

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED  
FEC MAIL CENTER  
2017 APR 13 AM 10:26

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

AMERICAN ASSOCIATION FOR RESPIRATORY CARE  
POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

9425 N MAC ARTHUR BLVD #100

Check if different than previously reported. (ACC)

WINING TX 75063-1206

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

000150291

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

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

01/01/2017

through

03/31/2017

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

Richard A. Lauer

Signature of Treasurer

*Richard A. Lauer*

Date

03/31/2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only

**FEC FORM 3X**  
Rev. 05/2016

2017-04-13 10:00:47

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name **AARC**

**AMERICAN ASSOCIATION FOR RESPIRATORY CARE**

Report Covering the Period: From: **01 / 01 / 2017** To: **03 / 31 / 2017**

|   | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1, <b>2017</b>   |                         | 132,170.71                        |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....   | 132,170.71              |                                   |
| (c) Total Receipts (from Line 19) .....   | 595.55                  | 595.55                            |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for, Column A and Lines<br>6(a) and 6(c) for Column B).....      | 132,766.26              | 132,766.26                        |
| 7. Total Disbursements (from Line 31).....  | 0.00                    | 0.00                              |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                  | 132,766.26              | 132,766.26                        |
| 9. Debts and Obligations Owed TO<br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  |                         |                                   |
| 10. Debts and Obligations Owed BY<br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... |                         |                                   |

2017-04-13 00:14:11

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. 05/2016)

Page 3

Write or Type Committee Name AAACCPAC  
AMERICAN ASSOCIATION FOR RESPIRATORY CARE

Report Covering the Period: From: 01/01/2017 To: 03/31/2017

**I. Receipts**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

|   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees   |                               |                                   |
| (i) Itemized (use Schedule A).....  |                               |                                   |
| (ii) Unitemized.....  |                               |                                   |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶   | 538.50                        | 538.50                            |
| (b) Political Party Committees.....   |                               |                                   |
| (c) Other Political Committees (such as PACs).....  |                               |                                   |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶  |                               |                                   |
| 12. Transfers From Affiliated/Other Party Committees.....   |                               |                                   |
| 13. All Loans Received.....   |                               |                                   |
| 14. Loan Repayments Received.....   |                               |                                   |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... |                               |                                   |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....           |                               |                                   |
| 17. Other Federal Receipts (Dividends, Interest, etc.).....   | 57.05                         | 57.05                             |
| 18. Transfers from Non-Federal and Levin Funds  |                               |                                   |
| (a) Non-Federal Account (from Schedule H3).....   |                               |                                   |
| (b) Levin Funds (from Schedule H5).....   |                               |                                   |
| (c) Total Transfers (add 18(a) and 18(b))..   |                               |                                   |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶                         | 595.55                        | 595.55                            |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶                                   | 595.55                        | 595.55                            |

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**DETAILED SUMMARY PAGE**  
of Disbursements

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| III. Net Contributions/<br>Operating Expenditures                                    | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 53,850                        | 53,850                            |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            |                               |                                   |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    |                               |                                   |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 00                            | 00                                |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....                | 00                            | 00                                |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 00                            | 00                                |

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Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

|  |   |
|--|---|
| <input type="checkbox"/> Hand Delivered  | Date of Receipt                                     |
| <input type="checkbox"/> USPS First Class Mail                                       | Date of Receipt                                     |
| <input type="checkbox"/> USPS Registered/Certified                                   | Postmarked (R/C)                                    |
| <input type="checkbox"/> USPS Priority Mail  | Postmarked  |
| <input type="checkbox"/> USPS Priority Mail Express                                  | Postmarked  |
| <input type="checkbox"/> Postmark Illegible  |   |
| <input type="checkbox"/> No Postmark   |   |
| <input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>UPS</i> | Shipping Date<br><i>4/12/17</i>                     |
|  | Next Business Day Delivery <input type="checkbox"/> |
| <input type="checkbox"/> Received from House Records & Registration Office           | Date of Receipt                                     |
| <input type="checkbox"/> Received from Senate Public Records Office                  | Date of Receipt                                     |
| <input type="checkbox"/> Received from Electronic Filing Office                      | Date of Receipt                                     |
| <input type="checkbox"/> Other (Specify):  | Date of Receipt or Postmarked                       |

PREPARER  
(3/2015)

*[Handwritten Signature]*

*4/13/17*  
DATE PREPARED

2017-04-13 PM 08:47:16