

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2017"/>		60676.83
(b) Cash on Hand at Beginning of Reporting Period.....	114637.40	
(c) Total Receipts (from Line 19)	24019.88	564548.77
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	138657.28	625225.60
7. Total Disbursements (from Line 31).....	81782.84	568351.16
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	56874.44	56874.44
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American Health Care Association Political Action Committee

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	23785.21	530422.58
(ii) Unitemized	234.67	22126.19
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	24019.88	552548.77
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	10000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	24019.88	562548.77
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	1000.00
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)).....▶	24019.88	564548.77
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	24019.88	564548.77

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	782.84	10451.16
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	782.84	10451.16
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	81000.00	545000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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	1900.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	1900.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	11000.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	81782.84	568351.16
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	81782.84	568351.16

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	24019.88	562548.77
34. Total Contribution Refunds (from Line 28(d))	0.00	1900.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	24019.88	560648.77
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	782.84	10451.16
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	782.84	10451.16

**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 28
	<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. Allen, Martin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 333 N. Summit Street
 City Toledo State OH Zip Code 43614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HCR ManorCare Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2291.63

Date of Receipt 11 / 23 / 2017
Transaction ID : C3625570
 Amount of Each Receipt this Period 208.33
 Memo Item

B. Belk, Lonita, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4301 W. Village Ave. Apt. 4013
 City Suitland State MD Zip Code 20746
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Health Care Association Occupation (for Individual) LTC Customer Service Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 422.40

Date of Receipt 11 / 17 / 2017
Transaction ID : C3631315
 Amount of Each Receipt this Period 38.40
 Memo Item
 * Payroll Deduction: \$19.20 bi-weekly

C. Boddy, Heath, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4615 Union Hill Road
 City Lincoln State NE Zip Code 68516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nebraska Health Care Association Occupation (for Individual) President & CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 15 / 2017
Transaction ID : C3618666
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	346.73
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 28
<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. Edwards, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2905 E Side Dr
 City Alexandria State VA Zip Code 22306-1714
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Health Care Association Occupation (for Individual) Dir Applications & Web Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 274.56

Date of Receipt **11 / 17 / 2017**
Transaction ID : C3631319
 Amount of Each Receipt this Period 24.96
 Memo Item
 * Payroll Deduction: \$12.48 bi-weekly

B. Erickson, Joanne, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) American Health Care Association Occupation (for Individual) Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 880.00

Date of Receipt **11 / 17 / 2017**
Transaction ID : C3631321
 Amount of Each Receipt this Period 80.00
 Memo Item
 * Payroll Deduction: \$40.00 bi-weekly

C. Ernst, Carol, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9601 Leighton Ave
 City Lincoln State NE Zip Code 68507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Eastmont Towers Occupation (for Individual) Executive Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **11 / 08 / 2017**
Transaction ID : C3617618
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	354.96
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 28
	<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. Eyet, Teresa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10009 Dallas Ave
 City Takoma Park State MD Zip Code 20901-2240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Health Care Association Occupation (for Individual) Senior Director, Education
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1056.00

Date of Receipt 11 / 17 / 2017
Transaction ID : C3631323
 Amount of Each Receipt this Period 96.00
 Memo Item
 * Payroll Deduction: \$48.00 bi-weekly

B. Giorgio, Patricia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4702 Chestnut Ridge Rd NE
 City Cedar Rapids State IA Zip Code 52411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Evergreen Estates Occupation (for Individual) President/CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 11 / 15 / 2017
Transaction ID : C3618667
 Amount of Each Receipt this Period 1250.00
 Memo Item

C. Hahs, Jennifer, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) American Health Care Association Occupation (for Individual) Senior Director, Political Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 833.40

Date of Receipt 11 / 17 / 2017
Transaction ID : C3631325
 Amount of Each Receipt this Period 111.12
 Memo Item
 * Payroll Deduction: \$55.56 bi-weekly

SUBTOTAL of Receipts This Page (optional).....	1457.12
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 28
<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. Halvorson, Dana, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 235 2nd St NE

City Washington	State DC	Zip Code 20002
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) American Health Care Association	Occupation (for Individual) Director, Not For Profit Services
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
264.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2017

Transaction ID : C3631327

Amount of Each Receipt this Period
24.00

Memo Item

* Payroll Deduction: \$12.00 bi-weekly

B. Hurley, Sean, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 74 Kingery Drive

City El Paso	State TX	Zip Code 79902
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medline Industries	Occupation (for Individual) Account Manager
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	08	/	2017

Transaction ID : C3617619

Amount of Each Receipt this Period
250.00

Memo Item

C. Justice, Janet, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10714 Hite Creek Rd

City Louisville	State KY	Zip Code 40241-1784
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) KY Assoc of HC Facilities	Occupation (for Individual) Sr Dir of Regulatory
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	21	/	2017

Transaction ID : C3624706

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	299.00
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 28
<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. Kylo, David, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4621 28th Road South
 City Arlington State VA Zip Code 22206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Health Care Association Occupation (for Individual) VP, Insurance and Member Programs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1056.00

Date of Receipt 11 / 17 / 2017
Transaction ID : C3631329
 Amount of Each Receipt this Period 96.00
 Memo Item
 * Payroll Deduction: \$48.00 bi-weekly

B. Liistro, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Meadow Brook Lane
 City Westport State CT Zip Code 06880-3929
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Arbors of Hop Brook, LTD Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 11 / 06 / 2017
Transaction ID : C3617397
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Marshall, Anthony, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 117 Whitestone Dr.
 City McDonough State GA Zip Code 30253
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Georgia Health Care Association Occupation (for Individual) President & CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 12 / 2017
Transaction ID : C3617939
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	696.00
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 28
<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. McCullough, Kathleen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9217 Kingsbury Drive
 City Silver Spring State MD Zip Code 20910
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Health Care Association Occupation (for Individual) Vendor Relations Coordinator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 264.00

Date of Receipt **11 / 17 / 2017**
Transaction ID : C3631331
 Amount of Each Receipt this Period 24.00
 Memo Item
 * Payroll Deduction: \$12.00 bi-weekly

B. Painter, Julie, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) American Health Care Association Occupation (for Individual) Vice President of Constituency Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 411.74

Date of Receipt **11 / 17 / 2017**
Transaction ID : C3631333
 Amount of Each Receipt this Period 58.82
 Memo Item
 * Payroll Deduction: \$29.41 bi-weekly

C. Parks, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) American Health Care Association Occupation (for Individual) Director of IT and Operations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt **11 / 17 / 2017**
Transaction ID : C3631343
 Amount of Each Receipt this Period 40.00
 Memo Item
 * Payroll Deduction: \$20.00 bi-weekly

SUBTOTAL of Receipts This Page (optional).....	122.82
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 28
	<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. Peters, Jennifer, T., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10311 Evangeline Oaks Cir
 City Shreveport State LA Zip Code 71106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Garden Park Nursing & Rehab Center LLC Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **11 / 29 / 2017**
Transaction ID : C3631347
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Porter, Clifton, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3929 Azalea Court
 City Maumee State OH Zip Code 43537
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Health Care Association Occupation (for Individual) SVP Government Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4400.00

Date of Receipt **11 / 17 / 2017**
Transaction ID : C3631336
 Amount of Each Receipt this Period 400.00
 Memo Item
 * Payroll Deduction: \$200.00 bi-weekly

C. Pozderac, Denise, T., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6565 Logans Run
 City Medina State OH Zip Code 44256-7252
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Transitional Living Centers, Inc. Occupation (for Individual) LTC Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 916.66

Date of Receipt **11 / 10 / 2017**
Transaction ID : C3617808
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1150.00
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 28
<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. Preede, Katherine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4482 Shady Point Place
 City Chantilly State VA Zip Code 20151
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Health Care Association Occupation (for Individual) Dir, Membership & Bus Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 257.22

Date of Receipt 11 / 17 / 2017
Transaction ID : C3631340
 Amount of Each Receipt this Period 28.58
 Memo Item
 * Payroll Deduction: \$14.29 bi-weekly

B. Prince, Jayne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 806 S Street
 City Neligh State NE Zip Code 68756
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Willows Assisted Living Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 23 / 2017
Transaction ID : C3625571
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Qazi, Mohammad, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6405 Middlebelt Road
 City West Bloomfield State MI Zip Code 48322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ciena Healthcare Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 11 / 07 / 2017
Transaction ID : C3617615
 Amount of Each Receipt this Period 5000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	5078.58
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 28
<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. Russ, Leonard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 Windrush Lane
 City Westport State CT Zip Code 06880
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bayberry Care Center Occupation (for Individual) Owner & Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **11 / 10 / 2017**
Transaction ID : C3617834
 Amount of Each Receipt this Period 2500.00
 Memo Item

B. Shimer, Jennifer, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) American Health Care Association Occupation (for Individual) COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 880.00

Date of Receipt **11 / 17 / 2017**
Transaction ID : C3631338
 Amount of Each Receipt this Period 80.00
 Memo Item
 * Payroll Deduction: \$40.00 bi-weekly

C. Stallard, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2000 North Causeway Blvd
 City Mandeville State LA Zip Code 70471
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Louisiana Extended Care Centers, LLC Occupation (for Individual) President/CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **11 / 24 / 2017**
Transaction ID : C3625613
 Amount of Each Receipt this Period 1250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3830.00
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 16 OF 28
	<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. Thies, Joseph, Drew, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1101 L Street NW
 Apt. 504
 City Washington State DC Zip Code 20005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Health Care Association Occupation (for Individual) Manager, Political and Grassroots
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 11 / 17 / 2017
Transaction ID : C3631345
 Amount of Each Receipt this Period 40.00
 Memo Item
 * Payroll Deduction: \$20.00 bi-weekly

B. Waters, Brett, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) New Beginnings Community Living Home Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 25 / 2017
Transaction ID : C3625645
 Amount of Each Receipt this Period 250.00
 Memo Item

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼

Date of Receipt
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	290.00
TOTAL This Period (last page this line number only).....▶	23785.21

**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"/> 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

A. American Express

Full Name (Last, First, Middle Initial)
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: 11 / 06 / 2017

FEC Identification Number: C
Transaction ID : D181671
Amount of Each Disbursement this Period: 265.07

Memo Item

B. BB&T Merchant Services

Full Name (Last, First, Middle Initial)
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) ▼

Date of Disbursement: 11 / 15 / 2017

FEC Identification Number: C
Transaction ID : D181670
Amount of Each Disbursement this Period: 339.93

Memo Item

C. BB&T

Full Name (Last, First, Middle Initial)
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) ▼

Date of Disbursement: 11 / 21 / 2017

FEC Identification Number: C
Transaction ID : D181669
Amount of Each Disbursement this Period: 177.84

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	782.84
TOTAL This Period (last page this line number only).....▶	782.84

**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"/> 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

A. BLUE HEN PAC

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 15293

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 28 / 2017

FEC Identification Number: C00493700

Transaction ID : D181463

Amount of Each Disbursement this Period: 1000.00

Memo Item

B. COFFMAN FOR CONGRESS 2018

Full Name (Last, First, Middle Initial)

Mailing Address 4950 S YOSEMITE ST F2 #511

City GREENWOOD VILLAGE State CO Zip Code 80111

Purpose of Disbursement Contribution

Candidate Name Coffman, Mike, , ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify)

State: CO District: 06

Date of Disbursement: 11 / 07 / 2017

FEC Identification Number: C00629287

Transaction ID : D181237

Amount of Each Disbursement this Period: 2500.00

Memo Item

C. COMMON SENSE COLORADO

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1978

City Denver State CO Zip Code 80201-1978

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 07 / 2017

FEC Identification Number: C00491936

Transaction ID : D181227

Amount of Each Disbursement this Period: 1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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

A. COMSTOCK FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 831

City MC LEAN State VA Zip Code 22101

Purpose of Disbursement Contribution

Candidate Name
Comstock, Barbara, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: VA District: 10

Date of Disbursement: 11 / 07 / 2017

FEC Identification Number: C00554261
Transaction ID : D181239
Amount of Each Disbursement this Period: 2500.00

Memo Item

B. CRAPO VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address 228 S. WASHINGTON ST.

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 13 / 2017

FEC Identification Number: C00649574
Transaction ID : D181325
Amount of Each Disbursement this Period: 5000.00

Memo Item

C. FASO FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 448

City KINDERHOOK State NY Zip Code 12106

Purpose of Disbursement Contribution

Candidate Name
Faso, John, J., ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: NY District: 19

Date of Disbursement: 11 / 07 / 2017

FEC Identification Number: C00580415
Transaction ID : D181240
Amount of Each Disbursement this Period: 2500.00

Memo Item

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

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

10000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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

A. FRIENDS OF DAVE JOYCE

Full Name (Last, First, Middle Initial)

Mailing Address 320 KENARDEN DRIVE

City CLEVELAND State OH Zip Code 44143

Purpose of Disbursement Contribution

Candidate Name
Joyce, David, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: OH District: 14

Date of Disbursement

MM / DD / YYYY
11 / 13 / 2017

FEC Identification Number

C C00527457

Transaction ID : D181321

Amount of Each Disbursement this Period

1000.00

Memo Item

B. GLENN GROTHMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 1215

City FOND DU LAC State WI Zip Code 54964

Purpose of Disbursement Contribution

Candidate Name
Grothman, Glenn, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: WI District: 06

Date of Disbursement

MM / DD / YYYY
11 / 07 / 2017

FEC Identification Number

C C00561597

Transaction ID : D181236

Amount of Each Disbursement this Period

2500.00

Memo Item

C. Healthcare Freedom Fund

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 2485

City Springfield State VA Zip Code 22152

Purpose of Disbursement Contribution

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
11 / 07 / 2017

FEC Identification Number

C C00528414

Transaction ID : D181229

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

4500.00

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. HOYER'S MAJORITY FUND

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) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 07 / 2017

FEC Identification Number

C C00513002

Transaction ID : D181241

Amount of Each Disbursement this Period

3500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. M-PAC

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) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 28 / 2017

FEC Identification Number

C C00365270

Transaction ID : D181464

Amount of Each Disbursement this Period

1000.00

Memo Item

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) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 28 / 2017

FEC Identification Number

C C00507574

Transaction ID : D181461

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

5500.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. CARLOS CURBELO CONGRESS

Mailing Address 8770 SUNSET DRIVE #355

City MIAMI State FL Zip Code 33173

Purpose of Disbursement Contribution

Candidate Name
Curbelo, Carlos, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: FL District: 26

Date of Disbursement

MM / DD / YYYY
11 / 07 / 2017

FEC Identification Number

C C00546846

Transaction ID : D181231

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. YOUNG FOR IOWA, INC.

Mailing Address PO BOX 162

City VAN METER State IA Zip Code 50261

Purpose of Disbursement Contribution

Candidate Name
Young, David, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: IA District: 03

Date of Disbursement

MM / DD / YYYY
11 / 07 / 2017

FEC Identification Number

C C00545616

Transaction ID : D181234

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. BLUMENAUER FOR CONGRESS

Mailing Address 232 NE 9TH ST

City PORTLAND State OR Zip Code 97232

Purpose of Disbursement Contribution

Candidate Name
BLUMENAUER, EARL, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: OR District: 03

Date of Disbursement

MM / DD / YYYY
11 / 28 / 2017

FEC Identification Number

C C00307314

Transaction ID : D181465

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

5500.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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: Eden Prairie
State: MN
Zip Code: 55344

Purpose of Disbursement: Contribution

Candidate Name: **Paulsen, Erik, , Rep.,**

Office Sought: House
 Senate
 President
Disbursement For: 2018
 Primary General
 Other (specify) ▼
State: MN District: 03

Date of Disbursement

MM / DD / YYYY
11 / 07 / 2017

FEC Identification Number

C C00439661

Transaction ID : D181232

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. FRIENDS OF JIM CLYBURN

Mailing Address PO BOX 12567

City: COLUMBIA
State: SC
Zip Code: 29211

Purpose of Disbursement: Contribution

Candidate Name: **Clyburn, James, E., Rep.,**

Office Sought: House
 Senate
 President
Disbursement For: 2018
 Primary General
 Other (specify) ▼
State: SC District: 06

Date of Disbursement

MM / DD / YYYY
11 / 13 / 2017

FEC Identification Number

C C00255562

Transaction ID : D181323

Amount of Each Disbursement this Period

4000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. FRIENDS OF JIM CLYBURN

Mailing Address PO BOX 12567

City: COLUMBIA
State: SC
Zip Code: 29211

Purpose of Disbursement: Contribution

Candidate Name: **Clyburn, James, E., Rep.,**

Office Sought: House
 Senate
 President
Disbursement For: 2018
 Primary General
 Other (specify) ▼
State: SC District: 06

Date of Disbursement

MM / DD / YYYY
11 / 13 / 2017

FEC Identification Number

C C00255562

Transaction ID : D181328

Amount of Each Disbursement this Period

1000.00

Memo Item

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

7500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

Mailing Address PO BOX 845

City LAURENS State SC Zip Code 29360

Purpose of Disbursement Contribution

Candidate Name
Duncan, Jeff, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify)
State: SC District: 03

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 13 / 2017

FEC Identification Number

C C00460550

Transaction ID : D181320

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. COURTNEY FOR CONGRESS

Mailing Address 38 Risley Road

City Vernon State CT Zip Code 06066

Purpose of Disbursement Contribution

Candidate Name
Courtney, Joe, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) Convention

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 13 / 2017

FEC Identification Number

C C00410233

Transaction ID : D181326

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. PETE AGUILAR FOR CONGRESS

Mailing Address PO BOX 10954

City SAN BERNARDINO State CA Zip Code 92423

Purpose of Disbursement Contribution

Candidate Name
Aguilar, Pete, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 13 / 2017

FEC Identification Number

C C00510461

Transaction ID : D181319

Amount of Each Disbursement this Period

1000.00

Memo Item

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

5500.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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

A. STIVERS FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220

Purpose of Disbursement Contribution

Candidate Name
Stivers, Steve, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: OH District: 15

Date of Disbursement: 11 / 28 / 2017

FEC Identification Number: C00441352
Transaction ID : D181466
Amount of Each Disbursement this Period: 5000.00

Memo Item

B. VERN BUCHANAN FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address P. O. Box 48928

City Sarasota State FL Zip Code 34230

Purpose of Disbursement Contribution

Candidate Name
Buchanan, Vern, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: FL District: 16

Date of Disbursement: 11 / 07 / 2017

FEC Identification Number: C00412759
Transaction ID : D181230
Amount of Each Disbursement this Period: 1000.00

Memo Item

C. THE BILL KEATING COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 3065

City Buzzards Bay State MA Zip Code 02532

Purpose of Disbursement Contribution

Candidate Name
Keating, William, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: MA District: 09

Date of Disbursement: 11 / 13 / 2017

FEC Identification Number: C00479063
Transaction ID : D181327
Amount of Each Disbursement this Period: 1000.00

Memo Item

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"/> 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. RYAN COSTELLO FOR CONGRESS

Mailing Address PO BOX 3154

City WEST CHESTER State PA Zip Code 19381

Purpose of Disbursement Contribution

Candidate Name
Costello, Ryan, A., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: PA District: 06

Date of Disbursement

MM / DD / YYYY
11 / 07 / 2017

FEC Identification Number

C C00554899

Transaction ID : D181233

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. FRIENDS OF CHRIS MURPHY

Mailing Address PO BOX 127

City Cheshire State CT Zip Code 06410

Purpose of Disbursement Contribution

Candidate Name
Murphy, Christopher, S., Sen.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) Convention
State: CT District:

Date of Disbursement

MM / DD / YYYY
11 / 07 / 2017

FEC Identification Number

C C00492645

Transaction ID : D181228

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. DONNELLY FOR INDIANA

Mailing Address 1050 17TH ST NW STE 590

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement Contribution

Candidate Name
Donnelly, Joe, , Sen.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: IN District:

Date of Disbursement

MM / DD / YYYY
11 / 13 / 2017

FEC Identification Number

C C00496232

Transaction ID : D181329

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

10000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. DONNELLY FOR INDIANA

Mailing Address 1050 17TH ST NW STE 590

City
WASHINGTON

State
DC

Zip Code
20036

Purpose of Disbursement
Contribution

Candidate Name

Donnelly, Joe, , Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: IN District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			13			2017			

FEC Identification Number

C C00496232

Transaction ID : D181324

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. GILLIBRAND FOR SENATE

Mailing Address 236 Massachusetts Ave NE
Ste 110

City
Washington

State
DC

Zip Code
20002-4980

Purpose of Disbursement
Contribution

Candidate Name

Gillibrand, Kirsten, , Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: NY District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			13			2017			

FEC Identification Number

C C00413914

Transaction ID : D181322

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. FRIENDS OF SHERROD BROWN

Mailing Address PO BOX 76187

City
WASHINGTON

State
DC

Zip Code
20013

Purpose of Disbursement
Contribution

Candidate Name

Brown, Sherrod, , Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: OH District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			28			2017			

FEC Identification Number

C C00264697

Transaction ID : D181481

Amount of Each Disbursement this Period

5000.00

Memo Item

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

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

8500.00

**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"/> 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. CARPER FOR SENATE		Date of Disbursement MM / DD / YYYY 11 / 13 / 2017
Mailing Address 19 EAST COMMONS BLVD SECOND FLOOR		FEC Identification Number C00349217 Transaction ID : D181318 Amount of Each Disbursement this Period 5000.00
City NEW CASTLE	State DE	Zip Code 19720
Purpose of Disbursement Contribution		Category/ Type
Candidate Name Carper, Thomas, R., Sen.,		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: DE	District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. THE EYE OF THE TIGER POLITICAL ACTION COMMITTEE		Date of Disbursement MM / DD / YYYY 11 / 28 / 2017
Mailing Address PO BOX 2485		FEC Identification Number C00467431 Transaction ID : D181462 Amount of Each Disbursement this Period 5000.00
City Springfield	State VA	Zip Code 22152
Purpose of Disbursement Contribution		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. TOM GARRETT FOR CONGRESS		Date of Disbursement MM / DD / YYYY 11 / 07 / 2017
Mailing Address P.O. BOX 209		FEC Identification Number C00607101 Transaction ID : D181238 Amount of Each Disbursement this Period 2500.00
City RUCKERSVILLE	State VA	Zip Code 22968
Purpose of Disbursement Contribution		Category/ Type
Candidate Name Garrett, Tom, , ,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA	District: 05	<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	12500.00
TOTAL This Period (last page this line number only).....▶	81000.00