

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

American Health Care Association Political Action Committee

ADDRESS (number and street)

1201 L Street, NW

Check if different than previously reported. (ACC)

Washington

DC

20005

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00006080

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

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

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

- (b) Monthly Report Due On: Feb 20 (M2) [X], May 20 (M5), Aug 20 (M8), Nov 20 (M11), Mar 20 (M3), Jun 20 (M6), Sep 20 (M9), Dec 20 (M12), Apr 20 (M4), Jul 20 (M7), Oct 20 (M10), Jan 31 (YE)

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

Election on [] / [] / [] in the State of []

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

Election on [] / [] / [] in the State of []

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

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

Type or Print Name of Treasurer Ms. Robin Hillier

Signature of Treasurer Ms. Robin Hillier [Electronically Filed] Date 02 / 14 / 2014

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

Office Use Only

FEC FORM 3X Rev. 12/2004

**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="2014"/>		<input type="text" value="433429.72"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="433429.72"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="32219.00"/>	<input type="text" value="32219.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="465648.72"/>	<input type="text" value="465648.72"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="55427.55"/>	<input type="text" value="55427.55"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="410221.17"/>	<input type="text" value="410221.17"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period: From: / / 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).....	25750.00	25750.00
(ii) Unitemized	1469.00	1469.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	27219.00	27219.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	27219.00	27219.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	5000.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	32219.00	32219.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	32219.00	32219.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	727.55	727.55
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	727.55	727.55
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	54500.00	54500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	200.00	200.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	200.00	200.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	55427.55	55427.55
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	55427.55	55427.55

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)	27219.00	27219.00
34. Total Contribution Refunds (from Line 28(d))	200.00	200.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	27019.00	27019.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	727.55	727.55
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	727.55	727.55

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 24
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) A. Roger Bernier		Date of Receipt 01 / 31 / 2014 Transaction ID : C2636874
Mailing Address 18 Forestdale Drive		Amount of Each Receipt this Period 1000.00
City White House Station	State NJ	Zip Code 08889
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Chelsea Senior Living	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Ashley Blankenship		Date of Receipt 01 / 31 / 2014 Transaction ID : C2636875
Mailing Address 1306 S. Donaghey		Amount of Each Receipt this Period 2500.00
City Conway	State AR	Zip Code 72934
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer Southridge Village	Occupation VP of Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) C. Lori Cooper		Date of Receipt 01 / 31 / 2014 Transaction ID : C2637093
Mailing Address 1891 Andrews Drive		Amount of Each Receipt this Period 250.00
City Concord	State CA	Zip Code 94521
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Stonebrook Healthcare Center	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	3750.00
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 7 OF 24
	<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. Marcia Cotter
Full Name (Last, First, Middle Initial)

Mailing Address 904 Meadow Avenue

City Shoreview State MN Zip Code 55124

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

Name of Employer Parkinson's Specialty Care Occupation CEO/Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 24 / 2014

Transaction ID : C2534503

Amount of Each Receipt this Period
 300.00

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

Mailing Address 118 Cameron News

City Alexandria State VA Zip Code 22314

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

Name of Employer American Health Care Association Occupation SVP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 27 / 2014

Transaction ID : C2621606

Amount of Each Receipt this Period
 2000.00

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

Mailing Address 9801 La Duke Drive

City Kensington State MD Zip Code 20895

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

Name of Employer American Health Care Association Occupation Chief Strategic Officer & Senior VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 950.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2014

Transaction ID : C2530789

Amount of Each Receipt this Period
 950.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 24
<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. Anthony Durante		Date of Receipt MM / DD / YYYY 01 / 09 / 2014 Transaction ID : C2524880
Mailing Address 26 North Broadway		Amount of Each Receipt this Period 625.00
City Schenectady	State NY	Zip Code 12305
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 625.00
Name of Employer DMN Management Services	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Julie Fox Cash		Date of Receipt MM / DD / YYYY 01 / 06 / 2014 Transaction ID : C2526496
Mailing Address 1536 Claiborne Ave		Amount of Each Receipt this Period 500.00
City Shreveport	State LA	Zip Code 71103-4206
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 500.00
Name of Employer Claiborne Health Center	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. David Gifford		Date of Receipt MM / DD / YYYY 01 / 30 / 2014 Transaction ID : C2632795
Mailing Address 81 Kenyon Ave		Amount of Each Receipt this Period 1000.00
City East Greenwich	State RI	Zip Code 02818-2905
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1000.00
Name of Employer American Health Care Association	Occupation Sr. VP for Quality and Regulatory Affa	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	2125.00
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 24
<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. Patricia Giorgio
Full Name (Last, First, Middle Initial)
Mailing Address 4702 Chestnut Ridge NE
City Cedar Rapids State IA Zip Code 52411
FEC ID number of contributing federal political committee. **C**
Name of Employer Evergreen Estates Occupation President/CEO
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **5000.00**

Date of Receipt **01 / 31 / 2014**
Transaction ID : C2636879
Amount of Each Receipt this Period **5000.00**

B. Howard Groff
Full Name (Last, First, Middle Initial)
Mailing Address 7400 West 109th Street
City Bloomington State MN Zip Code 55438
FEC ID number of contributing federal political committee. **C**
Name of Employer Tealwood Senior Living Occupation President
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1250.00**

Date of Receipt **01 / 03 / 2014**
Transaction ID : C2522877
Amount of Each Receipt this Period **1250.00**

C. Gerald Hamilton
Full Name (Last, First, Middle Initial)
Mailing Address 7612 Rio Penasco Court NW
City Albuquerque State NM Zip Code 87120
FEC ID number of contributing federal political committee. **C**
Name of Employer R&G Healthcare Management Occupation Owner
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 31 / 2014**
Transaction ID : C2636893
Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional).....	6500.00
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 10 OF 24
(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. Steven D. Heaney

Mailing Address 1116 Ninth Ave.

City Tom's River State NJ Zip Code 08757

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

Name of Employer Brandywine Senior Living Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2014

Transaction ID : C2636889

Amount of Each Receipt this Period
500.00

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

Mailing Address 345 Willow Drive

City Erma State NJ Zip Code 08204

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

Name of Employer Emeritus Senior Living Occupation Senior Regional Director of Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2014

Transaction ID : C2636887

Amount of Each Receipt this Period
250.00

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

Mailing Address 12120 24th Street

City Clear Lake State MN Zip Code 55319

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

Name of Employer Tealwood Senior Living Occupation Director of Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2014

Transaction ID : C2636877

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00

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 11 OF 24
	<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. Kristin Kemper West
 Full Name (Last, First, Middle Initial)
 Mailing Address 32151 Schwartz Road
 City Avon State OH Zip Code 44149
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kemper House Occupation Vice President of Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2014
Transaction ID : C2636891
 Amount of Each Receipt this Period
 1000.00

B. Howard Lipshutz
 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 Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 30 / 2014
Transaction ID : C2636881
 Amount of Each Receipt this Period
 1000.00

C. Patrick Martone
 Full Name (Last, First, Middle Initial)
 Mailing Address 26 North Broadway
 City Schenectady State NY Zip Code 12305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Capital Living Nursing & Rehabilitatio Occupation Health Care Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 09 / 2014
Transaction ID : C2524879
 Amount of Each Receipt this Period
 625.00

SUBTOTAL of Receipts This Page (optional).....▶	2625.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 24
<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. Chris Mason
Full Name (Last, First, Middle Initial)

Mailing Address 15467 Union School Road

City Woodburn State OR Zip Code 97071

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

Name of Employer Senior Housing Management, LLC Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 01 / 31 / 2014
Transaction ID : C2636886

Amount of Each Receipt this Period 1250.00

B. Gerald Schroer Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 1608 Muirfield NW

City Canton State OH Zip Code 44708

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

Name of Employer TSG Ancillaries Occupation Healthcare Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 01 / 18 / 2014
Transaction ID : C2529458

Amount of Each Receipt this Period 1250.00

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

Mailing Address 355 W Columbia Ave Unit 108

City Battle Creek State MI Zip Code 49015

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

Name of Employer Ingham Regional Assisted Living Occupation Managing Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 31 / 2014
Transaction ID : C2636883

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3000.00

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 13 OF 24
(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. Dee Thieme
 Full Name (Last, First, Middle Initial)
 Mailing Address 4378 Forest Ridge Drive
 City Green Bay State WI Zip Code 54313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Harmony Living Centers LLC Occupation VP Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2014
Transaction ID : C2636876
 Amount of Each Receipt this Period
 500.00

B. Paula Warren
 Full Name (Last, First, Middle Initial)
 Mailing Address 3301 Alabama Ave
 City Alexandria State VA Zip Code 22305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Health Care Association Occupation CIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 27 / 2014
Transaction ID : C2621607
 Amount of Each Receipt this Period
 750.00

C. Brett Waters
 Full Name (Last, First, Middle Initial)
 Mailing Address 2416 Mesa Street
 City Idaho Falls State ID Zip Code 83401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New Beginnings Community Living Home Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2014
Transaction ID : C2530788
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 24
	<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. Roderick Wolfe
 Full Name (Last, First, Middle Initial)
 Mailing Address 413 Lake Point Drive
 City Clarksville State TN Zip Code 37043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DIGITAR Management Co. Occupation Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2014
Transaction ID : C2636880
 Amount of Each Receipt this Period
 1000.00

B. Frank Wronski
 Full Name (Last, First, Middle Initial)
 Mailing Address 64500 Van Dyke Rd.
 City Washington State MI Zip Code 48095-2583
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medilodge Group Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2014
Transaction ID : C2636897
 Amount of Each Receipt this Period
 1000.00

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).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	25750.00

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

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

FOR LINE NUMBER: PAGE 15 OF 24
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" 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. MCCONNELL VICTORY COMMITTEE
Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 75103
City WASHINGTON State DC Zip Code 20013
FEC ID number of contributing federal political committee. **C** C00365759
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
01 / 24 / 2014
Transaction ID : C2621867
Amount of Each Receipt this Period
5000.00
Refund of 4/15/2013 Contribution

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) ▼

Date of Disbursement

MM / DD / YYYY
01 / 02 / 2014

Transaction ID : D153662

Amount of Each Disbursement this Period

40.24

Category/
Type

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 07 / 2014

Transaction ID : D153663

Amount of Each Disbursement this Period

39.38

Category/
Type

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 13 / 2014

Transaction ID : D153664

Amount of Each Disbursement this Period

39.38

Category/
Type

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

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

119.00

**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
01 / 17 / 2014

Transaction ID : D153665

Amount of Each Disbursement this Period

4.50

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
01 / 22 / 2014

Transaction ID : D153666

Amount of Each Disbursement this Period

39.38

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
01 / 28 / 2014

Transaction ID : D153667

Amount of Each Disbursement this Period

9.45

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

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

53.33

**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 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
01 / 15 / 2014

Transaction ID : D153669

Amount of Each Disbursement this Period

165.21

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

MM / DD / YYYY
01 / 21 / 2014

Transaction ID : D153661

Amount of Each Disbursement this Period

313.96

Full Name (Last, First, Middle Initial)

C. BB&T

Mailing Address 1099 New York Ave NW
Ste 100

City Washington State DC Zip Code 20001-4452

Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 21 / 2014

Transaction ID : D153668

Amount of Each Disbursement this Period

76.05

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

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

555.22

727.55

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

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

FOR LINE NUMBER:
(check only one)

<input 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. EVERY REPUBLICAN IS CRUCIAL (ERICPAC)

Mailing Address 25 EAST MAIN STREET, SUITE 200

City RICHMOND State VA Zip Code 23219

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		09		2014

Transaction ID : D151371

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. HOLDING ONTO OREGON'S PRIORITIES (HOOP) PAC

Mailing Address PO Box 3314

City Portland State OR Zip Code 97208

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		14		2014

Transaction ID : D151501

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Jenkins for Congress

Mailing Address P.O. Box 727

City Huntington State WV Zip Code 25711

Purpose of Disbursement
Contribution

Candidate Name

Evan Jenkins

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

Disbursement For: 2014 Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		06		2014

Transaction ID : D151286

Amount of Each Disbursement this Period

1500.00

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

7500.00

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. National Republican Senatorial Committee

Mailing Address 425 2nd St NE

City Washington State DC Zip Code 20002-4914

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 09 / 2014

Transaction ID : D151370

Amount of Each Disbursement this Period

15000.00

B. New Democrat Coalition

Full Name (Last, First, Middle Initial)

Mailing Address 700 13TH STREET, NW
SUITE 600

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) ▼

Date of Disbursement

MM / DD / YYYY
01 / 07 / 2014

Transaction ID : D151299

Amount of Each Disbursement this Period

5000.00

C. NEW PAC

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 7480

City VISALIA State CA Zip Code 93290

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 06 / 2014

Transaction ID : D151285

Amount of Each Disbursement this Period

5000.00

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

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

25000.00

**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. ORRINPAC

Mailing Address 175 S. WEST TEMPLE, SUITE 650

City State Zip Code
SALT LAKE CITY UT 84101

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 27 / 2014

Transaction ID : D151785

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. PROSPERITY PAC

Mailing Address 1006 Pendleton Street

City State Zip Code
Alexandria VA 22314

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 14 / 2014

Transaction ID : D151499

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. ADRIAN SMITH FOR CONGRESS

Mailing Address 3321 AVENUE I
SUITE 6

City State Zip Code
SCOTTSBLUFF NE 69361

Purpose of Disbursement
Contribution

Candidate Name

Rep. ADRIAN SMITH

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

Disbursement For: 2014 Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 17 / 2014

Transaction ID : D151590

Amount of Each Disbursement this Period

1000.00

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

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

11000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. FRIENDS FOR CHRIS STEWART, INC.

Mailing Address 542 E LAKEVIEW WAY

City FARMINGTON State UT Zip Code 84025

Purpose of Disbursement
Contribution

Candidate Name
Rep. Chris Stewart

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 27 / 2014

Transaction ID : D151786

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. LEE TERRY FOR CONGRESS

Mailing Address PO BOX 540098

City OMAHA State NE Zip Code 68154

Purpose of Disbursement
Contribution

Candidate Name
Rep. LEE TERRY

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 17 / 2014

Transaction ID : D151591

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. RYAN FOR CONGRESS, INC.

Mailing Address P. O. Box 1488

City Janesville State WI Zip Code 53547

Purpose of Disbursement
Contribution

Candidate Name
Rep. Paul D. Ryan

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 14 / 2014

Transaction ID : D151498

Amount of Each Disbursement this Period

5000.00

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. HAGAN FOR US SENATE INC

Mailing Address PO BOX 29103

City GREENSBORO State NC Zip Code 27429

Purpose of Disbursement
Contribution

Candidate Name

Sen. Kay Hagan

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NC District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	27	/	2014

Transaction ID : D151784

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

4000.00

54500.00

**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. Mark V Parkinson

Mailing Address 8930 Harvest Square Ct

City Potomac State MD Zip Code 20854-4475

Purpose of Disbursement
Refund of 12/23/2013 contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 31 / 2014

Transaction ID : D153572

Amount of Each Disbursement this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

200.00

200.00