

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		287615.28
(b) Cash on Hand at Beginning of Reporting Period.....	455315.70	
(c) Total Receipts (from Line 19)	59304.50	744651.55
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	514620.20	1032266.83
7. Total Disbursements (from Line 31).....	95480.01	613126.64
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	419140.19	419140.19
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period: From: / / To: / /

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).....	51669.67	688897.94
(ii) Unitemized	2634.83	26116.23
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	54304.50	715014.17
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	17500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	59304.50	732514.17
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	1931.13
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	9000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	1206.25
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))..... ▶	59304.50	744651.55
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	59304.50	744651.55

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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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	980.01	12787.40
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	980.01	12787.40
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	86500.00	565632.99
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	5000.00	24500.00
(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)).....	5000.00	24500.00
29. Other Disbursements	3000.00	10206.25
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)) ..	95480.01	613126.64
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	95480.01	613126.64

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)	59304.50	732514.17
34. Total Contribution Refunds (from Line 28(d))	5000.00	24500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	54304.50	708014.17
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	980.01	12787.40
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	1931.13
38. Net Operating Expenditures (subtract Line 37 from Line 36)	980.01	10856.27

**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 52
(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. Vernon Baker

Mailing Address 120 Dogwood Lane

City State Zip Code
 Orange VA 22960-1058

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

Name of Employer Occupation
 Dogwood Village Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 18 / 2013
Transaction ID : C2429452

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. Orlando Bisbano Jr.

Mailing Address 135 Tripps Ln

City State Zip Code
 Riverside RI 02915-3017

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

Name of Employer Occupation
 Orchard View Manor and Rehab Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : C2418668

Amount of Each Receipt this Period
 500.00

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

Mailing Address 1185 Wilde Run Court

City State Zip Code
 Roswell GA 30075

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

Name of Employer Occupation
 Cypress Administrative Services, LLC Vice President, Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 825.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2013
Transaction ID : C2436334

Amount of Each Receipt this Period
 275.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1025.00

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 52
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Raymond Calhoun
 Full Name (Last, First, Middle Initial)
 Mailing Address 583 Horizon Drive
 City State Zip Code
 Brockway PA 15824
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Guardian Elder Care Chairman of the Board
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : C2437491
 Amount of Each Receipt this Period
 250.00

B. Gregory Chambery
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 Daniel Dr
 City State Zip Code
 Webster NY 14580-2912
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Maplewood Nursing Home, Inc. Administrator
 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
 09 / 05 / 2013
Transaction ID : C2418597
 Amount of Each Receipt this Period
 1000.00

C. Donald Chensvold
 Full Name (Last, First, Middle Initial)
 Mailing Address 4080 1st Ave NE
 City State Zip Code
 Cedar Rapids IA 52402-3160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Healthcare of Iowa, Inc. President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2013
Transaction ID : C2436300
 Amount of Each Receipt this Period
 400.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1650.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 52
	<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. Steven E. Chies

Mailing Address 7651 Old Central Ave NE

City Fridley	State MN	Zip Code 55432
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FEC ID number of contributing federal political committee. **C**

Name of Employer Benedictine Health Services	Occupation VP, Long Term Care Services
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **625.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
09	/	16	/	2013

Transaction ID : C2426483

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)
B. Ruby Jo Cummins

Mailing Address 9403 Mill Brook Road

City Louisville	State KY	Zip Code 40223
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FEC ID number of contributing federal political committee. **C**

Name of Employer Kentucky Association of Health Care Fa	Occupation President
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1100.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
09	/	25	/	2013

Transaction ID : C2436301

Amount of Each Receipt this Period

1100.00

Full Name (Last, First, Middle Initial)
C. Veronica Damesyn-Sharpe

Mailing Address 102 Oakford Avenue

City Edgewater	State MD	Zip Code 21037-4913
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FEC ID number of contributing federal political committee. **C**

Name of Employer DCHCA Association	Occupation Executive Director
---------------------------------------	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
09	/	21	/	2013

Transaction ID : C2433141

Amount of Each Receipt this Period

275.00

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 52
	<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. Winningham Darrell
 Full Name (Last, First, Middle Initial)
 Mailing Address 1108 Scramblers Knob
 City Franklin State TN Zip Code 37069
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TN Health Care Association Occupation Director of Reimbursement
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2013
Transaction ID : C2423639
 Amount of Each Receipt this Period
 250.00

B. Fonda Elliot
 Full Name (Last, First, Middle Initial)
 Mailing Address 240 Capitol St Ste 500
 City Charleston State WV Zip Code 25301-2297
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AMFM, Inc. 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
 09 / 09 / 2013
Transaction ID : C2448092
 Amount of Each Receipt this Period
 1250.00

C. Fonda Elliot
 Full Name (Last, First, Middle Initial)
 Mailing Address 240 Capitol St Ste 500
 City Charleston State WV Zip Code 25301-2297
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AMFM, Inc. 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
 09 / 09 / 2013
Transaction ID : C2448093
 Amount of Each Receipt this Period
 1250.00

SUBTOTAL of Receipts This Page (optional).....▶	2750.00
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 10 OF 52
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. 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 Editor in Chief, Provider Magazine
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **619.06**

Date of Receipt **09 / 05 / 2013**
Transaction ID : C2418610
 Amount of Each Receipt this Period **47.62**
 * Payroll Deduction: \$47.62 Bi-Weekly

B. Peggy Fairbanks
 Full Name (Last, First, Middle Initial)
 Mailing Address 19915 Nina Street
 City Omaha State NE Zip Code 68130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Vetter Health Services Occupation RN - Leadership Development
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 25 / 2013**
Transaction ID : C2435320
 Amount of Each Receipt this Period **250.00**

C. Heather Friebus
 Full Name (Last, First, Middle Initial)
 Mailing Address 933 N. Gadsden Pl
 City Tucson State AZ Zip Code 85710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Devon Gables Rehabilitation Center Occupation Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **09 / 30 / 2013**
Transaction ID : C2437630
 Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional)..... **797.62**
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 11 OF 52
	<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. Ronald Goux		Date of Receipt MM / DD / YYYY 09 / 11 / 2013 Transaction ID : C2425005
Mailing Address 2045 Highway 59 PO Box 1429		Amount of Each Receipt this Period 625.00
City Mandeville	State LA	Zip Code 70448-1909
FEC ID number of contributing federal political committee.	C	
Name of Employer Gulf South Medical Enterprises	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1875.00	

Full Name (Last, First, Middle Initial) B. William J. Griffith		Date of Receipt MM / DD / YYYY 09 / 05 / 2013 Transaction ID : C2418611
Mailing Address 1421 T Street, NW Apt. #1		Amount of Each Receipt this Period 17.40
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 261.00	

* Payroll Deduction: \$17.40 Bi-Weekly

Full Name (Last, First, Middle Initial) C. Jennifer S Hahs		Date of Receipt MM / DD / YYYY 09 / 05 / 2013 Transaction ID : C2418612
Mailing Address 12423 Flint Street		Amount of Each Receipt this Period 43.48
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 Director, Political Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 652.20	

* Payroll Deduction: \$43.48 Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	685.88
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 52
	<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. Jerrine Harrell
Full Name (Last, First, Middle Initial)

Mailing Address 8406 Fairway Dr

City Pineville State LA Zip Code 71360-2616

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

Name of Employer Central Control LLC Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2013

Transaction ID : C2418598

Amount of Each Receipt this Period
 2500.00

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

Mailing Address 509 E Fannin St

City De Kalb State TX Zip Code 75559-1838

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

Name of Employer Omaha Healthcare Center Occupation Administrator

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
 09 / 19 / 2013

Transaction ID : C2430476

Amount of Each Receipt this Period
 500.00

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

Mailing Address 5102 Scenic Dr

City Yakima State WA Zip Code 98908-2229

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

Name of Employer Hyatt Corporation Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2013

Transaction ID : C2418599

Amount of Each Receipt this Period
 550.00

SUBTOTAL of Receipts This Page (optional).....▶	3550.00
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 13 OF 52
	<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. David Jacobs
Full Name (Last, First, Middle Initial)

Mailing Address 2145 Great Elm Lane

City Highland Park State IL Zip Code 60035

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

Name of Employer Medline Industries Inc. Occupation Senior VP, Sales

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **572.00**

Date of Receipt **09 / 13 / 2013**

Transaction ID : C2425693

Amount of Each Receipt this Period **143.00**

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

Mailing Address 5601 Seminary Road, Apt. 2505N

City Falls Church State VA Zip Code 22041

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **09 / 10 / 2013**

Transaction ID : C2425551

Amount of Each Receipt this Period **75.00**

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

Mailing Address 832 Sunrise Blvd

City Forked River State NJ Zip Code 08731

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

Name of Employer Chelsea Senior Living Occupation VP Health Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **09 / 05 / 2013**

Transaction ID : C2418600

Amount of Each Receipt this Period **150.00**

SUBTOTAL of Receipts This Page (optional)..... **368.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 52
	<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. Cheryl Killian
Full Name (Last, First, Middle Initial)

Mailing Address 3801 Woodside Dr

City Arlington State TX Zip Code 76016-3030

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

Name of Employer Legacy Care Centers Inc. Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
09 / 26 / 2013
Transaction ID : C2443821

Amount of Each Receipt this Period
25.00

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

Mailing Address 2667 Vista Del Arroyo

City San Angelo State TX Zip Code 76904

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

Name of Employer Lampasas Nursing & Rehab Center a divi Occupation Nursing Facility Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
09 / 24 / 2013
Transaction ID : C2434752

Amount of Each Receipt this Period
25.00

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 National Center for Assisted Living Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1433.31

Date of Receipt
09 / 05 / 2013
Transaction ID : C2418613

Amount of Each Receipt this Period
133.33

* Payroll Deduction: \$133.33 Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ▶ 183.33

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 52
	<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. William Bruce Levering
Full Name (Last, First, Middle Initial)

Mailing Address 6180 Sparta Road

City State Zip Code
Fredericktown OH 43019

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

Name of Employer Occupation
Levering Management CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt
09 / 25 / 2013
Transaction ID : **C2436302**

Amount of Each Receipt this Period
3000.00

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

Mailing Address 1381 Sally Court

City State Zip Code
East Meadow NY 11554

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

Name of Employer Occupation
Grand Manor Nursing & Rehab Center CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
09 / 13 / 2013
Transaction ID : **C2425723**

Amount of Each Receipt this Period
1000.00

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

Mailing Address 11 Blue Jay Terrace

City State Zip Code
Aliso Viejo CA 92656

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

Name of Employer Occupation
Harbor Health Care CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
09 / 05 / 2013
Transaction ID : **C2418229**

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 4125.00

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

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

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

FOR LINE NUMBER: PAGE 16 OF 52
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. R. Peter Madel Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 108 8th St NW
 City State Zip Code
 Waseca MN 56093-1912
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Lake Shore Inn Nursing Home CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 825.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 10 / 2013
Transaction ID : C2425546
 Amount of Each Receipt this Period
 275.00

B. Bethany R Martino
 Full Name (Last, First, Middle Initial)
 Mailing Address 8559 Window Latch Way
 City State Zip Code
 Columbia MD 21045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 American Health Care Association Vice President, Public Affairs
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1174.05

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2013
Transaction ID : C2418615
 Amount of Each Receipt this Period
 78.27
 * Payroll Deduction: \$78.27 Bi-Weekly

C. Arlene Miles
 Full Name (Last, First, Middle Initial)
 Mailing Address 6061 S. Brook Valley Way
 City State Zip Code
 Centennial CO 80121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Colorado Health Care Association President/CEO
 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
 09 / 03 / 2013
Transaction ID : C2430481
 Amount of Each Receipt this Period
 550.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 903.27
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 52
	<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	<input type="checkbox"/> 17

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

A. Jeff Mukamal
Full Name (Last, First, Middle Initial)

Mailing Address 1641 Stannard Trail

City Raleigh State NC Zip Code 27612

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

Name of Employer ProviNET Solutions Occupation VP of Healthcare Consulting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2013

Transaction ID : C2436406

Amount of Each Receipt this Period
 500.00

B. Timothy F Nicholson
Full Name (Last, First, Middle Initial)

Mailing Address 15 Ocean Harbour Cir

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3125.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2013

Transaction ID : C2425543

Amount of Each Receipt this Period
 1875.00

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

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 ▼ 326.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2013

Transaction ID : C2418616

Amount of Each Receipt this Period
 21.74

* Payroll Deduction: \$21.74 Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ▶ 2396.74

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 18 OF 52
	<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. Mark V Parkinson
Full Name (Last, First, Middle Initial)
Mailing Address 8930 Harvest Square Ct
City Potomac State MD Zip Code 20854-4475
FEC ID number of contributing federal political committee. **C**
Name of Employer American Health Care Association Occupation President and CEO
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **3600.00**

Date of Receipt **09 / 05 / 2013**
Transaction ID : C2418617
Amount of Each Receipt this Period **200.00**
* Payroll Deduction: \$200.00 Bi-Weekly

B. Christopher Parks
Full Name (Last, First, Middle Initial)
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 **346.10**

Date of Receipt **09 / 05 / 2013**
Transaction ID : C2418618
Amount of Each Receipt this Period **21.74**
* Payroll Deduction: \$21.74 Bi-Weekly

C. Denise T. Pozderac
Full Name (Last, First, Middle Initial)
Mailing Address 6721 Grafton Rd
City Valley City State OH Zip Code 44280-9705
FEC ID number of contributing federal political committee. **C**
Name of Employer Transitional Living Centers Inc. Occupation Administrator
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **330.00**

Date of Receipt **09 / 10 / 2013**
Transaction ID : C2425547
Amount of Each Receipt this Period **110.00**

SUBTOTAL of Receipts This Page (optional)..... **331.74**
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: PAGE 19 OF 52
(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. Katherine Preede

Mailing Address 1200 S Courthouse Road
 Apt 428

City State Zip Code
 Arlington VA 22204

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

Name of Employer Occupation
 NCAL Director, Membership & Business Develo

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 09 / 05 / 2013
Transaction ID : C2418620

Amount of Each Receipt this Period
 20.00

* Payroll Deduction: \$20.00 Bi-Weekly

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

Mailing Address 171 Church Rd

City State Zip Code
 Milford NJ 08848

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

Name of Employer Occupation
 Care Perspectives, Inc Nurse Practitioner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 09 / 19 / 2013
Transaction ID : C2430387

Amount of Each Receipt this Period
 1000.00

Full Name (Last, First, Middle Initial)
c. Cyphers Randall

Mailing Address 14591 SE Hemmen Ave.

City State Zip Code
 Clackamas OR 97015

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

Name of Employer Occupation
 Emeritus Senior Living VP-Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 09 / 15 / 2013
Transaction ID : C2426477

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1270.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 52
<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. Sally Rapp
Full Name (Last, First, Middle Initial)

Mailing Address 3308 Ocean Bld # 280

City Corona Del Mar State CA Zip Code 92625

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

Name of Employer SR Management Svcs. Inc. Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3250.00

Date of Receipt 09 / 06 / 2013
Transaction ID : C2418595

Amount of Each Receipt this Period 1750.00

B. Stacy H. Rotolo
Full Name (Last, First, Middle Initial)

Mailing Address 17441 W Muirfield Dr

City Baton Rouge State LA Zip Code 70810-5962

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

Name of Employer Briar Hill Management, LLC Occupation Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3125.00

Date of Receipt 09 / 05 / 2013
Transaction ID : C2418602

Amount of Each Receipt this Period 1667.00

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

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 ▼ 652.20

Date of Receipt 09 / 05 / 2013
Transaction ID : C2418623

Amount of Each Receipt this Period 43.48

* Payroll Deduction: \$43.48 Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ▶ 3460.48

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 21 OF 52
	<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. Robert Siebel
Full Name (Last, First, Middle Initial)

Mailing Address 13185 W Green Mtn. Dr.

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 ▼ **3750.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2013
Transaction ID : C2437217

Amount of Each Receipt this Period
1250.00

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

Mailing Address 2022 Columbia Rd NW

City Washington State DC Zip Code 20009-1323

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

Name of Employer American Health Care Association Occupation VP Reimbursement

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2013
Transaction ID : C2418624

Amount of Each Receipt this Period
50.00

* Payroll Deduction: \$50.00 Bi-Weekly

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

Mailing Address 3824 S. Joplin St.

City Aurora State CO Zip Code 80013

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

Name of Employer Holly Heights Nursing Home, Inc. Occupation President, Administration

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
 09 / 27 / 2013
Transaction ID : C2436384

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... **2300.00**

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 22 OF 52
	<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. John Craig Souza
Full Name (Last, First, Middle Initial)

Mailing Address 5109 Bur Oak Cir

City Raleigh State NC Zip Code 27612-3101

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

Name of Employer North Carolina Health Care Facilities Occupation CEO

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
 09 / 05 / 2013

Transaction ID : C2418606

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 20 David Blvd

City New Orleans State LA Zip Code 70121

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

Name of Employer Nexion Health, Inc. Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2013

Transaction ID : C2418607

Amount of Each Receipt this Period
 500.00

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

Mailing Address 2307 Stagecoach Rd.

City Grand Island State NE Zip Code 68801

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

Name of Employer Riverside Lodge Retirement Community Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 10 / 2013

Transaction ID : C2425552

Amount of Each Receipt this Period
 1250.00

SUBTOTAL of Receipts This Page (optional).....▶	2750.00
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 23 OF 52
	<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. Robert Wehner
Full Name (Last, First, Middle Initial)

Mailing Address 5155 North High Street

City Columbus	State OH	Zip Code 43214
------------------	-------------	-------------------

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 ▼ **412.75**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	19	/	2013

Transaction ID : C2430471

Amount of Each Receipt this Period

137.25

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

Mailing Address 140 Kingston Court, NE

City Warren	State OH	Zip Code 44484
----------------	-------------	-------------------

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

Name of Employer Wern & Associates, Inc.	Occupation President
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	19	/	2013

Transaction ID : C2430472

Amount of Each Receipt this Period

250.00

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

Mailing Address 1201 L Street NW

City Washington	State DC	Zip Code 20005
--------------------	-------------	-------------------

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

Name of Employer AHCA	Occupation Sr. Manager, Business Systems
--------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **326.10**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2013

Transaction ID : C2418625

Amount of Each Receipt this Period

21.74

* Payroll Deduction: \$21.74 Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	408.99
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 24 OF 52
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)
A. Central Management Company, LLC

Mailing Address PO Box 1438

City Winnfield State LA Zip Code 71483-1438

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
09 / 05 / 2013
Transaction ID : C2418604

Amount of Each Receipt this Period
5000.00

PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial)
B. Teddy Rae Price

Mailing Address PO Box 1438

City Winnfield State LA Zip Code 71483-1438

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

Name of Employer Occupation
Central Management Company, LLC Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
09 / 05 / 2013
Transaction ID : C2425542

Amount of Each Receipt this Period
2500.00

[MEMO ITEM]
**See refund on next report.

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

Mailing Address PO Box 1438

City Winnfield State LA Zip Code 71483

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

Name of Employer Occupation
Central Management Company COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
09 / 05 / 2013
Transaction ID : C2425557

Amount of Each Receipt this Period
2500.00

[MEMO ITEM]
**See refund on next report.

SUBTOTAL of Receipts This Page (optional)..... ▶ 5000.00

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 25 OF 52
(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. Medicalodges Political Advisory Fund, LLC
 Mailing Address PO Box 509
 City State Zip Code
 Coffeyville KS 67337
 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
 09 / 10 / 2013
Transaction ID : C2425553
 Amount of Each Receipt this Period
 5000.00
 PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial)
B. Garen Cox
 Mailing Address 201 West Eighth Street
 PO Box 509
 City State Zip Code
 Coffeyville KS 67337-0509
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Medicalodges, Inc. Vice 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
 09 / 10 / 2013
Transaction ID : C2425554
 Amount of Each Receipt this Period
 5000.00
 [MEMO ITEM]
 *

Full Name (Last, First, Middle Initial)
c. ML Refort Scott LLC
 Mailing Address PO Box 509
 City State Zip Code
 Coffeyville KS 67337
 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
 09 / 10 / 2013
Transaction ID : C2425555
 Amount of Each Receipt this Period
 5000.00
 PARTNERSHIP--partners below if itemized

SUBTOTAL of Receipts This Page (optional).....▶ 10000.00
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 26 OF 52
	<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. Fred Benjamin

Mailing Address 201 W 8th St

City Coffeyville State KS Zip Code 67337-5807

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

Name of Employer ML Refort Scott LLC Occupation Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 10 / 2013
Transaction ID : C2425556

Amount of Each Receipt this Period
5000.00

[MEMO ITEM]
*

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

Mailing Address 323 Highland Boulevard

City Natchez State MS Zip Code 39120

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2109.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2013
Transaction ID : C2430473

Amount of Each Receipt this Period
963.62

PARTNERSHIP--partners below if itemized

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

Mailing Address 323 Highland Blvd

City Natchez State MS Zip Code 39120-4635

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

Name of Employer Trend Consultants Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1054.56

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2013
Transaction ID : C2430474

Amount of Each Receipt this Period
481.81

[MEMO ITEM]
*

SUBTOTAL of Receipts This Page (optional).....▶	963.62
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 27 OF 52
	<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. Rita Kelly

Mailing Address 323 Highland Boulevard

City Natchez State MS Zip Code 39120

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

Name of Employer Trend Consultants Occupation Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1054.56

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2013
Transaction ID : C2430475

Amount of Each Receipt this Period
481.81

[MEMO ITEM]
*

Full Name (Last, First, Middle Initial)
B. Central Management Company, LLC

Mailing Address PO Box 1438

City Winnfield State LA Zip Code 71483-1438

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2013
Transaction ID : C2430477

Amount of Each Receipt this Period
2500.00

PARTNERSHIP--partners below if itemized

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

Mailing Address P.O. Box 1438

City Winnfield State LA Zip Code 71483

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

Name of Employer Central Management Company, LLC Occupation Office Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2013
Transaction ID : C2430901

Amount of Each Receipt this Period
250.00

[MEMO ITEM]
*

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
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 28 OF 52
	<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. Jamie Shelton		Date of Receipt MM / DD / YYYY 09 / 19 / 2013 Transaction ID : C2430479
Mailing Address PO Box 1438		Amount of Each Receipt this Period 2250.00
City Winnfield	State LA	Zip Code 71483
FEC ID number of contributing federal political committee. C	Name of Employer Central Management Company	
Occupation COO		Aggregate Year-to-Date ▼ 5000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

[MEMO ITEM]
*

Full Name (Last, First, Middle Initial) B. Millenium Health Systems LLC dba Nuvision Management		Date of Receipt MM / DD / YYYY 09 / 25 / 2013 Transaction ID : C2437155
Mailing Address 5310 NW 33rd Ave Ste 211		Amount of Each Receipt this Period 2500.00
City Fort Lauderdale	State FL	Zip Code 33309-6319
FEC ID number of contributing federal political committee. C	Name of Employer	
Occupation		Aggregate Year-to-Date ▼ 3750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial) C. Barry Kantrowitz		Date of Receipt MM / DD / YYYY 09 / 25 / 2013 Transaction ID : C2437158
Mailing Address 5310 NW 35th Ave Ste 211		Amount of Each Receipt this Period 833.33
City Fort Lauderdale	State FL	Zip Code 33309-6314
FEC ID number of contributing federal political committee. C	Name of Employer NuVision Management	
Occupation Partner		Aggregate Year-to-Date ▼ 894.13
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

[MEMO ITEM]
*

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
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 29 OF 52		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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

A. Howard Lipschutz
 Full Name (Last, First, Middle Initial)
 Mailing Address 1304 Laurel Oak Rd
 City Voorhees State NJ Zip Code 08043-4310
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Burnt Tavern Rehabilitation HealthCare Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1036.03

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2013
Transaction ID : C2437156
 Amount of Each Receipt this Period
 833.33
[MEMO ITEM]
 *

B. Andrew S Weisman
 Full Name (Last, First, Middle Initial)
 Mailing Address 5310 NW 35th Ave Ste 211
 City Fort Lauderdale State FL Zip Code 33309-6314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NuVision Management Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1306.32

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2013
Transaction ID : C2437157
 Amount of Each Receipt this Period
 833.34
[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 Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	51669.67

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

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

FOR LINE NUMBER: PAGE 30 OF 52
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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. Full Name (Last, First, Middle Initial)
Kindred Healthcare Inc. Political Action Committee

Mailing Address 680 S 4th St

City Louisville State KY Zip Code 40202-2407

FEC ID number of contributing federal political committee. **C** C00242271

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 19 / 2013

Transaction ID : C2430480

Amount of Each Receipt this Period
5000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 03 / 2013

Transaction ID : D148747

Amount of Each Disbursement this Period

135.25

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 09 / 2013

Transaction ID : D148748

Amount of Each Disbursement this Period

3.94

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2013

Transaction ID : D148749

Amount of Each Disbursement this Period

59.06

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

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

198.25

**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
09 / 11 / 2013

Transaction ID : D148750

Amount of Each Disbursement this Period

2.76

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 13 / 2013

Transaction ID : D148751

Amount of Each Disbursement this Period

7.88

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2013

Transaction ID : D148752

Amount of Each Disbursement this Period

21.27

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

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

31.91

**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
09 / 17 / 2013

Transaction ID : D148753

Amount of Each Disbursement this Period

36.00

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2013

Transaction ID : D148754

Amount of Each Disbursement this Period

3.94

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2013

Transaction ID : D148755

Amount of Each Disbursement this Period

8.66

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

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

48.60

**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
09 / 27 / 2013

Transaction ID : D148756

Amount of Each Disbursement this Period

3.15

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2013

Transaction ID : D148757

Amount of Each Disbursement this Period

10.24

Full Name (Last, First, Middle Initial)

C. 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
09 / 16 / 2013

Transaction ID : D148758

Amount of Each Disbursement this Period

280.54

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

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

293.93

**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
09 / 23 / 2013

Transaction ID : D148759

Amount of Each Disbursement this Period

93.39

Full Name (Last, First, Middle Initial)

B. 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
09 / 23 / 2013

Transaction ID : D148760

Amount of Each Disbursement this Period

313.93

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)..... ▶

407.32

980.01

**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)

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

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

Full Name (Last, First, Middle Initial)

A. AMERICA'S LEADERSHIP PAC

Mailing Address 607 14th Street NW Suite 800

City Washington State DC Zip Code 20005

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
09 / 30 / 2013

Transaction ID : D148542

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. BEATTY FOR CONGRESS

Mailing Address PO Box 172

City Columbus State OH Zip Code 43216-0172

Purpose of Disbursement
Voided Check-Orig Dated 8/1/2012

Candidate Name

JOYCE BEATTY

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 09 / 2013

Transaction ID : D148769

Amount of Each Disbursement this Period

-2500.00

Full Name (Last, First, Middle Initial)

C. Conservatives Restoring Excellence PAC

Mailing Address PO Box 97275

City Raleigh State NC Zip Code 27624-7275

Purpose of Disbursement
Voided Check-Orig Dated 6/12/2012

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
09 / 09 / 2013

Transaction ID : D148768

Amount of Each Disbursement this Period

-1000.00

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

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

1500.00

**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. JOE KENNEDY FOR CONGRESS

Mailing Address PO BOX 590464

City State Zip Code
Newton Center MA 02459

Purpose of Disbursement
Voided Check-Orig Dated 5/21/2012

Candidate Name

Joe Kennedy

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MA District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		09		2013

Transaction ID : D148767

Amount of Each Disbursement this Period

-2500.00

Full Name (Last, First, Middle Initial)

B. LAMPSON FOR CONGRESS

Mailing Address PO Box 21500

City State Zip Code
Beaumont TX 77720-1500

Purpose of Disbursement
Voided Check-Orig Dated 8/1/2012

Candidate Name

Nicholas Lampson

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TX District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		09		2013

Transaction ID : D148770

Amount of Each Disbursement this Period

-2500.00

Full Name (Last, First, Middle Initial)

C. Cory Booker for Senate

Mailing Address P.O. Box 32237

City State Zip Code
Newark NJ 07102

Purpose of Disbursement
Contribution

Candidate Name

Cory A. Booker

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼
Special General

State: NJ District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		26		2013

Transaction ID : D148488

Amount of Each Disbursement this Period

2500.00

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

-2500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Neil Riser Campaign Inc.

Mailing Address P.O. Box 1376

City State Zip Code
West Monroe LA 71294

Purpose of Disbursement
Contribution

Candidate Name

Neil H. Riser Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: LA District: 05

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2013

Transaction ID : D148119

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. O'Say Can You See PAC

Mailing Address P.O. Box 468

City State Zip Code
Annapolis MD 21404

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 05 / 2013

Transaction ID : D148081

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. OPPORTUNITY AND RENEWAL PAC

Mailing Address PO BOX 3462

City State Zip Code
PORTLAND OR 97208

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2013

Transaction ID : D148539

Amount of Each Disbursement this Period

2500.00

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

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

10000.00

**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. PRESERVING AMERICA'S TRADITIONS (PATPAC)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		24		2013

Mailing Address 228 SOUTH WASHINGTON STREET
SUITE B-20

Transaction ID : D148454

City ALEXANDRIA State VA Zip Code 22314

Amount of Each Disbursement this Period

5,000.00

Purpose of Disbursement
Contribution

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. ANDY BARR FOR CONGRESS, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		10		2013

Mailing Address PO BOX 2059

Transaction ID : D148120

City LEXINGTON State KY Zip Code 40588

Amount of Each Disbursement this Period

2,000.00

Purpose of Disbursement
Contribution

--

Candidate Name

Category/
Type

Rep. G. Andy Barr

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KY District: 06

Full Name (Last, First, Middle Initial)

C. PEOPLE FOR BEN

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		11		2013

Mailing Address PO BOX 31129

Transaction ID : D148132

City SANTA FE State NM Zip Code 87594

Amount of Each Disbursement this Period

1,000.00

Purpose of Disbursement
Contribution

--

Candidate Name

Category/
Type

Rep. Ben Ray Lujan

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NM District: 03

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

8,000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. BILL FLORES FOR CONGRESS

Mailing Address PO Box 6207

City State Zip Code
Bryan TX 77805

Purpose of Disbursement
Contribution

Candidate Name

Rep. Bill Flores

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	0		2	0	1	3

Transaction ID : D148125

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. GUTHRIE FOR CONGRESS

Mailing Address PO Box 9639

City State Zip Code
Bowling Green KY 42102

Purpose of Disbursement
Contribution

Candidate Name

Rep. S. Brett Guthrie

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	0		2	0	1	3

Transaction ID : D148127

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. RICHMOND FOR CONGRESS

Mailing Address 1631 ELYSIAN FIELDS SUITE 150

City State Zip Code
NEW ORLEANS LA 70126

Purpose of Disbursement
Contribution

Candidate Name

Rep. CEDRIC L. RICHMOND

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	0		2	0	1	3

Transaction ID : D148118

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

5	5	0	0	0	0	0	0	0	0
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5	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. FRIENDS OF 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: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2013

Transaction ID : D148330

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. 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

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2013

Transaction ID : D148115

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. DAVID SCOTT FOR CONGRESS

Mailing Address P.O. BOX 960821

City RIVERDALE State GA Zip Code 30296

Purpose of Disbursement
Voided Check-Orig Dated 9/7/2012

Candidate Name

Rep. David Scott

Office Sought: House
 Senate
 President
State: GA District: 13

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 09 / 2013

Transaction ID : D148771

Amount of Each Disbursement this Period

-2000.00

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

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

1500.00

**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. LARSON FOR CONGRESS

Mailing Address 330 Main Street

City Hartford State CT Zip Code 06106

Purpose of Disbursement
Contribution

Candidate Name

Rep. John B. Larson

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

Disbursement For: 2014
 Primary General
 Other (specify) **CT Democratic Conven**

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 10 / 2013

Transaction ID : D148117

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. VOLUNTEERS FOR SHIMKUS

Mailing Address P.O. BOX 661

City COLLINSVILLE State IL Zip Code 62234

Purpose of Disbursement
Contribution

Candidate Name

Rep. John Shimkus

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 10 / 2013

Transaction ID : D148130

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. CASTOR FOR CONGRESS

Mailing Address 301 W. Platt Street #385

City Tampa State FL Zip Code 33606

Purpose of Disbursement
Contribution

Candidate Name

Rep. Kathy Castor

Office Sought: House
 Senate
 President
State: FL District: 14

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 17 / 2013

Transaction ID : D148327

Amount of Each Disbursement this Period

1000.00

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

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

7000.00

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

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

FOR LINE NUMBER:
(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. LOU BARLETTA FOR CONGRESS

Mailing Address P.O. BOX 128

City Hazleton State PA Zip Code 18201

Purpose of Disbursement
Contribution

Candidate Name

Rep. Lou Barletta

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 11

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2013

Transaction ID : D148324

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. LYNN JENKINS FOR CONGRESS

Mailing Address P.O. Box 1441

City Topeka State KS Zip Code 66601

Purpose of Disbursement
Contribution

Candidate Name

Rep. Lynn Jenkins

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KS District: 02

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2013

Transaction ID : D148326

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. MARSHA BLACKBURN FOR CONGRESS INC.

Mailing Address PO Box 3750

City Brentwood State TN Zip Code 37024

Purpose of Disbursement
Contribution

Candidate Name

Rep. Marsha Blackburn

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TN District: 07

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2013

Transaction ID : D148122

Amount of Each Disbursement this Period

1500.00

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

5000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. MICHAEL BURGESS FOR CONGRESS

Mailing Address PO Box 2334

City State Zip Code
Denton TX 76202

Purpose of Disbursement
Contribution

Candidate Name

Rep. Michael C. Burgess

Office Sought: House
 Senate
 President
State: TX District: 26

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	10	/	2013

Transaction ID : D148123

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. NIKI TSONGAS COMMITTEE, THE

Mailing Address PO Box 1454

City State Zip Code
Lowell MA 01853

Purpose of Disbursement
Contribution

Candidate Name

Rep. Niki Tsongas

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	30	/	2013

Transaction ID : D148536

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. PAT MEEHAN FOR CONGRESS

Mailing Address 50 S. Providence Road

City State Zip Code
Media PA 19063

Purpose of Disbursement
Contribution

Candidate Name

Rep. Patrick Meehan

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	05	/	2013

Transaction ID : D148069

Amount of Each Disbursement this Period

2500.00

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

5500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. BOB GOODLATTE FOR CONGRESS COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	10	/	2013

Mailing Address P.O. BOX 292

Transaction ID : D148126

City ROANOKE State VA Zip Code 24002

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Contribution

--

Candidate Name

Rep. Robert W. Goodlatte

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: VA District: 06

Full Name (Last, First, Middle Initial)

B. LEVIN FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	17	/	2013

Mailing Address PO Box 37

Transaction ID : D148333

City Roseville State MI Zip Code 48066

Amount of Each Disbursement this Period

4000.00

Purpose of Disbursement
Contribution

--

Candidate Name

Rep. Sander M. Levin

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 09

Full Name (Last, First, Middle Initial)

C. KING FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	17	/	2013

Mailing Address 116 N MAIN ST.
PO BOX 400

Transaction ID : D148329

City EARLY State IA Zip Code 50535

Amount of Each Disbursement this Period

2000.00

Purpose of Disbursement
Contribution

--

Candidate Name

Rep. STEVE KING

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IA District: 05

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

7000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. SCALISE FOR CONGRESS

Mailing Address PO Box 23219

City Jefferson State LA Zip Code 70183

Purpose of Disbursement
Contribution

Candidate Name

Rep. Steve Scalise

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: LA District: 01

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 10 / 2013

Transaction ID : D148129

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. WOMACK FOR CONGRESS COMMITTEE

Mailing Address PO BOX 508

City ROGERS State AR Zip Code 72757

Purpose of Disbursement
Contribution

Candidate Name

Rep. Steve Womack

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AR District: 03

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 10 / 2013

Transaction ID : D148131

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. HORSFORD FOR CONGRESS

Mailing Address 6100 ELTON AVE.

City LAS VEGAS State NV Zip Code 89107

Purpose of Disbursement
Contribution

Candidate Name

Rep. Steven A. Horsford

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NV District: 04

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 10 / 2013

Transaction ID : D148116

Amount of Each Disbursement this Period

1000.00

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

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

5500.00

**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. COLE FOR CONGRESS

Mailing Address P.O. Box 722256

City Norman State OK Zip Code 73070

Purpose of Disbursement
Contribution

Candidate Name

Rep. Tom Cole

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OK District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	0		2	0	1	3

Transaction ID : D148124

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

B. SEARCHLIGHT LEADERSHIP FUND

Mailing Address 422 C Street NE Lower level
Lower level

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	3

Transaction ID : D148541

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. CHRIS COONS FOR DELAWARE

Mailing Address PO BOX 9900

City NEWARK State DE Zip Code 19714

Purpose of Disbursement
Contribution

Candidate Name

Sen. Chris Coons

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: DE District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	4		2	0	1	3

Transaction ID : D148058

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

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

9	5	0	0	0	0	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 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. ELIZABETH FOR MA INC

Mailing Address PO BOX 290568

City BOSTON State MA Zip Code 02129

Purpose of Disbursement
Voided Check-Orig Dated 12/7/2012

Candidate Name
Sen. Elizabeth Warren

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: MA District: 00

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 09 / 2013

Transaction ID : D148772

Amount of Each Disbursement this Period

-5000.00

Full Name (Last, First, Middle Initial)

B. REED COMMITTEE

Mailing Address PO BOX 8628

City CRANSTON State RI Zip Code 02920

Purpose of Disbursement
Contribution

Candidate Name
Sen. Jack Reed

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 24 / 2013

Transaction ID : D148457

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF JEANNE SHAHEEN

Mailing Address 105 N STATE STREET

City CONCORD State NH Zip Code 03301

Purpose of Disbursement
Contribution

Candidate Name
Sen. Jeanne Shaheen

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 17 / 2013

Transaction ID : D148325

Amount of Each Disbursement this Period

5000.00

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

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

5000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input 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. Mr. Robert Adams

Mailing Address 2217 Battleground Drive

City Murfreesboro State TN Zip Code 37129

Purpose of Disbursement
Refund of 8/30/2013 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
09	/	16	/	2013

Transaction ID : D148238

Amount of Each Disbursement this Period

5000.00

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) ▼

Category/
Type

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) ▼

Category/
Type

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)..... ▶

5000.00

5000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Friends of Bobby Jindal

Mailing Address P.O. Box 4168

City State Zip Code
Baton Rouge LA 70821

Purpose of Disbursement
Non-Federal Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : D148595

Amount of Each Disbursement this Period

3000.00

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) ▼

Category/
Type

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) ▼

Category/
Type

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)..... ▶

3000.00

3000.00
