



**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"/>		433429.72
(b) Cash on Hand at Beginning of Reporting Period.....	156547.88	
(c) Total Receipts (from Line 19) .....	54291.20	606831.72
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	210839.08	1040261.44
7. Total Disbursements (from Line 31).....	10129.81	839552.17
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	200709.27	200709.27
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

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).....	47792.19	549188.10
(ii) Unitemized .....	499.01	24316.62
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	48291.20	573504.72
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	10000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	53291.20	583504.72
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.....	1000.00	22327.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	1000.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	54291.20	606831.72
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	54291.20	606831.72

**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 .....	1629.81	13018.84
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1629.81	13018.84
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8500.00	802000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	9533.33
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	9533.33
29. Other Disbursements .....	0.00	15000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	10129.81	839552.17
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10129.81	839552.17

**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) .....	53291.20	583504.72
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	9533.33
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	53291.20	573971.39
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	1629.81	13018.84
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1629.81	13018.84

**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 31
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. Lyn C. Bentley**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2212 Hidden Valley Ln  
City Silver Spring State MD Zip Code 20904-5240  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Health Care Association Occupation Senior Director, Regulatory Services  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **833.20**

Date of Receipt **11 / 20 / 2014**  
**Transaction ID : C2872558**  
Amount of Each Receipt this Period **124.98**  
\* Payroll Deduction: \$41.66 Bi-Weekly

**B. Phyllis Cherry**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7520 White Creek Pike  
City Joelton State TN Zip Code 37080  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Cornerstone Health Services Group Occupation Executive Director  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **500.00**

Date of Receipt **11 / 04 / 2014**  
**Transaction ID : C2862614**  
Amount of Each Receipt this Period **500.00**

**C. Tom Coble**  
Full Name (Last, First, Middle Initial)  
Mailing Address 717 Franklin Dr  
City Ardmore State OK Zip Code 73401-1091  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Elmbrook Management Company Occupation Administrator  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **5000.00**

Date of Receipt **10 / 21 / 2014**  
**Transaction ID : C2871650**  
Amount of Each Receipt this Period **5000.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>5624.98</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 31
	<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. Peter Corless**  
Full Name (Last, First, Middle Initial)

Mailing Address 3308 Overlook Ridge Rd

City Prospect State KY Zip Code 40059-8577

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt **11 / 20 / 2014**

**Transaction ID : C2872559**

Amount of Each Receipt this Period **60.00**

\* Payroll Deduction: \$20.00 Bi-Weekly

**B. Rae Anne Davis**  
Full Name (Last, First, Middle Initial)

Mailing Address 720 Avila Drive

City Davidsonville State MD Zip Code 21035

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

Name of Employer American Health Care Association/Natio Occupation Chief Strategic Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **4000.00**

Date of Receipt **10 / 25 / 2014**

**Transaction ID : C2858153**

Amount of Each Receipt this Period **1000.00**

**C. John W. Dwyer**  
Full Name (Last, First, Middle Initial)

Mailing Address 206 Goodwood Gardens

City Baltimore State MD Zip Code 21210

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

Name of Employer Americasbank Corp. Occupation Chairman

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt **11 / 24 / 2014**

**Transaction ID : C2872577**

Amount of Each Receipt this Period **5000.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>6060.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 31
	<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. 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 ▼ 826.12

Date of Receipt 11 / 20 / 2014  
**Transaction ID : C2872561**  
 Amount of Each Receipt this Period 130.44  
 \* Payroll Deduction: \$43.48 Bi-Weekly

**B. Tiffany Exline**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4541 East Anaheim Street  
 City Long Beach State CA Zip Code 90804  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mueller Prost Occupation Director of Long Term Care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 21 / 2014  
**Transaction ID : C2871657**  
 Amount of Each Receipt this Period 100.00

**C. Ronald Goux**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2045 Highway 59 PO Box 1429  
 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:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.00

Date of Receipt 11 / 13 / 2014  
**Transaction ID : C2868711**  
 Amount of Each Receipt this Period 833.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1063.44
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 31
<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. William J. Griffith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1421 T Street, NW  
 Apt. #1  
 City Washington State DC Zip Code 20009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Health Care Association Occupation Manager, Political Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 416.60

Date of Receipt 11 / 20 / 2014  
**Transaction ID : C2872562**  
 Amount of Each Receipt this Period 62.49  
 \* Payroll Deduction: \$20.83 Bi-Weekly

**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 ▼ 5000.00

Date of Receipt 11 / 18 / 2014  
**Transaction ID : C2869746**  
 Amount of Each Receipt this Period 2500.00

**C. Jennifer S Hahs**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12423 Flint Street  
 City Overland Park State KS Zip Code 66213  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Health Care Association Occupation Senior Director, Political Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 826.12

Date of Receipt 11 / 20 / 2014  
**Transaction ID : C2872563**  
 Amount of Each Receipt this Period 130.44  
 \* Payroll Deduction: \$43.48 Bi-Weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2692.93
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 31
<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. Dana Halvorson**  
Full Name (Last, First, Middle Initial)

Mailing Address 235 2nd St NE

City Washington State DC Zip Code 20002

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

Name of Employer American Health Care Association Occupation Director, Not For Profit Services

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **208.40**

Date of Receipt **11 / 20 / 2014**

**Transaction ID : C2872564**

Amount of Each Receipt this Period **31.26**

\* Payroll Deduction: \$10.42 Bi-Weekly

**B. 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 ▼ **1000.00**

Date of Receipt **10 / 30 / 2014**

**Transaction ID : C2860122**

Amount of Each Receipt this Period **250.00**

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

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 ▼ **1000.00**

Date of Receipt **10 / 30 / 2014**

**Transaction ID : C2860121**

Amount of Each Receipt this Period **250.00**

**SUBTOTAL** of Receipts This Page (optional)..... **531.26**

**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 11 OF 31  
(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. Sonya Kemp**

Mailing Address 438 North Water Avenue

City State Zip Code  
Gallatin TN 37066-2306

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

Name of Employer Occupation  
Gallatin Health Care Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 30 / 2014

**Transaction ID : C2860219**

Amount of Each Receipt this Period  
2500.00

Full Name (Last, First, Middle Initial)  
**B. Cheryl Killian**

Mailing Address 3801 Woodside Dr

City State Zip Code  
Arlington TX 76016-3030

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

Name of Employer Occupation  
Legacy Care Centers Inc. President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 27 / 2014

**Transaction ID : C2871564**

Amount of Each Receipt this Period  
25.00

Full Name (Last, First, Middle Initial)  
**c. Cheryl Killian**

Mailing Address 3801 Woodside Dr

City State Zip Code  
Arlington TX 76016-3030

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

Name of Employer Occupation  
Legacy Care Centers Inc. President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2014

**Transaction ID : C2872807**

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2550.00

**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 31
<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) <b>A. Jody Knox</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014 <b>Transaction ID : C2871654</b>
Mailing Address 2017 Patricia Dr		Amount of Each Receipt this Period 300.00
City Carlsbad	State NM	Zip Code 88220
FEC ID number of contributing federal political committee. C		
Name of Employer Lakeview Christian Home	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) <b>B. David A Kylo</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 <b>Transaction ID : C2872565</b>
Mailing Address 4621 28th Road South		Amount of Each Receipt this Period 326.10
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2065.30	* Payroll Deduction: \$108.70 Bi-Weekly

Full Name (Last, First, Middle Initial) <b>c. Meg LaPorte</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 <b>Transaction ID : C2872566</b>
Mailing Address 7708 Meadow Lane		Amount of Each Receipt this Period 43.74
City Chevy Chase	State MD	Zip Code 20815
FEC ID number of contributing federal political committee. C		
Name of Employer AHCA/NCAL	Occupation Senior Policy Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.60	* Payroll Deduction: \$14.58 Bi-Weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	669.84
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 31
	<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. R. Peter Madel Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 108 8th St NW

City Waseca State MN Zip Code 56093-1912

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

Name of Employer Lake Shore Inn Nursing Home Occupation 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  
**11 / 13 / 2014**

**Transaction ID : C2869665**

Amount of Each Receipt this Period  
**275.00**

**B. Gregory Miller**  
Full Name (Last, First, Middle Initial)

Mailing Address 11573 Stablewatch Court

City Cincinnati State OH Zip Code 45249

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

Name of Employer Health Care Management Group Occupation Vice President, Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **999.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 06 / 2014**

**Transaction ID : C2863092**

Amount of Each Receipt this Period  
**333.00**

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

Mailing Address 2851 Remington Green Circle Suite D

City Tallahassee State FL Zip Code 32308

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

Name of Employer Summit Care II, Inc Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 21 / 2014**

**Transaction ID : C2871653**

Amount of Each Receipt this Period  
**5000.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>5608.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 31
<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. Mary K. Ousley**  
Full Name (Last, First, Middle Initial)

Mailing Address 101 Bittersweet Drive

City Richmond State KY Zip Code 40475-8639

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

Name of Employer PMD Corporation Occupation Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 07 / 2014

**Transaction ID : C2872808**

Amount of Each Receipt this Period  
 2500.00

**B. Mary K. Ousley**  
Full Name (Last, First, Middle Initial)

Mailing Address 101 Bittersweet Drive

City Richmond State KY Zip Code 40475-8639

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

Name of Employer PMD Corporation Occupation Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 21 / 2014

**Transaction ID : C2873988**

Amount of Each Receipt this Period  
 2500.00

**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 ▼ 413.06

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 20 / 2014

**Transaction ID : C2872567**

Amount of Each Receipt this Period  
 65.22

\* Payroll Deduction: \$21.74 Bi-Weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5065.22
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 31
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Christopher 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 ▼ 407.00

Date of Receipt 11 / 20 / 2014  
**Transaction ID : C2872568**  
Amount of Each Receipt this Period 62.49  
\* Payroll Deduction: \$20.83 Bi-Weekly

**B. Clifton Porter**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3929 Azalea Court  
City Maumee State OH Zip Code 43537  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Health Care Association Occupation SVP Government Relations  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 576.93

Date of Receipt 11 / 20 / 2014  
**Transaction ID : C2872569**  
Amount of Each Receipt this Period 576.93  
\* Payroll Deduction: \$192.31 Bi-Weekly

**C. Katherine Preede**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1200 S Courthouse Road Apt 428  
City Arlington State VA Zip Code 22204  
FEC ID number of contributing federal political committee. **C**  
Name of Employer AHCA/NCAL Occupation Director, Membership & Business Develo  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 416.60

Date of Receipt 11 / 20 / 2014  
**Transaction ID : C2872570**  
Amount of Each Receipt this Period 62.49  
\* Payroll Deduction: \$20.83 Bi-Weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	701.91
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 31
	<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. Mebane Pruitt**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1626 Jeurgens Ct  
City Norcross State GA Zip Code 30093  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Homemaker  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **4998.00**

Date of Receipt **10 / 29 / 2014**  
**Transaction ID : C2859993**  
Amount of Each Receipt this Period **1666.00**

**B. Neil L. Pruitt Jr.**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1626 Jeurgens Ct  
City Norcross State GA Zip Code 30093  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Pruitt Health Occupation President  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **4998.00**

Date of Receipt **10 / 29 / 2014**  
**Transaction ID : C2859992**  
Amount of Each Receipt this Period **1666.00**

**C. Christopher Puri**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1600 Division Street Ste 700  
City Nashville State TN Zip Code 37203-2771  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Bradley Arant Boulton Cummings LLP Occupation Attorney  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **250.00**

Date of Receipt **11 / 04 / 2014**  
**Transaction ID : C2862543**  
Amount of Each Receipt this Period **250.00**

**SUBTOTAL** of Receipts This Page (optional)..... **3582.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 31
	<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. Jon Reardon**  
Full Name (Last, First, Middle Initial)

Mailing Address 1202 Weiss Street

City Saginaw State MI Zip Code 48602-5471

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

Name of Employer Hoyt Nursing & Rehab Centre Occupation Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 06 / 2014

**Transaction ID : C2864271**

Amount of Each Receipt this Period  
 275.00

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

Mailing Address 100 N County Line Road

City Jackson State NJ Zip Code 08527-1264

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

Name of Employer Bartley Healthcare Occupation President & CEO

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  
 11 / 14 / 2014

**Transaction ID : C2868808**

Amount of Each Receipt this Period  
 625.00

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

Mailing Address 339 East Maple Street Suite 100

City North Canton State OH Zip Code 44720

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

Name of Employer Absolute Health Services Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2014

**Transaction ID : C2864249**

Amount of Each Receipt this Period  
 1250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 31
	<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. Christina L Sharp**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1644 Mount Eagle Pl  
 City Alexandria State VA Zip Code 22302-2121  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Health Care Association Occupation Director, Member Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 203.41

Date of Receipt 11 / 20 / 2014  
**Transaction ID : C2872572**  
 Amount of Each Receipt this Period 31.26  
 \* Payroll Deduction: \$10.42 Bi-Weekly

**B. 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 ▼ 818.10

Date of Receipt 11 / 20 / 2014  
**Transaction ID : C2872573**  
 Amount of Each Receipt this Period 136.35  
 \* Payroll Deduction: \$45.45 Bi-Weekly

**C. Tina Thomas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 Robin Ridge Dr  
 City Madison State CT Zip Code 06443  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mission Health Communities Occupation Regional VP of Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 30 / 2014  
**Transaction ID : C2860395**  
 Amount of Each Receipt this Period 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	417.61
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 31
	<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. 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 ▼ 3000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2014  
**Transaction ID : C2859007**

Amount of Each Receipt this Period  
 750.00

**B. James R. Westbury Sr. Sr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 922 McDonough Rd

City Jackson State GA Zip Code 30233

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

Name of Employer Westbury Medical Care Home Inc Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 962.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 24 / 2014  
**Transaction ID : C2872584**

Amount of Each Receipt this Period  
 275.00

**C. Nile Whitney**  
Full Name (Last, First, Middle Initial)

Mailing Address 3448 Hidden Valley Rd.

City Long Grove State IL Zip Code 60047

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

Name of Employer Medline Industries Occupation Sales Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2014  
**Transaction ID : C2864252**

Amount of Each Receipt this Period  
 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1050.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 31
	<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. Nile Whitney**  
Full Name (Last, First, Middle Initial)

Mailing Address 3448 Hidden Valley Rd.

City Long Grove State IL Zip Code 60047

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

Name of Employer Medline Industries Occupation Sales Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 24 / 2014**

**Transaction ID : C2872576**

Amount of Each Receipt this Period  
**25.00**

**B. Medicalodges Political Advisory Fund, LLC**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 509

City Coffeyville State KS Zip Code 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  
**10 / 21 / 2014**

**Transaction ID : C2871659**

Amount of Each Receipt this Period  
**5000.00**

PARTNERSHIP--partners below if itemized

**C. Garen Cox**  
Full Name (Last, First, Middle Initial)

Mailing Address 201 West Eighth Street  
PO Box 509

City Coffeyville State KS Zip Code 67337-0509

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

Name of Employer Medicalodges, Inc. Occupation 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  
**10 / 21 / 2014**

**Transaction ID : C2871661**

Amount of Each Receipt this Period  
**5000.00**

**[MEMO ITEM]**  
\*

**SUBTOTAL** of Receipts This Page (optional)..... **5025.00**

**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 21 OF 31
	<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**

Full Name (Last, First, Middle Initial) <b>A. ML Refort Scott LLC</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 21 / 2014 <b>Transaction ID : C2871662</b>
Mailing Address PO Box 509		Amount of Each Receipt this Period 5000.00
City Coffeyville	State KS	Zip Code 67337
FEC ID number of contributing federal political committee. C	Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	
		PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial) <b>B. Fred Benjamin</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 21 / 2014 <b>Transaction ID : C2871664</b>
Mailing Address 201 W 8th St		Amount of Each Receipt this Period 5000.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	
		[MEMO ITEM] *

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State	Zip Code
FEC ID number of contributing federal political committee. C	Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	47792.19

**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 31
<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. Kindred Healthcare Inc. Political Action Committee**  
 Full Name (Last, First, Middle Initial)  
 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  
 10 / 21 / 2014  
**Transaction ID : C2871649**  
 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

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

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

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

FOR LINE NUMBER: PAGE 23 OF 31  
(check only one)

<input 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 checked="" type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--	-----------------------------

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

Full Name (Last, First, Middle Initial)  
**A. MICHAEL BURGESS FOR CONGRESS**

Mailing Address PO Box 2334

City State Zip Code  
Denton TX 76202

FEC ID number of contributing federal political committee. **C** C00372532

Name of Employer Occupation

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  
10 / 31 / 2014

**Transaction ID : C2864253**

Amount of Each Receipt this Period  
1000.00

Partial Refund of 9/23/2014 Contribution

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

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	1000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 03 / 2014

**Transaction ID : D162902**

Amount of Each Disbursement this Period

122.62

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  
11 / 10 / 2014

**Transaction ID : D162903**

Amount of Each Disbursement this Period

18.66

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  
11 / 17 / 2014

**Transaction ID : D162904**

Amount of Each Disbursement this Period

26.66

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

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

167.94

**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  
10 / 20 / 2014

**Transaction ID : D162860**

Amount of Each Disbursement this Period

112.00

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  
11 / 24 / 2014

**Transaction ID : D162907**

Amount of Each Disbursement this Period

80.00

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  
11 / 17 / 2014

**Transaction ID : D162905**

Amount of Each Disbursement this Period

483.83

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

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

675.83

**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 M / D D D / Y Y Y Y Y Y  
11 / 21 / 2014

**Transaction ID : D162906**

Amount of Each Disbursement this Period

66.75

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 M / D D D / Y Y Y Y Y Y  
10 / 21 / 2014

**Transaction ID : D162858**

Amount of Each Disbursement this Period

328.69

Full Name (Last, First, Middle Initial)

**C. BB&T**

Mailing Address 1099 New York Ave NW  
Ste 100

City Washington State DC Zip Code 20001-4452

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 21 / 2014

**Transaction ID : D162859**

Amount of Each Disbursement this Period

63.63

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

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

459.07

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. BB&T**

Mailing Address 1099 New York Ave NW  
Ste 100

City Washington State DC Zip Code 20001-4452

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 21 / 2014

**Transaction ID : D162901**

Amount of Each Disbursement this Period

326.97

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y 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) ▼

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)..... ▶

326.97

1629.81

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

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

FOR LINE NUMBER:  
(check only one)

<input 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 WORKS COMMITTEE**

Mailing Address 607 14th Street N.W.  
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) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	1	4

**Transaction ID : D162661**

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

**B. CAPITO FOR WEST VIRGINIA**

Mailing Address PO BOX 11519

City Charleston State WV Zip Code 25339

Purpose of Disbursement  
Contribution

Candidate Name

**Shelley Moore Capito**

Office Sought:  House  
 Senate  
 President  
State: WV District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	6		2	0	1	4

**Transaction ID : D162196**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**C. MOTOR CITY PAC**

Mailing Address 600 PENNSYLVANIA AVE., SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
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
1	1		1	9		2	0	1	4

**Transaction ID : D162836**

Amount of Each Disbursement this Period

1	0	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)..... ▶

1	1	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. MOULTON FOR CONGRESS COMMITTEE**

Mailing Address PO BOX 2013

City SALEM State MA Zip Code 01970

Purpose of Disbursement  
Contribution

Candidate Name  
**SETH MOULTON**

Office Sought:  House  
 Senate  
 President  
State: MA District: 06

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			27			2014			

Transaction ID : D162665

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. PEOPLE'S VOICE PAC**

Mailing Address PO BOX 685

City MADISON State WI Zip Code 53701

Purpose of Disbursement  
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
10			27			2014			

Transaction ID : D162666

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. GUTHRIE FOR CONGRESS**

Mailing Address PO Box 9639

City Bowling Green State KY Zip Code 42102

Purpose of Disbursement  
Voided Check-Orig Issued 9/10/2013

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
11			14			2014			

Transaction ID : D162803

Amount of Each Disbursement this Period

-2500.00
----------

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

-500.00
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**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. FRIENDS OF ERIK PAULSEN**

Mailing Address P.O. Box 44369

City State Zip Code  
Eden Prairie MN 55344

Purpose of Disbursement  
Voided Check-Orig Issued 9/10/2013

Candidate Name  
**Rep. Erik Paulsen**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: MN District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			14			2014			

**Transaction ID : D162804**

Amount of Each Disbursement this Period

-2500.00
----------

Full Name (Last, First, Middle Initial)

**B. DOGGETT FOR US CONGRESS**

Mailing Address PO Box 5843

City State Zip Code  
Austin TX 78763

Purpose of Disbursement  
Contribution

Candidate Name  
**Rep. Lloyd Doggett**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: TX District: 35

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			27			2014			

**Transaction ID : D162664**

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 State Zip Code  
Brentwood TN 37024

Purpose of Disbursement  
Voided Check-Orig Issued 9/10/2013

Candidate Name  
**Rep. Marsha Blackburn**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: TN District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			14			2014			

**Transaction ID : D162801**

Amount of Each Disbursement this Period

-1500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

-3000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. BOB GOODLATTE FOR CONGRESS COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		14		2014

Mailing Address P.O. BOX 292

**Transaction ID : D162802**

City ROANOKE State VA Zip Code 24002

Amount of Each Disbursement this Period

-1000.00
----------

Purpose of Disbursement  
Voided Check-Orig Issued 9/10/2013

--

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. DUCKWORTH FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		27		2014

Mailing Address P.O. BOX 8867

**Transaction ID : D162663**

City ROLLING MEADOWS State IL Zip Code 60008

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
Contribution

--

Candidate Name

**Rep. Tammy Duckworth**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IL District: 08

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF KELLY AYOTTE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		19		2014

Mailing Address PO BOX 233

**Transaction ID : D162835**

City NASHUA State NH Zip Code 03061

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
Contribution

--

Candidate Name

**Sen. Kelly Ayotte**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NH District:

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

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

1000.00
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8500.00
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