

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

Pennsylvania Homecare Association HomePAC

ADDRESS (number and street) 600 N 12th Street Suite 200 Lemoyne PA 17043

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00602524

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

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

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

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

Election on [MM] / [DD] / [YYYY] in the State of []

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

Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [MM] / [DD] / [YYYY] 04 / 01 / 2016 through [MM] / [DD] / [YYYY] 06 / 30 / 2016

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

Type or Print Name of Treasurer Deimler Denise

Signature of Treasurer Deimler Denise [Electronically Filed] Date 07 / 13 / 2016

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

Office Use Only									
-----------------	--	--	--	--	--	--	--	--	--

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Pennsylvania Homecare Association HomePAC

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="2016"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="6895.00"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="5198.75"/>	<input type="text" value="12343.75"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="12093.75"/>	<input type="text" value="12343.75"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="0.00"/>	<input type="text" value="250.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="12093.75"/>	<input type="text" value="12093.75"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Pennsylvania Homecare Association HomePAC

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2016 To: M M / D D / Y Y Y Y 06 / 30 / 2016

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).....	1275.00	6825.00
(ii) Unitemized	678.75	2273.75
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	1953.75	9098.75
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	1953.75	9098.75
12. Transfers From Affiliated/Other Party Committees.....	3245.00	3245.00
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	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	5198.75	12343.75
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	5198.75	12343.75

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	250.00
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	0.00
(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	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	0.00	250.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	250.00

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)	1953.75	9098.75
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1953.75	9098.75
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

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

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

NAME OF COMMITTEE (In Full)
Pennsylvania Homecare Association HomePAC

Full Name (Last, First, Middle Initial)
A. Elissa Della Monica

Mailing Address 156 Filly Drive

City	State	Zip Code
North Wales	PA	19454

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

Name of Employer	Occupation
Abington Jefferson Health Syst	Director

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
05	/	18	/	2016

Transaction ID : SA11AI.4218

Amount of Each Receipt this Period
250.00

Memo Item contribution

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

Mailing Address 43 Fayette Street

City	State	Zip Code
Smithfield	PA	15478

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

Name of Employer	Occupation
Twin Oaks Home Care	Owner

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
04	/	13	/	2016

Transaction ID : SA11AI.4186

Amount of Each Receipt this Period
250.00

Memo Item contribution

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

Mailing Address 1560 Slate Hill Road

City	State	Zip Code
Camp Hill	PA	17011

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

Name of Employer	Occupation
Pennsylvania Homecare Associat	CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	12	/	2016

Transaction ID : SA11AI.4184

Amount of Each Receipt this Period
650.00

Memo Item contribution

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

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

NAME OF COMMITTEE (In Full)
Pennsylvania Homecare Association HomePAC

A. MaryLou Knabel
 Full Name (Last, First, Middle Initial)
 Mailing Address 404 Corner Street
 City Dunmore State PA Zip Code 18512
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allied Health Care Services Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 125.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 04 / 2016
Transaction ID : SA11AI.4169
 Amount of Each Receipt this Period
 125.00
 Memo Item
 Contribution

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	125.00
TOTAL This Period (last page this line number only).....▶	1275.00

**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 14
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)
Pennsylvania Homecare Association HomePAC

A. Deborah Allison
 Full Name (Last, First, Middle Initial)
 Mailing Address 321 Old Bedford Pike
 City Windber State PA Zip Code 15963
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Homewatch Caregivers Occupation Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **50.00**

Date of Receipt **05 / 19 / 2016**
Transaction ID : SA12.4222
 Amount of Each Receipt this Period **50.00**
 Memo Item contribution

B. Maryann Bolland
 Full Name (Last, First, Middle Initial)
 Mailing Address 630 River Road
 City Beaver State PA Zip Code 15009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Homemakers Home Health Aides Occupation Owner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **75.00**

Date of Receipt **05 / 19 / 2016**
Transaction ID : SA12.4226
 Amount of Each Receipt this Period **75.00**
 Memo Item contribution

C. Michael Brown
 Full Name (Last, First, Middle Initial)
 Mailing Address 4265 Shadowstone Drive
 City Easton State PA Zip Code 18040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bayada Healthcare Occupation Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **25.00**

Date of Receipt **05 / 19 / 2016**
Transaction ID : SA12.4235
 Amount of Each Receipt this Period **25.00**
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 14
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)
Pennsylvania Homecare Association HomePAC

A. Marie Teresa Cando
Full Name (Last, First, Middle Initial)
Mailing Address 19 Teak Court
City Cherry Hill State NJ Zip Code 08003
FEC ID number of contributing federal political committee. **C**
Name of Employer Act Home Health Occupation Director
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 10.00

Date of Receipt 05 / 18 / 2016
Transaction ID : SA12.4192
Amount of Each Receipt this Period 10.00
 Memo Item contribution

B. Kathleen Carter
Full Name (Last, First, Middle Initial)
Mailing Address 5799 Main Road
City Hunlock Creek State PA Zip Code 18621
FEC ID number of contributing federal political committee. **C**
Name of Employer Caregivers America Occupation Director
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 50.00

Date of Receipt 05 / 18 / 2016
Transaction ID : SA12.4194
Amount of Each Receipt this Period 50.00
 Memo Item contribution

C. Keith Crownover
Full Name (Last, First, Middle Initial)
Mailing Address 111 Middle Ridge Road
City Hollidaysburg State PA Zip Code 16648
FEC ID number of contributing federal political committee. **C**
Name of Employer Delta Health Technology Occupation Director
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 100.00

Date of Receipt 05 / 19 / 2016
Transaction ID : SA12.4230
Amount of Each Receipt this Period 100.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶ 160.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 14
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)
Pennsylvania Homecare Association HomePAC

A. Cheryl Dott
Full Name (Last, First, Middle Initial)
Mailing Address 123 Mohawk Drive
City Greensburg State AA Zip Code 15601
FEC ID number of contributing federal political committee. **C**
Name of Employer Home Health by the Thorne Grou Occupation Director
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 15.00

Date of Receipt 05 / 18 / 2016
Transaction ID : SA12.4205
Amount of Each Receipt this Period 15.00
 Memo Item contribution

B. Jacqueline Erich
Full Name (Last, First, Middle Initial)
Mailing Address 6 Short Street
City Ridgway State PA Zip Code 15853
FEC ID number of contributing federal political committee. **C**
Name of Employer Community Nurses, Inc. Occupation Director
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 20.00

Date of Receipt 05 / 18 / 2016
Transaction ID : SA12.4207
Amount of Each Receipt this Period 20.00
 Memo Item contribution

C. Bryant Greene
Full Name (Last, First, Middle Initial)
Mailing Address 516 E Linden Aven
City Lindenwold State NJ Zip Code 08021
FEC ID number of contributing federal political committee. **C**
Name of Employer Always Best Senior Care Occupation Director
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1250.00

Date of Receipt 06 / 02 / 2016
Transaction ID : SA12.4241
Amount of Each Receipt this Period 1250.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional)..... **1285.00**
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 14
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)
Pennsylvania Homecare Association HomePAC

A. Jennie Mabus
Full Name (Last, First, Middle Initial)
Mailing Address 7 Barrick Drive
City Duncannon State PA Zip Code 17020
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Pediatria Health Care Director
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
25.00

Date of Receipt
MM / DD / YYYY
05 / 18 / 2016
Transaction ID : SA12.4209
Amount of Each Receipt this Period
25.00
 Memo Item contribution

B. Lola Mananova
Full Name (Last, First, Middle Initial)
Mailing Address 133 Ashley Drive
City Feasterville State PA Zip Code 19053
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Aurora Home Care Owner
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
100.00

Date of Receipt
MM / DD / YYYY
05 / 18 / 2016
Transaction ID : SA12.4215
Amount of Each Receipt this Period
100.00
 Memo Item contribution

C. Walsh Marjorie
Full Name (Last, First, Middle Initial)
Mailing Address 250 Brewer Road
City Saxonburg State PA Zip Code 16056
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
VNA of Western PA Director
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
150.00

Date of Receipt
MM / DD / YYYY
04 / 19 / 2016
Transaction ID : SA12.4191
Amount of Each Receipt this Period
25.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

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

A. Jesse Pento
Full Name (Last, First, Middle Initial)
Mailing Address 571 Outcrop Road
City Smithfield State PA Zip Code 15478
FEC ID number of contributing federal political committee. **C**
Name of Employer Pento Home Care Occupation Owner
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 18 / 2016
Transaction ID : SA12.4220
Amount of Each Receipt this Period 500.00
 Memo Item contribution

B. James Talarico
Full Name (Last, First, Middle Initial)
Mailing Address 201 E Pennsylvania Avenue
City New Stanton State PA Zip Code 15672
FEC ID number of contributing federal political committee. **C**
Name of Employer Community Care, Inc. Occupation Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 50.00

Date of Receipt 05 / 27 / 2016
Transaction ID : SA12.4237
Amount of Each Receipt this Period 50.00
 Memo Item contribution

C. Nicole Trump
Full Name (Last, First, Middle Initial)
Mailing Address 816 Mud Pike Road
City Smithfield State PA Zip Code 15478
FEC ID number of contributing federal political committee. **C**
Name of Employer Family Ties Home Care Occupation Owner
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 31 / 2016
Transaction ID : SA12.4239
Amount of Each Receipt this Period 250.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 800.00
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 14
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)
Pennsylvania Homecare Association HomePAC

A. Amelia Wagner
Full Name (Last, First, Middle Initial)
Mailing Address 835 Pine Top Road

City Woodland	State PA	Zip Code 16881
------------------	-------------	-------------------

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

Name of Employer Aseracare	Occupation Director
-------------------------------	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	18	/	2016

Transaction ID : SA12.4213

Amount of Each Receipt this Period
50.00

Memo Item
Contribution

B. Karen Warfield
Full Name (Last, First, Middle Initial)
Mailing Address 40 Hoop Up Road

City Irvona	State PA	Zip Code 16656
----------------	-------------	-------------------

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

Name of Employer Penn Highland Clearfield Home	Occupation Director
---	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	19	/	2016

Transaction ID : SA12.4224

Amount of Each Receipt this Period
50.00

Memo Item
contribution

C. Kathy Yost
Full Name (Last, First, Middle Initial)
Mailing Address 41 Hunters Run

City Newton Square	State PA	Zip Code 19073
-----------------------	-------------	-------------------

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

Name of Employer Millenium Home Health	Occupation Director
---	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
30.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	18	/	2016

Transaction ID : SA12.4196

Amount of Each Receipt this Period
30.00

Memo Item
contribution

SUBTOTAL of Receipts This Page (optional).....	▶	130.00
TOTAL This Period (last page this line number only).....	▶	3245.00