



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2015"/>		213354.30
(b) Cash on Hand at Beginning of Reporting Period.....	147530.09	
(c) Total Receipts (from Line 19) .....	50368.94	574215.36
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	197899.03	787569.66
7. Total Disbursements (from Line 31).....	31591.70	621262.33
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	166307.33	166307.33
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period: From: 11 / 01 / 2015 To: 11 / 30 / 2015

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	50040.81	539833.19
(ii) Unitemized .....	328.13	19209.17
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	50368.94	559042.36
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	10000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	50368.94	569042.36
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	5173.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	50368.94	574215.36
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	50368.94	574215.36

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

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 .....	1091.70	13262.33
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1091.70	13262.33
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	29500.00	592500.00
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 .....	1000.00	9500.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	1000.00	9500.00
29. Other Disbursements .....	0.00	6000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	31591.70	621262.33
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	31591.70	621262.33

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	50368.94	569042.36
34. Total Contribution Refunds (from Line 28(d)) .....	1000.00	9500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	49368.94	559542.36
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	1091.70	13262.33
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1091.70	13262.33

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

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

FOR LINE NUMBER: PAGE 6 OF 36  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Full Name (Last, First, Middle Initial)  
**A. H. Ken Beebe Jr.**

Mailing Address 571 Highway 51

City State Zip Code  
 Ridgeland MS 39157-2597

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

Name of Employer Occupation  
 Legacy Health Care Service President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 413.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 04 / 2015  
**Transaction ID : C3197418**

Amount of Each Receipt this Period  
 113.00

Full Name (Last, First, Middle Initial)  
**B. Linda Black-Kurek**

Mailing Address 7445 Liberty Woods Lane

City State Zip Code  
 Dayton OH 45459

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

Name of Employer Occupation  
 Liberty Health Care Corporation President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 23 / 2015  
**Transaction ID : C3197446**

Amount of Each Receipt this Period  
 625.50

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

Mailing Address 2201 N 98th Street

City State Zip Code  
 Lincoln NE 68505

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

Name of Employer Occupation  
 Nebraska Health Care Association State Executive

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 962.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 17 / 2015  
**Transaction ID : C3193609**

Amount of Each Receipt this Period  
 87.50

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 826.00

**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 7 OF 36  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Douglas Burr**

Mailing Address 11851 Wilde Run Court

City Roswell State GA Zip Code 30075

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

Name of Employer Health Care Navigator LLC Occupation VP Finance, Reimb & Gov't Relations

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1300.00**

Date of Receipt  
**11 / 23 / 2015**  
**Transaction ID : C3197453**

Amount of Each Receipt this Period  
**975.00**

Full Name (Last, First, Middle Initial)  
**B. 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  
**11 / 02 / 2015**  
**Transaction ID : C3197402**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address 927 Elgin Court

City Fort Collins State CO Zip Code 80524

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

Name of Employer Juniper Communities Occupation Executive Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt  
**11 / 27 / 2015**  
**Transaction ID : C3200702**

Amount of Each Receipt this Period  
**25.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **1250.00**

**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 8 OF 36
	<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. Mary Jane Carothers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6323 Panorama Drive  
 City State Zip Code  
 Panora IA 50216  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Iowa Health Care Association Director of Quality & Clinical Svcs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2015  
**Transaction ID : C3197419**  
 Amount of Each Receipt this Period  
 125.00

**B. Steven E. Chies**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7651 Old Central Ave NE  
 City State Zip Code  
 Fridley MN 55432  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Benedictine Health System Senior VP, Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 12 / 2015  
**Transaction ID : C3190850**  
 Amount of Each Receipt this Period  
 250.00

**c. Mary Tess Crotty**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6 Munroe Drive  
 City State Zip Code  
 Rockport MA 01966  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Genesis Health Care VP, Quality  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 19 / 2015  
**Transaction ID : C3195408**  
 Amount of Each Receipt this Period  
 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	400.00
<b>TOTAL</b> 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 36
<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. Christopher Donnellan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2830 Marshall Street  
 City Falls Church State VA Zip Code 22042  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Health Care Association Occupation Senior Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 23 / 2015  
**Transaction ID : C3197452**  
 Amount of Each Receipt this Period 250.00

**B. Mike Edwards**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2905 E Side Dr  
 City Alexandria State VA Zip Code 22306-1714  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Health Care Association Occupation Director Applications & Web Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 214.53

Date of Receipt 11 / 16 / 2015  
**Transaction ID : C3197431**  
 Amount of Each Receipt this Period 21.74  
 \* Payroll Deduction: \$10.87 Bi-Weekly

**C. Joanne E Erickson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 911 S Randolph St  
 City Arlington State VA Zip Code 22204-1564  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Health Care Association Occupation Senior Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 869.56

Date of Receipt 11 / 16 / 2015  
**Transaction ID : C3197432**  
 Amount of Each Receipt this Period 86.96  
 \* Payroll Deduction: \$43.48 Bi-Weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	358.70
<b>TOTAL</b> 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 36
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)  
**A. Teresa Eyet**

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 American Health Care Association      Occupation Senior Director, Education

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **966.53**

Date of Receipt **11 / 16 / 2015**

**Transaction ID : C3197433**

Amount of Each Receipt this Period **101.74**

\* Payroll Deduction: \$50.87 Bi-Weekly

Full Name (Last, First, Middle Initial)  
**B. Phillip Fogg Jr.**

Mailing Address 4560 SE International Way Suite 100

City Milwaukie      State OR      Zip Code 97222

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

Name of Employer Marquis Companies, Inc.      Occupation CEO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt **11 / 13 / 2015**

**Transaction ID : C3191223**

Amount of Each Receipt this Period **1250.00**

Full Name (Last, First, Middle Initial)  
**C. Patricia Giorgio**

Mailing Address 4702 Chestnut Ridge NE

City Cedar Rapids      State IA      Zip Code 52411

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

Name of Employer Evergreen Estates      Occupation President/CEO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt **11 / 13 / 2015**

**Transaction ID : C3191224**

Amount of Each Receipt this Period **1250.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>2601.74</b>
<b>TOTAL</b> 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 11 OF 36
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. Lury Goodall**  
Full Name (Last, First, Middle Initial)

Mailing Address 2853 Fairway Forest Circle

City Salem State VA Zip Code 24153

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

Name of Employer CCR, Inc. Occupation Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 02 / 2015

**Transaction ID : C3197392**

Amount of Each Receipt this Period  
 2500.00

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

Mailing Address 1825 7th Street, NW #901

City Washington State DC Zip Code 20001

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 433.89

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 16 / 2015

**Transaction ID : C3197434**

Amount of Each Receipt this Period  
 43.48

\* Payroll Deduction: \$21.74 Bi-Weekly

**C. Howard Groff**  
Full Name (Last, First, Middle Initial)

Mailing Address 7400 West 109th Street

City Bloomington State MN Zip Code 55438

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

Name of Employer Tealwood Senior Living Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 23 / 2015

**Transaction ID : C3197463**

Amount of Each Receipt this Period  
 3750.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6293.48
<b>TOTAL</b> 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 36
<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. Jennifer S Hahs**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12423 Flint Street  
 City Overland Park State KS Zip Code 66213  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Health Care Association Occupation Senior Director, Political Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **861.54**

Date of Receipt **11 / 16 / 2015**  
**Transaction ID : C3197435**  
 Amount of Each Receipt this Period **90.90**  
 \* Payroll Deduction: \$45.45 Bi-Weekly

**B. Dana Halvorson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 235 2nd St NE  
 City Washington State DC Zip Code 20002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Health Care Association Occupation Director, Not For Profit Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **216.87**

Date of Receipt **11 / 16 / 2015**  
**Transaction ID : C3197436**  
 Amount of Each Receipt this Period **21.74**  
 \* Payroll Deduction: \$10.87 Bi-Weekly

**C. Gerald Hamilton**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ **1250.00**

Date of Receipt **11 / 13 / 2015**  
**Transaction ID : C3191225**  
 Amount of Each Receipt this Period **250.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>362.64</b>
<b>TOTAL</b> 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 36
	<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. Sonya Kemp**  
Full Name (Last, First, Middle Initial)

Mailing Address 438 North Water Avenue

City Gallatin State TN Zip Code 37066-2306

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

Name of Employer Gallatin Health Care Occupation Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 03 / 2015  
**Transaction ID : C3184045**

Amount of Each Receipt this Period  
 1875.00

**B. Rosemary C. Kilby**  
Full Name (Last, First, Middle Initial)

Mailing Address 1215 Carbon Canyon Rd

City Chino Hills State CA Zip Code 91709-2353

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

Name of Employer Landmark Medical Center Occupation Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 13 / 2015  
**Transaction ID : C3191226**

Amount of Each Receipt this Period  
 250.00

**C. David A Kylo**  
Full Name (Last, First, Middle Initial)

Mailing Address 4621 28th Road South

City Arlington State VA Zip Code 22206

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

Name of Employer AHCA/NCAL Occupation VP, Insurance and Member Programs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2173.90

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 16 / 2015  
**Transaction ID : C3197437**

Amount of Each Receipt this Period  
 217.40

\* Payroll Deduction: \$108.70 Bi-Weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2342.40
<b>TOTAL</b> 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 36
	<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. Meg LaPorte**  
Full Name (Last, First, Middle Initial)

Mailing Address 7708 Meadow Lane

City Chevy Chase State MD Zip Code 20815

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

Name of Employer AHCA/NCAL Occupation Senior Policy Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1423.26

Date of Receipt  
11 / 02 / 2015  
**Transaction ID : C3197410**

Amount of Each Receipt this Period  
78.26

\* Payroll Deduction: \$78.26 Bi-Weekly

**B. William Bruce Levering**  
Full Name (Last, First, Middle Initial)

Mailing Address 6180 Sparta Road

City Fredericktown State OH Zip Code 43019

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

Name of Employer Levering Management Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
11 / 16 / 2015  
**Transaction ID : C3197428**

Amount of Each Receipt this Period  
2500.00

**C. Emily J. McDonald**  
Full Name (Last, First, Middle Initial)

Mailing Address 1636 Ebenezer Road

City Florian State LA Zip Code 71429

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

Name of Employer Nexion Healthcare Occupation Payroll Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
11 / 02 / 2015  
**Transaction ID : C3197390**

Amount of Each Receipt this Period  
114.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2692.26
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 OF 36
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Jill Mendlen</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2015 <b>Transaction ID : C3191227</b>
Mailing Address 6155 Cornerstone Center East Suite 220		Amount of Each Receipt this Period 250.00
City San Diego	State CA	Zip Code 92121-4737
FEC ID number of contributing federal political committee. C		
Name of Employer LightBridge Hospice & Palliative Care	Occupation President/CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Timothy F Nicholson</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2015 <b>Transaction ID : C3197447</b>
Mailing Address 15 Ocean Harbour Cir		Amount of Each Receipt this Period 1666.75
City Ocean Ridge	State FL	Zip Code 33435-6207
FEC ID number of contributing federal political committee. C		
Name of Employer Lyric Health Care	Occupation President/CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3333.00	

Full Name (Last, First, Middle Initial) <b>C. Christopher Parks</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015 <b>Transaction ID : C3197438</b>
Mailing Address 1730 Truro Rd		Amount of Each Receipt this Period 50.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.83	* Payroll Deduction: \$25.00 Bi-Weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1966.75
<b>TOTAL</b> 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 36
<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. Deborah Petrine**  
Full Name (Last, First, Middle Initial)  
Mailing Address 992 Vista Pkwy  
City Hardy State VA Zip Code 24101-3326  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Commonwealth Care of Roanoke Occupation CEO/President  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 11 / 02 / 2015  
**Transaction ID : C3197388**  
Amount of Each Receipt this Period 5000.00

**B. John Ponthie**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2723 Alvamar Dr.  
City Shreveport State LA Zip Code 71106  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Summit Health Resources, LLC Occupation CEO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 11 / 27 / 2015  
**Transaction ID : C3200703**  
Amount of Each Receipt this Period 1250.00

**C. Clifton Porter**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3929 Azalea Court  
City Maumee State OH Zip Code 43537  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Health Care Association Occupation SVP Government Relations  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 4423.13

Date of Receipt 11 / 16 / 2015  
**Transaction ID : C3197439**  
Amount of Each Receipt this Period 384.62  
\* Payroll Deduction: \$192.31 Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 6634.62  
**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 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Jayne Prince</b>		Date of Receipt
Mailing Address 806 S Street		<input type="text" value="11"/> / <input type="text" value="13"/> / <input type="text" value="2015"/>
City	State	Zip Code
Neligh	NE	68756
FEC ID number of contributing federal political committee.		<b>Transaction ID : C3191228</b>
Name of Employer		Amount of Each Receipt this Period
The Willows Assisted Living		<input type="text" value="75.00"/>
Occupation		
Administrator		
Receipt For:		Aggregate Year-to-Date ▼
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="600.00"/>
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Jon Reardon</b>		Date of Receipt
Mailing Address 1202 Weiss Street		<input type="text" value="11"/> / <input type="text" value="16"/> / <input type="text" value="2015"/>
City	State	Zip Code
Saginaw	MI	48602-5471
FEC ID number of contributing federal political committee.		<b>Transaction ID : C3197430</b>
Name of Employer		Amount of Each Receipt this Period
Hoyt Nursing & Rehab Centre		<input type="text" value="275.00"/>
Occupation		
Owner		
Receipt For:		Aggregate Year-to-Date ▼
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="1100.00"/>
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Frank Romano</b>		Date of Receipt
Mailing Address 61 Summer Street		<input type="text" value="11"/> / <input type="text" value="11"/> / <input type="text" value="2015"/>
City	State	Zip Code
Rowley	MA	01969
FEC ID number of contributing federal political committee.		<b>Transaction ID : C3190278</b>
Name of Employer		Amount of Each Receipt this Period
Essex Group		<input type="text" value="3334.00"/>
Occupation		
President		
Receipt For:		Aggregate Year-to-Date ▼
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="5000.00"/>
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="3684.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 OF 36
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Philip Scalo</b>		Date of Receipt
Mailing Address 100 N County Line Rd		<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2015"/>
City	State	Zip Code
Jackson	NJ	08527-1264
FEC ID number of contributing federal political committee.		<b>Transaction ID : C3197445</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1250.00"/>
Name of Employer	Occupation	
Bartley Healthcare	President & CEO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Michael Scharfenberger</b>		Date of Receipt
Mailing Address 7265 Kenwood Road # 300		<input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2015"/>
City	State	Zip Code
Cincinnati	OH	45236-4414
FEC ID number of contributing federal political committee.		<b>Transaction ID : C3197417</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="138.00"/>
Name of Employer	Occupation	
Nursing Care Management	Executive Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="413.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Floyd Schlossberg</b>		Date of Receipt
Mailing Address 4200 W Peterson Ave # 140		<input type="text" value="11"/> / <input type="text" value="09"/> / <input type="text" value="2015"/>
City	State	Zip Code
Chicago	IL	60646-6819
FEC ID number of contributing federal political committee.		<b>Transaction ID : C3197426</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1250.00"/>
Name of Employer	Occupation	
Alden Management Inc	President	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="5000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="2638.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 36
	<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. Ina Schlossberg**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4200 W Peterson Ave # 140  
 City Chicago State IL Zip Code 60646-6819  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Alden Management, Inc. Occupation Special Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 11 / 09 / 2015  
**Transaction ID : C3197424**  
 Amount of Each Receipt this Period 1250.00

**B. Christina L Sharp**  
 Full Name (Last, First, Middle Initial)  
 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 American Health Care Association Occupation Director, Member Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 216.95

Date of Receipt 11 / 16 / 2015  
**Transaction ID : C3197441**  
 Amount of Each Receipt this Period 21.74  
 \* Payroll Deduction: \$10.87 Bi-Weekly

**C. Brady Sheffer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 110 Charleston Place  
 City Daleville State VA Zip Code 24083  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Commonwealth Care of Roanoke Occupation Chief Financial Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 11 / 02 / 2015  
**Transaction ID : C3197396**  
 Amount of Each Receipt this Period 3000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 4271.74  
**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 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)  
**A. Michael Shepard**

Mailing Address 1803 Cordie Dr  
PO Box 125

City Mena State AR Zip Code 71953-9340

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

Name of Employer Shepard Group Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
11 / 13 / 2015  
**Transaction ID : C3191229**

Amount of Each Receipt this Period  
937.50

Full Name (Last, First, Middle Initial)  
**B. 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 ▼  
845.45

Date of Receipt  
11 / 16 / 2015  
**Transaction ID : C3197442**

Amount of Each Receipt this Period  
100.00

\* Payroll Deduction: \$50.00 Bi-Weekly

Full Name (Last, First, Middle Initial)  
**C. Robert Siebel**

Mailing Address 13185 W. Green Mountain Drive

City Lakewood State CO Zip Code 80228

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

Name of Employer Carriage Healthcare Companies, Inc. Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
11 / 13 / 2015  
**Transaction ID : C3191230**

Amount of Each Receipt this Period  
1250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2287.50
<b>TOTAL</b> 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 36
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. John Craig Souza</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 06 / 2015 <b>Transaction ID : C3197422</b>
Mailing Address 5109 Bur Oak Cir		Amount of Each Receipt this Period 1000.00
City Raleigh	State NC	Zip Code 27612-3101
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer North Carolina Health Care Facilities	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. David Stallard</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 13 / 2015 <b>Transaction ID : C3191231</b>
Mailing Address 1305 West Causeway Approach, Ste 1		Amount of Each Receipt this Period 1250.00
City Mandeville	State LA	Zip Code 70471
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Louisiana Extended Care Centers, LLC	Occupation Managing Member	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>C. Pat H. Stallard</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 02 / 2015 <b>Transaction ID : C3197399</b>
Mailing Address 6100 Jessie Harbor Dr. Unit 302		Amount of Each Receipt this Period 3000.00
City Osprey	State FL	Zip Code 34229
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Commonwealth Care	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5250.00
<b>TOTAL</b> 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 22 OF 36  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Martin Stott**

Mailing Address 15035 Memorial Tower Dr

City State Zip Code  
 Baton Rouge LA 70810-8398

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

Name of Employer Occupation  
 Diversified Health Care Owner/Operator

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  
 11 / 18 / 2015  
**Transaction ID : C3197444**

Amount of Each Receipt this Period  
 1250.00

Full Name (Last, First, Middle Initial)  
**B. Matityahu Tenenbaum**

Mailing Address 1524 53rd Street

City State Zip Code  
 Brooklyn NY 11219

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

Name of Employer Occupation  
 Kings Harbor Multicare Center 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  
 11 / 13 / 2015  
**Transaction ID : C3191232**

Amount of Each Receipt this Period  
 1250.00

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

Mailing Address 1101 L Street NW  
 Apt. 504

City State Zip Code  
 Washington DC 20005

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

Name of Employer Occupation  
 AHCA Manager, Political and Grassroots

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 413.06

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 16 / 2015  
**Transaction ID : C3197443**

Amount of Each Receipt this Period  
 43.48

\* Payroll Deduction: \$21.74 Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2543.48

**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 23 OF 36
<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. Jack Vetter**  
Full Name (Last, First, Middle Initial)

Mailing Address 20220 Harney Street

City Elkhorn State NE Zip Code 68022

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

Name of Employer Vetter Health Services Occupation President

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  
**11 / 09 / 2015**

**Transaction ID : C3197425**

Amount of Each Receipt this Period  
**1250.00**

**B. Robert L. Wehner**  
Full Name (Last, First, Middle Initial)

Mailing Address 4935 Lafayette Plain City Rd.

City London State OH Zip Code 43140

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

Name of Employer Wesley Glen Occupation Chief Financial Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 23 / 2015**

**Transaction ID : C3204767**

Amount of Each Receipt this Period  
**137.50**

**c. Creative Care Resources, LLC**  
Full Name (Last, First, Middle Initial)

Mailing Address 1080 Windridge Pkwy

City Hardy State VA Zip Code 24101

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 02 / 2015**

**Transaction ID : C3197397**

Amount of Each Receipt this Period  
**1000.00**

PARTNERSHIP--partners below if itemized

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>2387.50</b>
<b>TOTAL</b> 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 24 OF 36
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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. David Tucker**  
Full Name (Last, First, Middle Initial)

Mailing Address 1743 Blair Road

City Roanoke State VA Zip Code 24015

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

Name of Employer Creative Care Resources, LLC Occupation 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  
 11 / 02 / 2015  
**Transaction ID : C3197398**

Amount of Each Receipt this Period  
 1000.00

**[MEMO ITEM]**  
\*

**B. LAG Associates LP Managers**  
Full Name (Last, First, Middle Initial)

Mailing Address 8028 Ritchie Hwy Ste 210

City Pasadena State MD Zip Code 21122-1075

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

Name of Employer Occupation

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  
 11 / 02 / 2015  
**Transaction ID : C3197400**

Amount of Each Receipt this Period  
 1250.00

PARTNERSHIP--partners below if itemized

**C. Gary Attman**  
Full Name (Last, First, Middle Initial)

Mailing Address 8028 Ritchie Highway

City Pasadena State MD Zip Code 21122-1069

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

Name of Employer LAG Associates LP Managers Occupation 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  
 11 / 02 / 2015  
**Transaction ID : C3197401**

Amount of Each Receipt this Period  
 1250.00

**[MEMO ITEM]**  
\*

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1250.00
<b>TOTAL</b> This Period (last page this line number only).....	50040.81

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 13 / 2015

**Transaction ID : D169640**

Amount of Each Disbursement this Period

106.69

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 16 / 2015

**Transaction ID : D169641**

Amount of Each Disbursement this Period

112.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 18 / 2015

**Transaction ID : D169642**

Amount of Each Disbursement this Period

1.28

Category/  
Type

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

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

219.97

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 25 / 2015

**Transaction ID : D169643**

Amount of Each Disbursement this Period

120.00

Full Name (Last, First, Middle Initial)

**B. BB&T Merchant Services**

Mailing Address PO Box 200

City Wilson State NC Zip Code 27894-0200

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 16 / 2015

**Transaction ID : D169639**

Amount of Each Disbursement this Period

363.98

Full Name (Last, First, Middle Initial)

**C. BB&T**

Mailing Address 1099 New York Ave NW  
Ste 100

City Washington State DC Zip Code 20001-4452

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 23 / 2015

**Transaction ID : D169637**

Amount of Each Disbursement this Period

321.57

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

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

805.55

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. BB&T**

Mailing Address 1099 New York Ave NW  
Ste 100

City Washington State DC Zip Code 20001-4452

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 23 / 2015

**Transaction ID : D169638**

Amount of Each Disbursement this Period

66.18

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

66.18

1091.70

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. HEARTLAND VALUES PAC**

Mailing Address PO Box 505

City State Zip Code  
Sioux Falls SD 57101

Purpose of Disbursement  
Voided Check - Orig Issued 7/13/2015

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 13 / 2015

Transaction ID : D169179

Amount of Each Disbursement this Period

-3500.00

Full Name (Last, First, Middle Initial)

**B. HEARTLAND VALUES PAC**

Mailing Address PO Box 505

City State Zip Code  
Sioux Falls SD 57101

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 16 / 2015

Transaction ID : D169267

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial)

**C. Jason Smith for Congress**

Mailing Address PO Box 1324

City State Zip Code  
Cape Girardeau MO 63702-1324

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Jason Smith**

Office Sought:  House  
 Senate  
 President  
State: MO District: 08

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 16 / 2015

Transaction ID : D169276

Amount of Each Disbursement this Period

1000.00

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

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

1000.00



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. BRAD ASHFORD FOR CONGRESS**

Mailing Address PO BOX 24023

City OMAHA State NE Zip Code 68124

Purpose of Disbursement  
Contribution

Candidate Name  
**Rep. Brad Ashford**

Office Sought:  House  
 Senate  
 President  
State: NE District: 02

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 16 / 2015

**Transaction ID : D169270**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF CHERI BUSTOS**

Mailing Address P.O. BOX 77

City EAST MOLINE State IL Zip Code 61244

Purpose of Disbursement  
Contribution

Candidate Name  
**Rep. Cheri Bustos**

Office Sought:  House  
 Senate  
 President  
State: IL District: 17

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 16 / 2015

**Transaction ID : D169271**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. PERLMUTTER FOR CONGRESS**

Mailing Address 3440 YOUNGFIELD STREET  
#264

City WHEAT RIDGE State CO Zip Code 80033

Purpose of Disbursement  
Voided Check - Orig Issued 9/23/2014

Candidate Name  
**Rep. EDWIN G PERLMUTTER**

Office Sought:  House  
 Senate  
 President  
State: CO District: 07

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 10 / 2015

**Transaction ID : D169177**

Amount of Each Disbursement this Period

-1500.00

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

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

2500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. SWALWELL FOR CONGRESS**

Mailing Address P.O. BOX 2847

City DUBLIN State CA Zip Code 94568

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Eric Swalwell**

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			16			2015			

**Transaction ID : D169265**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. BUTTERFIELD FOR CONGRESS**

Mailing Address PO Box 2571

City Wilson State NC Zip Code 27894

Purpose of Disbursement  
Contribution

Candidate Name

**G.K. Butterfield**

Office Sought:  House  
 Senate  
 President  
State: NC District: 01

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			16			2015			

**Transaction ID : D169269**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. CASTRO FOR CONGRESS**

Mailing Address PO BOX 544

City SAN ANTONIO State TX Zip Code 78292

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Joaquin Castro**

Office Sought:  House  
 Senate  
 President  
State: TX District: 20

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			16			2015			

**Transaction ID : D169268**

Amount of Each Disbursement this Period

2500.00
---------

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

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

6000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. NANCY PELOSI FOR CONGRESS**

Mailing Address 700 13TH STREET, NW  
SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
Contribution

Candidate Name  
**Rep. NANCY PELOSI**

Office Sought:  House  
 Senate  
 President  
State: CA District: 12

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 02 / 2015

Transaction ID : D169006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. TIBERI FOR CONGRESS**

Mailing Address 2931 E Dublin Granville Road

City Columbus State OH Zip Code 43231

Purpose of Disbursement  
Voided Check - Orig Issued 9/9/2014

Candidate Name  
**Rep. Pat Tiberi**

Office Sought:  House  
 Senate  
 President  
State: OH District: 12

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 10 / 2015

Transaction ID : D169176

Amount of Each Disbursement this Period

-1000.00

Full Name (Last, First, Middle Initial)

**C. DR. RAUL RUIZ FOR CONGRESS**

Mailing Address PO Box 3433

City Palm Desert State CA Zip Code 92261

Purpose of Disbursement  
Contribution

Candidate Name  
**Rep. Raul Ruiz**

Office Sought:  House  
 Senate  
 President  
State: CA District: 36

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 16 / 2015

Transaction ID : D169274

Amount of Each Disbursement this Period

2000.00

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

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

3500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. HOYER FOR CONGRESS**

Mailing Address 700 13th Street, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Steny H. Hoyer**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MD District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		16		2015

**Transaction ID : D169263**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. STIVERS FOR CONGRESS**

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Steve Stivers**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		02		2015

**Transaction ID : D169005**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. MORAN FOR KANSAS**

Mailing Address PO BOX 1151

City HAYS State KS Zip Code 67601

Purpose of Disbursement  
Contribution

Candidate Name

**Sen. Jerry Moran**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: KS District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		16		2015

**Transaction ID : D169262**

Amount of Each Disbursement this Period

2500.00
---------

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

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

6000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. STRICKLAND FOR CONGRESS**

Mailing Address PO BOX 630446

City State Zip Code  
Simi Valley CA 93063

Purpose of Disbursement  
Voided Check - Orig Issued 10/3/2014

Candidate Name  
**Anthony A Strickland**

Office Sought:  House  Senate  President  
State: CA District: 25  
Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		1	0		2	0	1	5		

**Transaction ID : D169178**

Amount of Each Disbursement this Period

-	1	0	0	.	0	0					
---	---	---	---	---	---	---	--	--	--	--	--

**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) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	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

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

Amount of Each Disbursement this Period

--	--	--	--	--	--	--	--	--	--	--	--

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

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

-	1	0	0	.	0	0					
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2	9	5	0	0	.	0	0				
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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. Pat H. Stallard**

Mailing Address 6100 Jessie Harbor Dr.  
Unit 302

City Osprey State FL Zip Code 34229

Purpose of Disbursement  
Partial Refund of 11/2/2015 Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2015

**Transaction ID : D169432**

Amount of Each Disbursement this Period

1000.00
---------

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

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

1000.00
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1000.00
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