09	8803.77

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A. Full Name (Last, First, Middle Initial): Lyn C. Bentley
Mailing Address: 2212 Hidden Valley Ln
City: Silver Spring | State: MD | Zip Code: 20904-5240
FEC ID number of contributing federal political committee.: C
Name of Employer: American Health Care Association
Occupation: Senior Director, Regulatory Services
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 499.92
Date of Receipt: 07 / 23 / 2014
Transaction ID : C2789930
Amount of Each Receipt this Period: 124.98
* Payroll Deduction: $41.66 Bi-Weekly

B. Full Name (Last, First, Middle Initial): 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 ▼: 595.00
Date of Receipt: 07 / 12 / 2014
Transaction ID : C2779184
Amount of Each Receipt this Period: 85.00

C. Full Name (Last, First, Middle Initial): Thomas Boerboom
Mailing Address: 1127 Vista Ridge Lane
City: Shakopee | State: MN | Zip Code: 55379
FEC ID number of contributing federal political committee.: C
Name of Employer: Welcov Healthcare
Occupation: President - COO
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 5000.00
Date of Receipt: 07 / 01 / 2014
Transaction ID : C2769337
Amount of Each Receipt this Period: 5000.00

SUBTOTAL of Receipts This Page (optional) ▶ 5209.98

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial)
Raymond Calhoun

Mailing Address 583 Horizon Drive

City: Brockway
State: PA
Zip Code: 15824

FEC ID number of contributing federal political committee. C

Name of Employer: Guardian Elder Care
Occupation: Chairman

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 14 / 2014
Transaction ID : C2781361

Amount of Each Receipt this Period: 250.00

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

Mailing Address 149 Park Drive

City: Oneonta
State: NY
Zip Code: 13820

FEC ID number of contributing federal political committee. C

Name of Employer: Susquehanna Nursing & Rehab Center
Occupation: COO

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 16 / 2014
Transaction ID : C2785158

Amount of Each Receipt this Period: 250.00

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

Mailing Address 3308 Overlook Ridge Rd

City: Prospect
State: KY
Zip Code: 40059-8577

FEC ID number of contributing federal political committee. C

Name of Employer: American Health Care Association
Occupation: Regional Multi-Facility Liaison

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 07 / 23 / 2014
Transaction ID : C2789931

Amount of Each Receipt this Period: 60.00

* Payroll Deduction: $20.00 Bi-Weekly

SUBTOTAL of Receipts This Page (optional) ▶ 560.00

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

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

A. Full Name (Last, First, Middle Initial): Wayne Culp
Mailing Address: 10003 Woodloch Forest Drive
City: Spring State: TX Zip Code: 77380
FEC ID number of contributing federal political committee: C
Name of Employer: HealthMark Group, LTD
Occupation: VP, Operations
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 1500.00
Date of Receipt: 07 / 22 / 2014
Transaction ID : C2788490
Amount of Each Receipt this Period: 1500.00

B. Full Name (Last, First, Middle Initial): Rae Anne Davis
Mailing Address: 720 Avila Drive
City: Davidsonville State: MD Zip Code: 21035
FEC ID number of contributing federal political committee: C
Name of Employer: American Health Care Association/Natio
Occupation: Chief Strategic Officer
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 3000.00
Date of Receipt: 07 / 25 / 2014
Transaction ID : C2789723
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial): Joanne E Erickson
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: Editor in Chief, Provider Magazine
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 478.28
Date of Receipt: 07 / 23 / 2014
Transaction ID : C2789933
Amount of Each Receipt this Period: 130.44

* Payroll Deduction: $43.48 Bi-Weekly

SUBTOTAL of Receipts This Page (optional) ▶ 2630.44

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial): Alan Graham
Mailing Address: 182 West Edge Drive
City: Huntsville State: TX Zip Code: 77340
FEC ID number of contributing federal political committee: C
Name of Employer: Nexion Health Corporation
Occupation: Administrator
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 07 / 10 / 2014
Transaction ID : C2788464
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial): William J. Griffith
Mailing Address: 1421 T Street, NW Apt. #1
City: Washington State: DC Zip Code: 20009
FEC ID number of contributing federal political committee: C
Name of Employer: American Health Care Association
Occupation: Manager, Political Affairs
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 249.96
Date of Receipt: 07 / 23 / 2014
Transaction ID : C2789934
Amount of Each Receipt this Period: 62.49
* Payroll Deduction: $20.83 Bi-Weekly

C. Full Name (Last, First, Middle Initial): Jennifer S Hahs
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 ▼ 478.28
Date of Receipt: 07 / 23 / 2014
Transaction ID : C2789935
Amount of Each Receipt this Period: 130.44
* Payroll Deduction: $43.48 Bi-Weekly

SUBTOTAL of Receipts This Page (optional) ▶ 692.93

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial): Gerald Hamilton
Mailing Address: 7612 Rio Penasco Court NW
City: Albuquerque State: NM Zip Code: 87120
FEC ID number of contributing federal political committee: C
Name of Employer: R&G Healthcare Management
Occupation: Owner
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 750.00
Date of Receipt: 07 / 30 / 2014
Transaction ID : C2794750
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial): Healthmark Services, Inc.
Mailing Address: 217 Lakewood Road
City: Van Buren State: AR Zip Code: 72956
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1666.66
Date of Receipt: 07 / 23 / 2014
Transaction ID : C2789928
Amount of Each Receipt this Period: 1666.66
See refund on next report

C. Full Name (Last, First, Middle Initial): Brian Hensgens
Mailing Address: 830 South Broadway
City: Church Point State: LA Zip Code: 70525
FEC ID number of contributing federal political committee: C
Name of Employer: Acadia St. Landry Guest Home
Occupation: Administrator
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 500.00
Date of Receipt: 07 / 25 / 2014
Transaction ID : C2789946
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 2416.66

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial): Genevieve Hillis
Mailing Address: 6767 N Industrial Rd
City: Milwaukee State: WI Zip Code: 53223
FEC ID number of contributing federal political committee: C
Name of Employer: Direct Supply Inc.
Occupation: Government Relations Representative
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 5000.00
Date of Receipt: 07 / 02 / 2014
Transaction ID : C2788442
Amount of Each Receipt this Period: 5000.00

B. Full Name (Last, First, Middle Initial): Robert Hillis
Mailing Address: 6767 N Industrial Rd
City: Milwaukee State: WI Zip Code: 53223
FEC ID number of contributing federal political committee: C
Name of Employer: Direct Supply Inc.
Occupation: CEO
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 5000.00
Date of Receipt: 07 / 02 / 2014
Transaction ID : C2788441
Amount of Each Receipt this Period: 5000.00

C. Full Name (Last, First, Middle Initial): Jeanne C. Jaeckels
Mailing Address: 12120 24th Street
City: Clear Lake State: MN Zip Code: 55319
FEC ID number of contributing federal political committee: C
Name of Employer: Tealwood Senior Living
Occupation: Director of Development
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 750.00
Date of Receipt: 07 / 30 / 2014
Transaction ID : C2794749
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 10250.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial): David A Kyllo
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: National Center for Assisted Living
Occupation: Executive Director
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1195.70
Date of Receipt: 07/23/2014
Transaction ID : C2789937
Amount of Each Receipt this Period: 326.10
* Payroll Deduction: $108.70 Bi-Weekly

B. Full Name (Last, First, Middle Initial): Bethany R Martino
Mailing Address: 8559 Window Latch Way
City: Columbia State: MD Zip Code: 21045
FEC ID number of contributing federal political committee: C
Name of Employer: American Health Care Association
Occupation: Vice President, Public Affairs
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 454.50
Date of Receipt: 07/23/2014
Transaction ID : C2789939
Amount of Each Receipt this Period: 136.35
* Payroll Deduction: $45.45 Bi-Weekly

C. Full Name (Last, First, Middle Initial): Stephen Morrisette
Mailing Address: 2112 W Laburnum Ave Ste 206
City: Richmond State: VA Zip Code: 23227-4358
FEC ID number of contributing federal political committee: C
Name of Employer: Virginia Health Care Association
Occupation: President
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 07/18/2014
Transaction ID : C2788470
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ▶ 1462.45

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial): 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: 375.00
Date of Receipt: 07/31/2014
Transaction ID : C2796367
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial): Julie C Painter
Mailing Address: 5023 Waple Ln
City: Alexandria State: VA Zip Code: 22304-7727
FEC ID number of contributing federal political committee: C
Name of Employer: American Health Care Association
Occupation: Vice President of Constituency Affairs
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 239.14
Date of Receipt: 07/23/2014
Transaction ID : C2789940
Amount of Each Receipt this Period: 65.22
* Payroll Deduction: $21.74 Bi-Weekly

C. Full Name (Last, First, Middle Initial): Kathleen A. Pajor
Mailing Address: 618 Old Clinton Rd
City: Westbrook State: CT Zip Code: 06498
FEC ID number of contributing federal political committee: C
Name of Employer: President
Occupation: Healthcare Vision Inc
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 299.00
Date of Receipt: 07/02/2014
Transaction ID : C2770153
Amount of Each Receipt this Period: 299.00

SUBTOTAL of Receipts This Page (optional) ▶ 614.22

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial): 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: 240.36
Date of Receipt: 07 / 23 / 2014
Transaction ID : C2789941
Amount of Each Receipt this Period: 62.49
* Payroll Deduction: $20.83 Bi-Weekly

B. Full Name (Last, First, Middle Initial): Katherine Preede
Mailing Address: 1200 S Courthouse Road Apt 428
City: Arlington | State: VA | Zip Code: 22204
FEC ID number of contributing federal political committee: C
Name of Employer: AHCA/NCAL
Occupation: Director, Membership & Business Develo
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 249.96
Date of Receipt: 07 / 23 / 2014
Transaction ID : C2789942
Amount of Each Receipt this Period: 62.49
* Payroll Deduction: $20.83 Bi-Weekly

C. Full Name (Last, First, Middle Initial): Mebane Pruitt
Mailing Address: 1626 Jeurgens Ct
City: Norcross | State: GA | Zip Code: 30093
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: Homemaker
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 3332.00
Date of Receipt: 07 / 29 / 2014
Transaction ID : C2794291
Amount of Each Receipt this Period: 1666.00

SUBTOTAL of Receipts This Page (optional) ▶ 1790.98

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)
[X] 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): Neil L. Pruitt Jr.
Mailing Address: 1626 Jeurgens Ct
City: Norcross State: GA Zip Code: 30093
FEC ID number of contributing federal political committee: C
Name of Employer: Pruitt Health
Occupation: President
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 3332.00
Date of Receipt: 07 / 29 / 2014
Transaction ID : C2794290
Amount of Each Receipt this Period: 1666.00

B. Full Name (Last, First, Middle Initial): Gail Rader
Mailing Address: 171 Church Rd
City: Milford State: NJ Zip Code: 08848
FEC ID number of contributing federal political committee: C
Name of Employer: Care Perspectives Inc.
Occupation: Registered Nurse
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 07 / 17 / 2014
Transaction ID : C2787481
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial): Joyce P. Russo
Mailing Address: 5190 Bueche Road
City: Port Allen State: LA Zip Code: 70767
FEC ID number of contributing federal political committee: C
Name of Employer: State of Louisiana
Occupation: Education Consultant
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 07 / 18 / 2014
Transaction ID : C2788469
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 2666.00

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)
[X] 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): Sandra Sarza
Mailing Address: 350 Market Street
City: Swansea State: MA Zip Code: 02777
FEC ID number of contributing federal political committee: C
Name of Employer: Kindred Transitional Care & Rehabilita
Occupation: Administrator
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 07 / 21 / 2014
Transaction ID : C2788388
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial): Jennifer S Shimer
Mailing Address: 9507 Shelly Krasnow Ln
City: Fairfax State: VA Zip Code: 22031-4720
FEC ID number of contributing federal political committee: C
Name of Employer: American Health Care Association
Occupation: COO
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 454.50
Date of Receipt: 07 / 23 / 2014
Transaction ID : C2789945
Amount of Each Receipt this Period: 136.35
* Payroll Deduction: $45.45 Bi-Weekly

C. Full Name (Last, First, Middle Initial): Mario Sinicariello
Mailing Address: 21849 Byron Road
City: Shaker Hts State: OH Zip Code: 44122
FEC ID number of contributing federal political committee: C
Name of Employer: Transcon
Occupation: Director of Operations
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 07 / 18 / 2014
Transaction ID : C2787564
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 636.35

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)
[X] 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): Paula Warren
Mailing Address: 3301 Alabama Ave
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 ▼: 2250.00
Date of Receipt: 07 / 27 / 2014
Transaction ID : C2789904
Amount of Each Receipt this Period: 750.00

B. Full Name (Last, First, Middle Initial): Klaton Leasing
Mailing Address: 3715 SW 29th St
City: Topeka State: KS Zip Code: 66614-2107
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2500.00
Date of Receipt: 07 / 02 / 2014
Transaction ID : C2788443
Amount of Each Receipt this Period: 2500.00
PARTNERSHIP--partners below if itemized

C. Full Name (Last, First, Middle Initial): Jim Klausman
Mailing Address: 3715 SW 29th Street Suite 200
City: Topeka State: KS Zip Code: 66614-2164
FEC ID number of contributing federal political committee: C
Name of Employer: Midwest Health Management
Occupation: President
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2500.00
Date of Receipt: 07 / 02 / 2014
Transaction ID : C2788444
Amount of Each Receipt this Period: 2500.00
[MEMO ITEM]
*

SUBTOTAL of Receipts This Page (optional) ▶ 3250.00

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)
[X] 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): Klaton Properties
Mailing Address: 3715 SW 29th St
City: Topeka State: KS Zip Code: 66614-2107
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2500.00
Date of Receipt: 07 / 02 / 2014
Transaction ID : C2788445
Amount of Each Receipt this Period: 2500.00
PARTNERSHIP--partners below if itemized

B.
Full Name (Last, First, Middle Initial): Floyd Eaton
Mailing Address: 3715 SW 29th St Ste 200
City: Topeka State: KS Zip Code: 66614-2164
FEC ID number of contributing federal political committee: C
Name of Employer: Midwest Health Services Inc
Occupation: Owner
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2500.00
Date of Receipt: 07 / 02 / 2014
Transaction ID : C2788446
Amount of Each Receipt this Period: 2500.00
[MEMO ITEM]
*

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
Amount of Each Receipt this Period:

SUBTOTAL of Receipts This Page (optional) ▶ 2500.00

TOTAL This Period (last page this line number only) ▶ 34680.01

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)
[X] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

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

A. Full Name (Last, First, Middle Initial): American Express
Mailing Address: PO Box 53773
City: Phoenix State: AZ Zip Code: 85072-3773
Purpose of Disbursement: Credit Card Processing Fees
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 07 / D D 07 / Y Y Y Y 2014
Transaction ID : D160423
Amount of Each Disbursement this Period: 323.20

B. Full Name (Last, First, Middle Initial): American Express
Mailing Address: PO Box 53773
City: Phoenix State: AZ Zip Code: 85072-3773
Purpose of Disbursement: Credit Card Processing Fees
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 07 / D D 21 / Y Y Y Y 2014
Transaction ID : D160424
Amount of Each Disbursement this Period: 0.80

C. Full Name (Last, First, Middle Initial): American Express
Mailing Address: PO Box 53773
City: Phoenix State: AZ Zip Code: 85072-3773
Purpose of Disbursement: Credit Card Processing Fees
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 07 / D D 22 / Y Y Y Y 2014
Transaction ID : D160425
Amount of Each Disbursement this Period: 8.00

SUBTOTAL of Disbursements This Page (optional) ▶ 332.00

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)
[X] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

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

A. Full Name (Last, First, Middle Initial): American Express
Mailing Address: PO Box 53773
City: Phoenix State: AZ Zip Code: 85072-3773
Purpose of Disbursement: Credit Card Processing Fees
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 07 / D D 25 / Y Y Y Y 2014
Transaction ID : D160426
Amount of Each Disbursement this Period: 8.80

B. Full Name (Last, First, Middle Initial): American Express
Mailing Address: PO Box 53773
City: Phoenix State: AZ Zip Code: 85072-3773
Purpose of Disbursement: Credit Card Processing Fees
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 07 / D D 28 / Y Y Y Y 2014
Transaction ID : D160427
Amount of Each Disbursement this Period: 48.00

C. Full Name (Last, First, Middle Initial): 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:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 07 / D D 15 / Y Y Y Y 2014
Transaction ID : D160428
Amount of Each Disbursement this Period: 235.09

SUBTOTAL of Disbursements This Page (optional) ▶ 291.89

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)
[X] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

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

A.
Full Name (Last, First, Middle Initial): 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:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 07 / D D 21 / Y Y Y Y 2014
Transaction ID : D160421
Amount of Each Disbursement this Period: 289.79

B.
Full Name (Last, First, Middle Initial): 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:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 07 / D D 21 / Y Y Y Y 2014
Transaction ID : D160422
Amount of Each Disbursement this Period: 15.41

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period:

SUBTOTAL of Disbursements This Page (optional) ▶ 305.20

TOTAL This Period (last page this line number only) ▶ 929.09

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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

A. Full Name (Last, First, Middle Initial): Common Ground PAC
Mailing Address: 1490 Quarter Path Rd, No. 272
City: Williamsburg State: VA Zip Code: 23185
Purpose of Disbursement: Contribution
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M 07 / D D 09 / Y Y Y Y 2014
Transaction ID : D159601
Amount of Each Disbursement this Period: 5000.00

B. Full Name (Last, First, Middle Initial): CONGRESSIONAL BLACK CAUCUS PAC
Mailing Address: 455 MASSACHUSETTS AVENUE NW #150-355
City: WASHINGTON State: DC Zip Code: 20001
Purpose of Disbursement: Contribution
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M 07 / D D 11 / Y Y Y Y 2014
Transaction ID : D159737
Amount of Each Disbursement this Period: 1000.00

C. Full Name (Last, First, Middle Initial): FIRST STATE PAC
Mailing Address: P.O. Box 3006
City: Wilmington State: DE Zip Code: 19804
Purpose of Disbursement: Contribution
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M 07 / D D 21 / Y Y Y Y 2014
Transaction ID : D159955
Amount of Each Disbursement this Period: 5000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 11000.00

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)
21b 22 [X] 23 24 25 26
27 28a 28b 28c 29 30b

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

A. Full Name (Last, First, Middle Initial): FREEDOM FUND
Mailing Address: 1155 21st Street NW, Suite 300
City: Washington State: DC Zip Code: 20036
Purpose of Disbursement: Contribution
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Date of Disbursement: 07 / 21 / 2014
Transaction ID : D159959
Amount of Each Disbursement this Period: 2500.00

B. Full Name (Last, First, Middle Initial): FRIENDS OF MARY LANDRIEU INC
Mailing Address: 700 13TH STREET NW, SUITE 600
City: WASHINGTON State: DC Zip Code: 20005
Purpose of Disbursement: Contribution
Candidate Name: Sen. MARY L. LANDRIEU
Category/Type:
Office Sought: House / [X] Senate / President
State: LA District:
Disbursement For: 2014 Primary / [X] General / Other (specify)
Date of Disbursement: 07 / 21 / 2014
Transaction ID : D159968
Amount of Each Disbursement this Period: 4000.00

C. Full Name (Last, First, Middle Initial): FRIENDS OF MARY LANDRIEU INC
Mailing Address: 700 13TH STREET NW, SUITE 600
City: WASHINGTON State: DC Zip Code: 20005
Purpose of Disbursement: Contribution
Candidate Name: Sen. MARY L. LANDRIEU
Category/Type:
Office Sought: House / [X] Senate / President
State: LA District:
Disbursement For: 2014 Primary / General / [X] Other (specify) Runoff
Date of Disbursement: 07 / 21 / 2014
Transaction ID : D159969
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 7500.00

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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

A. Full Name (Last, First, Middle Initial): GOAL PAC
Mailing Address: PO Box 30344
City: Bethesda State: MD Zip Code: 20824-0344
Purpose of Disbursement: Contribution
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M 07 / D D 28 / Y Y Y Y 2014
Transaction ID : D160133
Amount of Each Disbursement this Period: 5000.00

B. Full Name (Last, First, Middle Initial): GREAT LAND PAC
Mailing Address: 700 13TH STREET, NW SUITE 600
City: WASHINGTON State: DC Zip Code: 20005
Purpose of Disbursement: Contribution
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M 07 / D D 28 / Y Y Y Y 2014
Transaction ID : D160131
Amount of Each Disbursement this Period: 5000.00

C. Full Name (Last, First, Middle Initial): HEARTLAND VALUES PAC
Mailing Address: PO Box 505
City: Sioux Falls State: SD Zip Code: 57101
Purpose of Disbursement: Contribution
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M 07 / D D 28 / Y Y Y Y 2014
Transaction ID : D160136
Amount of Each Disbursement this Period: 2500.00

SUBTOTAL of Disbursements This Page (optional) ▶ 12500.00

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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

A. Full Name (Last, First, Middle Initial): IMPACT
Mailing Address: 192 Lexington Ave, Suite 1001
City: New York State: NY Zip Code: 10016
Purpose of Disbursement: Contribution
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 21 / 2014
Transaction ID : D159962
Amount of Each Disbursement this Period: 5000.00

B. Full Name (Last, First, Middle Initial): Kathleen Rice for Congress
Mailing Address: 410 Jericho Turnpike, Suite 200
City: Jericho State: NY Zip Code: 11753
Purpose of Disbursement: Contribution
Candidate Name: Kathleen Rice
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: NY District: 04
Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 07 / 28 / 2014
Transaction ID : D160127
Amount of Each Disbursement this Period: 1000.00

C. Full Name (Last, First, Middle Initial): LONG LEAF PINE PAC
Mailing Address: 700 13TH STREET, NW, SUITE 600
City: WASHINGTON State: DC Zip Code: 20005
Purpose of Disbursement: Contribution
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 15 / 2014
Transaction ID : D159828
Amount of Each Disbursement this Period: 5000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 11000.00

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)
21b 22 [X] 23 24 25 26
27 28a 28b 28c 29 30b

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

A. Full Name (Last, First, Middle Initial): MISSION PAC
Mailing Address: 1831 BAY ST SE
City: WASHINGTON State: DC Zip Code: 20003
Purpose of Disbursement: Contribution
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Date of Disbursement: 07 / 28 / 2014
Transaction ID : D160126
Amount of Each Disbursement this Period: 2000.00

B. Full Name (Last, First, Middle Initial): Missourians for Accountability & Change
Mailing Address: 700 13TH STREET, NW SUITE 600
City: WASHINGTON State: DC Zip Code: 20005
Purpose of Disbursement: Contribution
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Date of Disbursement: 07 / 21 / 2014
Transaction ID : D159961
Amount of Each Disbursement this Period: 5000.00

C. Full Name (Last, First, Middle Initial): ANDY HARRIS FOR CONGRESS
Mailing Address: PO BOX 1527
City: ANNAPOLIS State: MD Zip Code: 21404
Purpose of Disbursement: Contribution
Candidate Name: Rep. ANDREW P HARRIS
Category/Type:
Office Sought: [X] House / Senate / President
State: MD District: 01
Disbursement For: 2014 Primary / [X] General / Other (specify)
Date of Disbursement: 07 / 09 / 2014
Transaction ID : D159600
Amount of Each Disbursement this Period: 2500.00

SUBTOTAL of Disbursements This Page (optional) ▶ 9500.00

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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

A. Full Name (Last, First, Middle Initial): KIRKPATRICK FOR ARIZONA
Mailing Address: PO BOX 993
City: PRESCOTT State: AZ Zip Code: 86302
Purpose of Disbursement: Contribution
Candidate Name: Rep. ANN KIRKPATRICK
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: AZ District: 01
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 21 / 2014
Transaction ID : D159960
Amount of Each Disbursement this Period: 1000.00

B. Full Name (Last, First, Middle Initial): CHUCK FLEISCHMANN FOR CONGRESS COMMITTEE, INC.
Mailing Address: P.O. BOX 11091
City: CHATTANOOGA State: TN Zip Code: 37401
Purpose of Disbursement: Contribution
Candidate Name: Rep. Chuck Fleischmann
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: TN District: 03
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 14 / 2014
Transaction ID : D159779
Amount of Each Disbursement this Period: 1000.00

C. Full Name (Last, First, Middle Initial): CICILLINE COMMITTEE
Mailing Address: 102 Waterman St, Suite 2
City: Providence State: RI Zip Code: 02906
Purpose of Disbursement: Contribution
Candidate Name: Rep. David Cicilline
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: RI District: 01
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 28 / 2014
Transaction ID : D160134
Amount of Each Disbursement this Period: 2500.00

SUBTOTAL of Disbursements This Page (optional) ▶ 4500.00

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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

A. Full Name (Last, First, Middle Initial): CONNOLLY FOR CONGRESS
Mailing Address: 3706 PRADO PLACE
City: FAIRFAX State: VA Zip Code: 22031
Purpose of Disbursement: Contribution
Candidate Name: Rep. Gerald E. Connolly
Office Sought: ☒ House ☐ Senate ☐ President
State: VA District: 11
Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify)
Category/Type:
Date of Disbursement: 07 / 28 / 2014
Transaction ID : D160129
Amount of Each Disbursement this Period: 1000.00

B. Full Name (Last, First, Middle Initial): FRIENDS OF GLENN THOMPSON
Mailing Address: PO Box 1112
City: State College State: PA Zip Code: 16804
Purpose of Disbursement: Contribution
Candidate Name: Rep. Glenn Thompson
Office Sought: ☒ House ☐ Senate ☐ President
State: PA District: 05
Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify)
Category/Type:
Date of Disbursement: 07 / 09 / 2014
Transaction ID : D159602
Amount of Each Disbursement this Period: 1000.00

C. Full Name (Last, First, Middle Initial): JOE GARCIA FOR CONGRESS
Mailing Address: 1924 FERDINAND ST
City: CORAL GABLES State: FL Zip Code: 33134
Purpose of Disbursement: Contribution
Candidate Name: Rep. Joe Garcia
Office Sought: ☒ House ☐ Senate ☐ President
State: FL District: 26
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Category/Type:
Date of Disbursement: 07 / 21 / 2014
Transaction ID : D159967
Amount of Each Disbursement this Period: 1000.00

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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

A. Full Name (Last, First, Middle Initial)
JOHN CARNEY FOR CONGRESS

Mailing Address PO Box 2162

City: Wilmington State: DE Zip Code: 19899

Purpose of Disbursement: Contribution

Candidate Name: Rep. John Carney

Category/Type

Office Sought: ☒ House ☐ Senate ☐ President

State: DE District: 00

Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 07 / 21 / 2014

Transaction ID : D159965

Amount of Each Disbursement this Period: 2500.00

B. Full Name (Last, First, Middle Initial)
KEVIN MCCARTHY FOR CONGRESS

Mailing Address PO Box 12667

City: Bakersfield State: CA Zip Code: 93389

Purpose of Disbursement: Contribution

Candidate Name: Rep. Kevin McCarthy

Category/Type

Office Sought: ☒ House ☐ Senate ☐ President

State: CA District: 23

Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify)

Date of Disbursement: 07 / 11 / 2014

Transaction ID : D159736

Amount of Each Disbursement this Period: 2500.00

C. Full Name (Last, First, Middle Initial)
STUTZMAN FOR CONGRESS

Mailing Address 0250 W 600 N

City: HOWE State: IN Zip Code: 46746

Purpose of Disbursement: Contribution

Candidate Name: MARLIN A STUTZMAN

Category/Type

Office Sought: ☒ House ☐ Senate ☐ President

State: IN District: 03

Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify)

Date of Disbursement: 07 / 28 / 2014

Transaction ID : D160123

Amount of Each Disbursement this Period: 2500.00

SUBTOTAL of Disbursements This Page (optional) ▶ 7500.00

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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

A. Full Name (Last, First, Middle Initial)
ROSKAM FOR CONGRESS COMMITTEE

Mailing Address P. O. Box 713

City: Wheaton State: IL Zip Code: 60187

Purpose of Disbursement: Contribution

Candidate Name: Rep. Peter Roskam

Category/Type

Office Sought: ☒ House ☐ Senate ☐ President

State: IL District: 06

Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify)

Date of Disbursement: 07 / 28 / 2014

Transaction ID : D160128

Amount of Each Disbursement this Period: 2500.00

B. Full Name (Last, First, Middle Initial)
WELCH FOR CONGRESS

Mailing Address PO BOX 1682

City: BURLINGTON State: VT Zip Code: 05402

Purpose of Disbursement: Contribution

Candidate Name: Rep. Peter Welch

Category/Type

Office Sought: ☒ House ☐ Senate ☐ President

State: VT District: 00

Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 07 / 21 / 2014

Transaction ID : D159958

Amount of Each Disbursement this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
RENEE ELLMERS FOR CONGRESS COMMITTEE

Mailing Address PO BOX 99567

City: RALEIGH State: NC Zip Code: 27624

Purpose of Disbursement: Contribution

Candidate Name: Rep. Renee Ellmers

Category/Type

Office Sought: ☒ House ☐ Senate ☐ President

State: NC District: 02

Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify)

Date of Disbursement: 07 / 14 / 2014

Transaction ID : D159765

Amount of Each Disbursement this Period: 500.00

SUBTOTAL of Disbursements This Page (optional) ▶ 4000.00

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)
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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

A. Full Name (Last, First, Middle Initial): CITIZENS TO ELECT RICK LARSEN
Mailing Address: PO BOX 326
City: EVERETT State: WA Zip Code: 98206
Purpose of Disbursement: Contribution
Candidate Name: Rep. Rick Larsen
Office Sought: ☒ House ☐ Senate ☐ President
State: WA District: 02
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Category/Type:
Date of Disbursement: 07 / 28 / 2014
Transaction ID : D160124
Amount of Each Disbursement this Period: 1000.00

B. Full Name (Last, First, Middle Initial): FRIENDS OF ROSA DELAURO
Mailing Address: 12 TRUMBULL STREET
City: NEW HAVEN State: CT Zip Code: 06511
Purpose of Disbursement: Contribution
Candidate Name: Rep. Rosa DeLauro
Office Sought: ☒ House ☐ Senate ☐ President
State: CT District: 03
Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify)
Category/Type:
Date of Disbursement: 07 / 21 / 2014
Transaction ID : D159957
Amount of Each Disbursement this Period: 2500.00

C. Full Name (Last, First, Middle Initial): DUCKWORTH FOR CONGRESS
Mailing Address: P.O. BOX 8867
City: ROLLING MEADOWS State: IL Zip Code: 60008
Purpose of Disbursement: Contribution
Candidate Name: Rep. Tammy Duckworth
Office Sought: ☒ House ☐ Senate ☐ President
State: IL District: 08
Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify)
Category/Type:
Date of Disbursement: 07 / 21 / 2014
Transaction ID : D159966
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 4500.00

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)
21b 22 [X] 23 24 25 26
27 28a 28b 28c 29 30b

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

A. Full Name (Last, First, Middle Initial): TIM MURPHY FOR CONGRESS
Mailing Address: P.O. BOX 24551
City: PITTSBURGH State: PA Zip Code: 15234
Purpose of Disbursement: Contribution
Candidate Name: Rep. Tim Murphy
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: PA District: 18
Disbursement For: 2014 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 07 / 15 / 2014
Transaction ID : D159829
Amount of Each Disbursement this Period: 1000.00

B. Full Name (Last, First, Middle Initial): Rounds for Senate
Mailing Address: P.O. Box 250
City: Pierre State: SD Zip Code: 57501
Purpose of Disbursement: Contribution
Candidate Name: Marion M Rounds
Category/Type:
Office Sought: [ ] House [X] Senate [ ] President
State: SD District:
Disbursement For: 2014 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 07 / 28 / 2014
Transaction ID : D160137
Amount of Each Disbursement this Period: 5000.00

C. Full Name (Last, First, Middle Initial): FRIENDS OF JOHN THUNE
Mailing Address: 200 NORTH PHILLIPS AVENUE STE L101
City: SIOUX FALLS State: SD Zip Code: 57104
Purpose of Disbursement: Contribution
Candidate Name: Sen. John Thune
Category/Type:
Office Sought: [ ] House [X] Senate [ ] President
State: SD District:
Disbursement For: 2016 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 07 / 28 / 2014
Transaction ID : D160135
Amount of Each Disbursement this Period: 2500.00

SUBTOTAL of Disbursements This Page (optional) ▶ 8500.00

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)
21b 22 [X] 23 24 25 26
27 28a 28b 28c 29 30b

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

A. Full Name (Last, First, Middle Initial): ALEXANDER FOR SENATE 2014 INC
Mailing Address: 228 S WASHINGTON STREET SUITE 115
City: ALEXANDRIA State: VA Zip Code: 22314
Purpose of Disbursement: Contribution
Candidate Name: Sen. Lamar Alexander
Office Sought: House [ ] Senate [X] President [ ]
State: TN District:
Disbursement For: 2014 Primary [X] General [ ] Other (specify) [ ]
Category/Type:
Date of Disbursement: 07 / 21 / 2014
Transaction ID : D159956
Amount of Each Disbursement this Period: 1000.00

B. Full Name (Last, First, Middle Initial): ALEXANDER FOR SENATE 2014 INC
Mailing Address: 228 S WASHINGTON STREET SUITE 115
City: ALEXANDRIA State: VA Zip Code: 22314
Purpose of Disbursement: Contribution
Candidate Name: Sen. Lamar Alexander
Office Sought: House [ ] Senate [X] President [ ]
State: TN District:
Disbursement For: 2014 Primary [X] General [ ] Other (specify) [ ]
Category/Type:
Date of Disbursement: 07 / 28 / 2014
Transaction ID : D160125
Amount of Each Disbursement this Period: 4000.00

C. Full Name (Last, First, Middle Initial): ALASKANS FOR BEGICH 2014
Mailing Address: PO BOX 410
City: PALMER State: AK Zip Code: 99645
Purpose of Disbursement: Contribution
Candidate Name: Sen. Mark Begich
Office Sought: House [ ] Senate [X] President [ ]
State: AK District:
Disbursement For: 2014 Primary [ ] General [X] Other (specify) [ ]
Category/Type:
Date of Disbursement: 07 / 28 / 2014
Transaction ID : D160130
Amount of Each Disbursement this Period: 2500.00

SUBTOTAL of Disbursements This Page (optional) ▶ 7500.00

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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

A. Full Name (Last, First, Middle Initial): MARK PRYOR FOR US SENATE
Mailing Address: PO BOX 2720
City: LITTLE ROCK State: AR Zip Code: 72203
Purpose of Disbursement: Contribution
Candidate Name: Sen. Mark Pryor
Category/Type:
Office Sought: ☐ House ☒ Senate ☐ President
State: AR District:
Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 07 / 28 / 2014
Transaction ID : D160132
Amount of Each Disbursement this Period: 1000.00

B. Full Name (Last, First, Middle Initial): UDALL FOR COLORADO
Mailing Address: PO BOX 40158
City: DENVER State: CO Zip Code: 80204
Purpose of Disbursement: Contribution
Candidate Name: Sen. Mark Udall
Category/Type:
Office Sought: ☐ House ☒ Senate ☐ President
State: CO District:
Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 07 / 21 / 2014
Transaction ID : D159970
Amount of Each Disbursement this Period: 5000.00

C. Full Name (Last, First, Middle Initial): FRIENDS OF PAT TOOMEY
Mailing Address: 228 S. Washington Street, Suite 115
City: Alexandria State: VA Zip Code: 22314
Purpose of Disbursement: Contribution
Candidate Name: Sen. Patrick J. Toomey
Category/Type:
Office Sought: ☐ House ☒ Senate ☐ President
State: PA District:
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 21 / 2014
Transaction ID : D159963
Amount of Each Disbursement this Period: 2500.00

SUBTOTAL of Disbursements This Page (optional) ▶ 8500.00

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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

A.
Full Name (Last, First, Middle Initial): SHORE PAC
Mailing Address: PO. Box 3157
City: Long Branch State: NJ Zip Code: 07740
Purpose of Disbursement: Contribution
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M 07 / D D 21 / Y Y Y Y 2014
Transaction ID : D159964
Amount of Each Disbursement this Period: 2500.00

B.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period:

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period:

SUBTOTAL of Disbursements This Page (optional) ▶ 2500.00

TOTAL This Period (last page this line number only) ▶ 102000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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

A.
Full Name (Last, First, Middle Initial)
James E. Clyburn Research and Scholarship Foundation

Mailing Address 499 South Capitol Street SW, Suite

City: Washington
State: DC
Zip Code: 20003

Purpose of Disbursement: Donation

Candidate Name

Category/Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 07 / 14 / 2014

Transaction ID : D159764

Amount of Each Disbursement this Period: 5000.00

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

Mailing Address

City
State
Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

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

Mailing Address

City
State
Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ▶ 5000.00

TOTAL This Period (last page this line number only) ▶ 5000.00