

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.
American Health Care Association Political Action Committee

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 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) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / through / /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Ms. Robin Hillier

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Health Care Association Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		433429.72
(b) Cash on Hand at Beginning of Reporting Period.....	452515.06	
(c) Total Receipts (from Line 19)	46491.00	270332.22
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	499006.06	703761.94
7. Total Disbursements (from Line 31).....	85615.75	290371.63
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	413390.31	413390.31
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).....	42624.39	236581.96
(ii) Unitemized	3866.61	12750.26
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	46491.00	249332.22
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	46491.00	254332.22
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	15000.00
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))..... ▶	46491.00	270332.22
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	46491.00	270332.22

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	2115.75	5671.63
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2115.75	5671.63
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	78500.00	279500.00
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	200.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	200.00
29. Other Disbursements	5000.00	5000.00
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)) ..	85615.75	290371.63
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	85615.75	290371.63

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)	46491.00	254332.22
34. Total Contribution Refunds (from Line 28(d))	0.00	200.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	46491.00	254132.22
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2115.75	5671.63
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2115.75	5671.63

**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 33
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) A. Gary D Anderson		Date of Receipt MM / DD / YYYY 04 / 02 / 2014 Transaction ID : C2671664
Mailing Address 5420 West Plano Parkway		Amount of Each Receipt this Period 5000.00
City Plano	State TX	Zip Code 75093-4823
FEC ID number of contributing federal political committee. C		
Name of Employer Preferred Care Partners Group	Occupation Health Care Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. Lyn C. Bentley		Date of Receipt MM / DD / YYYY 04 / 25 / 2014 Transaction ID : C2725398
Mailing Address 2212 Hidden Valley Ln		Amount of Each Receipt this Period 83.32
City Silver Spring	State MD	Zip Code 20904-5240
FEC ID number of contributing federal political committee. C		
Name of Employer American Health Care Association	Occupation Senior Director, Regulatory Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.30	* Payroll Deduction: \$41.66 Bi-Weekly

Full Name (Last, First, Middle Initial) C. Heath Boddy		Date of Receipt MM / DD / YYYY 04 / 12 / 2014 Transaction ID : C2713359
Mailing Address 2201 N 98th Street		Amount of Each Receipt this Period 85.00
City Lincoln	State NE	Zip Code 68505
FEC ID number of contributing federal political committee. C		
Name of Employer Nebraska Health Care Association	Occupation State Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

SUBTOTAL of Receipts This Page (optional).....▶	5168.32
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 33
	<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. Robert C. Breeden
 Full Name (Last, First, Middle Initial)
 Mailing Address 2869 Persian Ln
 City New Market State TN Zip Code 37820
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 769.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 09 / 2014
Transaction ID : C2719613
 Amount of Each Receipt this Period
 397.00

B. Robert C. Breeden
 Full Name (Last, First, Middle Initial)
 Mailing Address 2869 Persian Ln
 City New Market State TN Zip Code 37820
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 769.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 17 / 2014
Transaction ID : C2719617
 Amount of Each Receipt this Period
 372.00

C. Richard Brockman
 Full Name (Last, First, Middle Initial)
 Mailing Address 420 N 20th Street Suite 3400
 City Birmingham State AL Zip Code 35203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Burr & Forman LLP
 Occupation Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 09 / 2014
Transaction ID : C2730861
 Amount of Each Receipt this Period
 2500.00

SUBTOTAL of Receipts This Page (optional).....▶	3269.00
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 8 OF 33
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Greg H. Brown

Mailing Address 155 West Point Court

City State Zip Code
 Tonka Bay MN 55331

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

Name of Employer Occupation
 Tealwood Care Centers Inc. President & CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 09 / 2014

Transaction ID : C2730854

Amount of Each Receipt this Period
 1000.00

Full Name (Last, First, Middle Initial)
B. Karen H. Chadderton

Mailing Address 4 Wagon Road

City State Zip Code
 Enfield CT 06082-5639

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

Name of Employer Occupation
 Riverside Health & Rehabilitation Cent Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 09 / 2014

Transaction ID : C2730860

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
C. Scott Chon

Mailing Address 32475 Clinton Keith Road
 Suite 101

City State Zip Code
 Wildemar CA 92595

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

Name of Employer Occupation
 Securities America Advisors Inc. Financial Advisor

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 / 17 / 2014

Transaction ID : C2716526

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00

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 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Laurence Daspit

Mailing Address 22 Sterling Dale Place

City The Woodlands State TX Zip Code 77382

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

Name of Employer Senior Care Centers Occupation CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 02 / 2014
Transaction ID : C2701177

Amount of Each Receipt this Period
500.00

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

Mailing Address 720 Avila Drive

City Davidsonville State MD Zip Code 21035

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 25 / 2014
Transaction ID : C2721544

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
C. Anthony Durante

Mailing Address 26 North Broadway

City Schenectady State NY Zip Code 12305

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

Name of Employer DMN Management Services Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 09 / 2014
Transaction ID : C2704498

Amount of Each Receipt this Period
625.00

SUBTOTAL of Receipts This Page (optional).....▶	2125.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. John Getts		Date of Receipt MM / DD / YYYY 04 / 25 / 2014 Transaction ID : C2725384
Mailing Address 55 Harris Road		Amount of Each Receipt this Period 250.00
City Nashua	State NH	Zip Code 03062-2145
FEC ID number of contributing federal political committee. C	Name of Employer Kindred Health Care	Occupation Executive Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Howard Groff		Date of Receipt MM / DD / YYYY 04 / 03 / 2014 Transaction ID : C2671976
Mailing Address 7400 West 109th Street		Amount of Each Receipt this Period 1250.00
City Bloomington	State MN	Zip Code 55438
FEC ID number of contributing federal political committee. C	Name of Employer Tealwood Senior Living	Occupation President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) C. Gerald Hamilton		Date of Receipt MM / DD / YYYY 04 / 30 / 2014 Transaction ID : C2725379
Mailing Address 7612 Rio Penasco Court NW		Amount of Each Receipt this Period 250.00
City Albuquerque	State NM	Zip Code 87120
FEC ID number of contributing federal political committee. C	Name of Employer R&G Healthcare Management	Occupation Owner
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
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 33
	<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. Todd Hightower
Full Name (Last, First, Middle Initial)

Mailing Address 217 Lakewood Road

City Van Buren State AR Zip Code 72956

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

Name of Employer Healthmark Services Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1666.67

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 17 / 2014
Transaction ID : C2719623

Amount of Each Receipt this Period
 1666.67

B. Margaret Hodgson
Full Name (Last, First, Middle Initial)

Mailing Address 509 E Fannin St

City De Kalb State TX Zip Code 75559-1838

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

Name of Employer Omaha Healthcare Center Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 09 / 2014
Transaction ID : C2730855

Amount of Each Receipt this Period
 500.00

C. Joyce Humiston
Full Name (Last, First, Middle Initial)

Mailing Address 1004 E Main St

City Cortez State CO Zip Code 81321-3326

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

Name of Employer C & G Health Care Management Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 02 / 2014
Transaction ID : C2702704

Amount of Each Receipt this Period
 2500.00

SUBTOTAL of Receipts This Page (optional).....▶	4666.67
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 33
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Jeanne C. Jaeckels		Date of Receipt MM / DD / YYYY 04 / 30 / 2014 Transaction ID : C2725378
Mailing Address 12120 24th Street		Amount of Each Receipt this Period 250.00
City Clear Lake	State MN	Zip Code 55319
FEC ID number of contributing federal political committee. C		
Name of Employer Tealwood Senior Living	Occupation Director of Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Diane Johnson		Date of Receipt MM / DD / YYYY 04 / 09 / 2014 Transaction ID : C2730859
Mailing Address 206 Ruth Road		Amount of Each Receipt this Period 1000.00
City Fleetwood	State PA	Zip Code 19522
FEC ID number of contributing federal political committee. C		
Name of Employer HCR Manorcare	Occupation Regional Director of Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Loretta Kaes		Date of Receipt MM / DD / YYYY 04 / 25 / 2014 Transaction ID : C2725386
Mailing Address 832 Sunrise Blvd		Amount of Each Receipt this Period 250.00
City Forked River	State NJ	Zip Code 08731
FEC ID number of contributing federal political committee. C		
Name of Employer Chelsea Senior Living	Occupation VP Health Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 33
	<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

Full Name (Last, First, Middle Initial)
A. Donna Kelsey

Mailing Address 5 Greenview Terrace

City State Zip Code
Middletown CT 06457

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

Name of Employer Occupation
Revera Health Systems Nursing Centers

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 17 / 2014

Transaction ID : C2716525

Amount of Each Receipt this Period
1500.00

Full Name (Last, First, Middle Initial)
B. Rosemary C. Kilby

Mailing Address 1215 Carbon Canyon Rd

City State Zip Code
Chino Hills CA 91709-2353

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

Name of Employer Occupation
Landmark Medical Center Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 14 / 2014

Transaction ID : C2714851

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
C. David A Kylo

Mailing Address 4621 28th Road South

City State Zip Code
Arlington VA 22206

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

Name of Employer Occupation
National Center for Assisted Living Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
434.80

Date of Receipt
M M / D D / Y Y Y Y
04 / 25 / 2014

Transaction ID : C2725405

Amount of Each Receipt this Period
217.40

* Payroll Deduction: \$108.70 Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ▶ 2717.40

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 14 OF 33
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Linda Larkin

Mailing Address 1304 Avenue B

City State Zip Code
 Fort Madison IA 52627-2611

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

Name of Employer Occupation
 Agemark Corporation VP of Operations

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 / 17 / 2014
Transaction ID : C2719620

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. William Bruce Levering

Mailing Address 6180 Sparta Road

City State Zip Code
 Fredericktown OH 43019

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

Name of Employer Occupation
 Levering Management CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 17 / 2014
Transaction ID : C2719618

Amount of Each Receipt this Period
 1500.00

Full Name (Last, First, Middle Initial)
C. Kelli Likes

Mailing Address 321 S Chestnut St

City State Zip Code
 Cortez CO 81321-3627

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

Name of Employer Occupation
 Rio Grande Inn Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 02 / 2014
Transaction ID : C2702703

Amount of Each Receipt this Period
 2500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 4250.00

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 15 OF 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Patrick Martone
Full Name (Last, First, Middle Initial)

Mailing Address 26 North Broadway

City Schenectady State NY Zip Code 12305

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

Name of Employer Capital Living Nursing & Rehabilitatio Occupation Health Care Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
04 / 09 / 2014
Transaction ID : C2704499

Amount of Each Receipt this Period
625.00

B. Carol Sue Nair
Full Name (Last, First, Middle Initial)

Mailing Address 128 Kings Court

City Waxahachie State TX Zip Code 75165-4807

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

Name of Employer Renfro Healthcare Center Occupation Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
04 / 17 / 2014
Transaction ID : C2719619

Amount of Each Receipt this Period
250.00

C. Russell V Peterson
Full Name (Last, First, Middle Initial)

Mailing Address 5281 Ventura Dr

City Fremont State NE Zip Code 68025-9779

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

Name of Employer Nye Senior Living Occupation Regional Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
04 / 25 / 2014
Transaction ID : C2725388

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1875.00

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 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Kelly Priegnitz		Date of Receipt M M / D D / Y Y Y Y 04 / 29 / 2014 Transaction ID : C2724491
Mailing Address 160 S St. Gregory Church Rd		Amount of Each Receipt this Period 250.00
City Samuels	State KY	Zip Code 40013
FEC ID number of contributing federal political committee. C	Name of Employer Kindred Healthcare, Inc.	Occupation VP and Chief Counsel
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Derek Prince		Date of Receipt M M / D D / Y Y Y Y 04 / 02 / 2014 Transaction ID : C2671663
Mailing Address 1009 Lausanne Aven		Amount of Each Receipt this Period 5000.00
City Dallas	State TX	Zip Code 75208
FEC ID number of contributing federal political committee. C	Name of Employer Mason Health	Occupation President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. Mindy Provence		Date of Receipt M M / D D / Y Y Y Y 04 / 09 / 2014 Transaction ID : C2719614
Mailing Address 5420 Plano Parkway		Amount of Each Receipt this Period 250.00
City Plano	State TX	Zip Code 75064
FEC ID number of contributing federal political committee. C	Name of Employer West Gables Health Care Center	Occupation Vice President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	5500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mebane Pruitt
Full Name (Last, First, Middle Initial)
Mailing Address 1626 Jeurgens Ct
City Norcross State GA Zip Code 30093
FEC ID number of contributing federal political committee. **C**
Name of Employer N/A Occupation Homemaker
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1666.00

Date of Receipt
04 / 29 / 2014
Transaction ID : C2724553
Amount of Each Receipt this Period
1666.00

B. Neil Pruitt Jr.
Full Name (Last, First, Middle Initial)
Mailing Address 1626 Jeurgens Ct
City Norcross State GA Zip Code 30093
FEC ID number of contributing federal political committee. **C**
Name of Employer PruittHealth Occupation President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1666.00

Date of Receipt
04 / 29 / 2014
Transaction ID : C2724493
Amount of Each Receipt this Period
1666.00

C. Jeanne Sanders
Full Name (Last, First, Middle Initial)
Mailing Address 19 NH Route 104
City Meredith State NH Zip Code 03253-5715
FEC ID number of contributing federal political committee. **C**
Name of Employer Golden View Health Care Occupation Administrator
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
04 / 25 / 2014
Transaction ID : C2725387
Amount of Each Receipt this Period
250.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Gail Sheridan
Full Name (Last, First, Middle Initial)

Mailing Address 20 St. Mark's Bay

City Faribault State MN Zip Code 55021

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

Name of Employer Tealwood Care Centers Occupation Healthcare Mangement

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 03 / 2014

Transaction ID : C2702708

Amount of Each Receipt this Period
 1000.00

B. John Craig Souza
Full Name (Last, First, Middle Initial)

Mailing Address 5109 Bur Oak Cir

City Raleigh State NC Zip Code 27612-3101

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

Name of Employer North Carolina Health Care Facilities Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 03 / 2014

Transaction ID : C2702706

Amount of Each Receipt this Period
 1000.00

C. Jeffrey Steggerda
Full Name (Last, First, Middle Initial)

Mailing Address 6750 Westown Pkwy

City West Des Moines State IA Zip Code 50266-7726

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

Name of Employer Iowa Health Care Association Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 09 / 2014

Transaction ID : C2730865

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2250.00

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 19 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Harvey Tettlebaum
 Full Name (Last, First, Middle Initial)
 Mailing Address 56295 Little Moniteau Road
 City State Zip Code
 California MO 65018-3069
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Husch & Eppenberger, LLC Attorney
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 221.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 09 / 2014
Transaction ID : C2730869
 Amount of Each Receipt this Period
 221.00

B. Yrene Waldron
 Full Name (Last, First, Middle Initial)
 Mailing Address 2621 Majestic Drive
 City State Zip Code
 Wilmington DE 19810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Delaware Healthcare Facilities Associa State Executive
 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 / 11 / 2014
Transaction ID : C2713298
 Amount of Each Receipt this Period
 250.00

C. Paula Warren
 Full Name (Last, First, Middle Initial)
 Mailing Address 3301 Alabama Ave
 City State Zip Code
 Alexandria VA 22305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 American Health Care Association CIO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 27 / 2014
Transaction ID : C2721940
 Amount of Each Receipt this Period
 750.00

SUBTOTAL of Receipts This Page (optional).....▶	1221.00
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 20 OF 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Horace Winchester
Full Name (Last, First, Middle Initial)

Mailing Address 10 Kachina Lane

City Placitas State NM Zip Code 87043

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

Name of Employer On Pointe Health Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 07 / 2014

Transaction ID : C2703794

Amount of Each Receipt this Period
500.00

B. Michael Wylie
Full Name (Last, First, Middle Initial)

Mailing Address 205 Fairview Road

City Clarks Green State PA Zip Code 18411

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

Name of Employer Genesis Healthcare Occupation VP Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 02 / 2014

Transaction ID : C2701179

Amount of Each Receipt this Period
500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	42624.39

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 07 / 2014

Transaction ID : D158211

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 14 / 2014

Transaction ID : D158212

Amount of Each Disbursement this Period

40.00

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 15 / 2014

Transaction ID : D158213

Amount of Each Disbursement this Period

4.00

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

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

244.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 18 / 2014

Transaction ID : D158214

Amount of Each Disbursement this Period

32.00

B. American Express

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 21 / 2014

Transaction ID : D158215

Amount of Each Disbursement this Period

48.00

C. BB&T Merchant Services

Mailing Address PO Box 200

City Wilson State NC Zip Code 27894-0200

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 15 / 2014

Transaction ID : D158209

Amount of Each Disbursement this Period

58.40

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

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

138.40

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. BB&T Merchant Services

Mailing Address PO Box 200

City Wilson State NC Zip Code 27894-0200

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 15 / 2014

Transaction ID : D158210

Amount of Each Disbursement this Period

1305.87

Full Name (Last, First, Middle Initial)

B. BB&T

Mailing Address 1099 New York Ave NW
Ste 100

City Washington State DC Zip Code 20001-4452

Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 21 / 2014

Transaction ID : D158207

Amount of Each Disbursement this Period

330.53

Full Name (Last, First, Middle Initial)

C. BB&T

Mailing Address 1099 New York Ave NW
Ste 100

City Washington State DC Zip Code 20001-4452

Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 21 / 2014

Transaction ID : D158208

Amount of Each Disbursement this Period

96.95

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

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

1733.35

2115.75

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. AMERICA'S FUTURE FUND PAC

Mailing Address 150 Smokerise Dr

City Wadsworth State OH Zip Code 44281-8701

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		08		2014

Transaction ID : D157192

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. COUNTRY ROADS PAC

Mailing Address PO Box 1387

City Charleston State WV Zip Code 25325-1387

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		07		2014

Transaction ID : D157166

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Dakota Prairie PAC

Mailing Address 600 Pennsylvania Ave SE
Suite 210

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

M M M	/	D D D	/	Y Y Y Y Y
04		23		2014

Transaction ID : D157681

Amount of Each Disbursement this Period

5000.00

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

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

11000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol St SE

City Washington State DC Zip Code 20003-4024

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
04 / 23 / 2014

Transaction ID : D157677

Amount of Each Disbursement this Period

15000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF DAVE JOYCE

Mailing Address 320 Kenarden Dr

City Cleveland State OH Zip Code 44134

Purpose of Disbursement Contribution

Candidate Name

David P Joyce

Office Sought: House Senate President
State: OH District: 14

Disbursement For: 2014 Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 28 / 2014

Transaction ID : D157751

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF PATRICK MURPHY

Mailing Address 4521 PGA BLVD. #412

City Palm Beach Gardens State FL Zip Code 33418

Purpose of Disbursement Contribution

Candidate Name

Rep. Patrick Murphy

Office Sought: House Senate President
State: FL District: 18

Disbursement For: 2014 Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 23 / 2014

Transaction ID : D157679

Amount of Each Disbursement this Period

1000.00

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

17000.00

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

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

Full Name (Last, First, Middle Initial)

A. JOE KENNEDY FOR CONGRESS

Mailing Address PO BOX 590464

City State Zip Code
Newton Center MA 02459

Purpose of Disbursement
Contribution

Candidate Name

Rep. Joseph P. Kennedy III

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MA District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		07		2014

Transaction ID : D157168

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. LEADERSHIP OF TODAY AND TOMORROW

Mailing Address 607 14TH STREET NW SUITE 800

City State Zip Code
WASHINGTON DC 20005

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		23		2014

Transaction ID : D157680

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. MODERATE DEMOCRATS PAC

Mailing Address 426 C STREET NE

City State Zip Code
Washington DC 20002

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		11		2014

Transaction ID : D157440

Amount of Each Disbursement this Period

5000.00

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

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

7000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. NEW MILLENNIUM PAC

Mailing Address ONE GATEWAY CENTER
SUITE 520

City NEWARK State NJ Zip Code 07102

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 14 / 2014

Transaction ID : D157487

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. O'Say Can You See PAC

Mailing Address P.O. Box 468

City Annapolis State MD Zip Code 21404

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 24 / 2014

Transaction ID : D157694

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. PATRIOTS FOR PERRY

Mailing Address PO BOX 147

City RED LION State PA Zip Code 17356

Purpose of Disbursement
Contribution

Candidate Name

Rep. Scott Perry

Office Sought: House
 Senate
 President
State: PA District: 04

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 28 / 2014

Transaction ID : D157744

Amount of Each Disbursement this Period

2000.00

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

12000.00

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

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. FRIENDS OF GLENN THOMPSON

Mailing Address PO Box 1112

City State Zip Code
State College PA 16804

Purpose of Disbursement
Contribution

Candidate Name

Rep. Glenn Thompson

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	1	4

Transaction ID : D157745

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. KATHERINE CLARK FOR CONGRESS

Mailing Address PO Box 361

City State Zip Code
Malden MA 02148-0004

Purpose of Disbursement
Contribution

Candidate Name

Rep. Katherine M. Clark

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MA District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	3		2	0	1	4

Transaction ID : D157678

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. KEVIN MCCARTHY FOR CONGRESS

Mailing Address PO Box 12667

City State Zip Code
Bakersfield CA 93389

Purpose of Disbursement
Contribution

Candidate Name

Rep. Kevin McCarthy

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 23

Date of Disbursement

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

Transaction ID : D157170

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

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

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

7	5	0	0	.	0	0
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2	5	0	0	.	0	0
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. WESTMORELAND FOR CONGRESS

Mailing Address P.O. BOX 458

City SHARPSBURG State GA Zip Code 30277

Purpose of Disbursement
Contribution

Candidate Name
Rep. Lynn Westmoreland

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	1	4

Transaction ID : **D157746**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. MIKE KELLY FOR CONGRESS

Mailing Address PO BOX 476

City LYNDORA State PA Zip Code 16045

Purpose of Disbursement
Contribution

Candidate Name
Rep. Mike Kelly

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	1	4

Transaction ID : **D157743**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. SIMPSON FOR CONGRESS

Mailing Address 1487 PARKWAY DRIVE

City BLACKFOOT State ID Zip Code 83221

Purpose of Disbursement
Contribution

Candidate Name
Rep. Mike Simpson

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: ID District: 02

Date of Disbursement

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

Transaction ID : **D157437**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

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

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

7	5	0	0	.	0	0
---	---	---	---	---	---	---

2	5	0	0	.	0	0
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. THE NIKI TSONGAS COMMITTEE

Mailing Address PO Box 1454

City Lowell State MA Zip Code 01853

Purpose of Disbursement
Contribution

Candidate Name

Rep. Niki Tsongas

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 07 / 2014

Transaction ID : D157171

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. CRAWFORD FOR CONGRESS

Mailing Address PO BOX 16956

City JONESBORO State AR Zip Code 72403

Purpose of Disbursement
Contribution

Candidate Name

Rep. Rick Crawford

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 28 / 2014

Transaction ID : D157741

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. SCALISE FOR CONGRESS

Mailing Address PO Box 23219

City Jefferson State LA Zip Code 70183

Purpose of Disbursement
Contribution

Candidate Name

Rep. Steve Scalise

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 28 / 2014

Transaction ID : D157750

Amount of Each Disbursement this Period

2500.00

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

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

Full Name (Last, First, Middle Initial)

A. STIVERS FOR CONGRESS

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220

Purpose of Disbursement Contribution

Candidate Name

Rep. Steve Stivers

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: OH District: 15

Date of Disbursement

MM / DD / YYYY
04 / 01 / 2014

Transaction ID : D155761

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. WOMACK FOR CONGRESS COMMITTEE

Mailing Address PO BOX 508

City ROGERS State AR Zip Code 72757

Purpose of Disbursement Contribution

Candidate Name

Rep. Steve Womack

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: AR District: 03

Date of Disbursement

MM / DD / YYYY
04 / 28 / 2014

Transaction ID : D157747

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. VOICE FOR FREEDOM

Mailing Address 2814 SPRING ROAD, STE. 103

City ATLANTA State GA Zip Code 30339

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
04 / 01 / 2014

Transaction ID : D155763

Amount of Each Disbursement this Period

1500.00

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

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

5500.00

78500.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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. Oregon Democratic Party

Mailing Address 232 NE 9th Ave

City Portland State OR Zip Code 97232-2915

Purpose of Disbursement
Non-Federal Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	01	/	2014

Transaction ID : D155760

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

5000.00

5000.00
