

**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="2013"/>	<input type="text" value="287615.28"/>	<input type="text" value="287615.28"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="456842.01"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="24028.14"/>	<input type="text" value="905224.79"/>
(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="480870.15"/>	<input type="text" value="1192840.07"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="47440.43"/>	<input type="text" value="759410.35"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="433429.72"/>	<input type="text" value="433429.72"/>
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

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).....	18560.32	830535.90
(ii) Unitemized	467.82	30051.51
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	19028.14	860587.41
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	27500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	24028.14	888087.41
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	1931.13
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	14000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	1206.25
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))..... ▶	24028.14	905224.79
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	24028.14	905224.79

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	940.43	16621.11
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	940.43	16621.11
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	45500.00	695632.99
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	29650.00
(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	29650.00
29. Other Disbursements	1000.00	17506.25
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)) ..	47440.43	759410.35
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	47440.43	759410.35

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)	24028.14	888087.41
34. Total Contribution Refunds (from Line 28(d))	0.00	29650.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	24028.14	858437.41
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	940.43	16621.11
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	1931.13
38. Net Operating Expenditures (subtract Line 37 from Line 36)	940.43	14689.98

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 31
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A. Vernon Baker
Full Name (Last, First, Middle Initial)

Mailing Address 120 Dogwood Lane

City Orange State VA Zip Code 22960-1058

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

Name of Employer Dogwood Village Occupation Administrator

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
12 / 18 / 2013

Transaction ID : C2517938

Amount of Each Receipt this Period
250.00

B. Cecil Barcelo
Full Name (Last, First, Middle Initial)

Mailing Address 411 Alabama Ave

City League City State TX Zip Code 77573-2615

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

Name of Employer Baywind Village Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **917.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 18 / 2013

Transaction ID : C2523079

Amount of Each Receipt this Period
275.00

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

Mailing Address 1185 Wilde Run Court

City Roswell State GA Zip Code 30075

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

Name of Employer Cypress Administrative Services, LLC Occupation Vice President, Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1100.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 27 / 2013

Transaction ID : C2521050

Amount of Each Receipt this Period
275.00

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

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

A. Douglas Cecil
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 3347

City Spartanburg State SC Zip Code 29304-3347

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

Name of Employer White Oak Manor Occupation Director, Human Resources

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
 12 / 31 / 2013

Transaction ID : C2526497

Amount of Each Receipt this Period
 1000.00

B. David Conaway
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 936

City Rock Springs State WY Zip Code 82902-0936

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

Name of Employer Sheridan Manor Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1010.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2013

Transaction ID : C2523076

Amount of Each Receipt this Period
 1010.00

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

Mailing Address 1600 S. Eads Street Apt. 1236 N

City Arlington State VA Zip Code 22202

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

Name of Employer American Health Care Association Occupation Manager, LTC Trend Tracker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2013

Transaction ID : C2523104

Amount of Each Receipt this Period
 25.95

* Payroll Deduction: \$13.05 Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ▶ 2035.95

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 31
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Delores Cregg

Mailing Address 118 Tankersley Rd.

City State Zip Code
Mount Pleasant TX 75455

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

Name of Employer Occupation
Regency Healthcare and Rehab Center 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
12 / 31 / 2013
Transaction ID : C2526498

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. David Ellis

Mailing Address Lincoln Healthcare Group

City State Zip Code
Norwalk CT 06850-1219

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

Name of Employer Occupation
Lincoln Healthcare Group President

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
12 / 04 / 2013
Transaction ID : C2504123

Amount of Each Receipt this Period
2500.00

Full Name (Last, First, Middle Initial)
C. Joanne E Erickson

Mailing Address 911 S Randolph St

City State Zip Code
Arlington VA 22204-1564

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

Name of Employer Occupation
American Health Care Association Editor in Chief, Provider Magazine

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.02

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 23 / 2013
Transaction ID : C2523106

Amount of Each Receipt this Period
95.24

* Payroll Deduction: \$47.62 Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	3095.24
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 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Ronald Goux
Full Name (Last, First, Middle Initial)

Mailing Address 2045 Highway 59
PO Box 1429

City Mandeville State LA Zip Code 70448-1909

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

Name of Employer Gulf South Medical Enterprises Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
12 / 11 / 2013
Transaction ID : **C2510582**

Amount of Each Receipt this Period
625.00

B. William J. Griffith
Full Name (Last, First, Middle Initial)

Mailing Address 1421 T Street, NW
Apt. #1

City Washington State DC Zip Code 20009

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

Name of Employer American Health Care Association Occupation Manager, Political Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
12 / 23 / 2013
Transaction ID : **C2523107**

Amount of Each Receipt this Period
34.60

* Payroll Deduction: \$17.40 Bi-Weekly

C. Jennifer S Hahs
Full Name (Last, First, Middle Initial)

Mailing Address 12423 Flint Street

City Overland Park State KS Zip Code 66213

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

Name of Employer American Health Care Association Occupation Director, Political Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.04

Date of Receipt
12 / 23 / 2013
Transaction ID : **C2523108**

Amount of Each Receipt this Period
86.96

* Payroll Deduction: \$43.48 Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	746.56
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 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. David Jacobs
 Full Name (Last, First, Middle Initial)
 Mailing Address 2145 Great Elm Lane
 City Highland Park State IL Zip Code 60035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medline Industries Inc. Occupation Senior VP, Sales
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1001.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 13 / 2013
Transaction ID : C2514040
 Amount of Each Receipt this Period
143.00

B. Carole Jones
 Full Name (Last, First, Middle Initial)
 Mailing Address 5601 Seminary Road, Apt. 2505N
 City Falls Church State VA Zip Code 22041
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Health Care Association Occupation Executive Assistant to the President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 09 / 2013
Transaction ID : C2523073
 Amount of Each Receipt this Period
75.00

c. Cheryl Killian
 Full Name (Last, First, Middle Initial)
 Mailing Address 3801 Woodside Dr
 City Arlington State TX Zip Code 76016-3030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Legacy Care Centers Inc. Occupation President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 24 / 2013
Transaction ID : C2526495
 Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional).....	243.00
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 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 4621 28th Road South

City Arlington State VA Zip Code 22206

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

Name of Employer National Center for Assisted Living Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2499.95

Date of Receipt
 12 / 23 / 2013
Transaction ID : C2523109

Amount of Each Receipt this Period
 266.66

* Payroll Deduction: \$133.33 Bi-Weekly

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

Mailing Address 11 Blue Jay Terrace

City Aliso Viejo State CA Zip Code 92656

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

Name of Employer Harbor Health Care Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 12 / 05 / 2013
Transaction ID : C2504863

Amount of Each Receipt this Period
 125.00

C. R. Peter Madel Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 108 8th St NW

City Waseca State MN Zip Code 56093-1912

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

Name of Employer Lake Shore Inn Nursing Home Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 12 / 18 / 2013
Transaction ID : C2523080

Amount of Each Receipt this Period
 275.00

SUBTOTAL of Receipts This Page (optional).....▶	666.66
TOTAL This Period (last page this line number only).....▶	

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

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

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

A. Bethany R Martino
Full Name (Last, First, Middle Initial)

Mailing Address 8559 Window Latch Way

City Columbia State MD Zip Code 21045

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

Name of Employer American Health Care Association Occupation Vice President, Public Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1800.21**

Date of Receipt
 / /
Transaction ID : C2523110

Amount of Each Receipt this Period

* Payroll Deduction: \$78.27 Bi-Weekly

B. Julie C Painter
Full Name (Last, First, Middle Initial)

Mailing Address 5023 Waple Ln

City Alexandria State VA Zip Code 22304-7727

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

Name of Employer American Health Care Association Occupation Vice President of Constituency Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.02**

Date of Receipt
 / /
Transaction ID : C2523111

Amount of Each Receipt this Period

* Payroll Deduction: \$21.74 Bi-Weekly

C. Mark V Parkinson
Full Name (Last, First, Middle Initial)

Mailing Address 8930 Harvest Square Ct

City Potomac State MD Zip Code 20854-4475

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

Name of Employer American Health Care Association Occupation President and CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5200.00**

Date of Receipt
 / /
Transaction ID : C2523112

Amount of Each Receipt this Period

* Payroll Deduction: \$200.00 Bi-Weekly; See refund of 12/23/13 contribution on next report.

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="600.02"/>
TOTAL This Period (last page this line number only).....	<input type="text" value=""/>

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

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

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

A. Christopher Parks
Full Name (Last, First, Middle Initial)

Mailing Address 1730 Truro Rd

City Crofton State MD Zip Code 21114-2520

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

Name of Employer American Health Care Association Occupation Director of IT and Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **520.02**

Date of Receipt **12 / 23 / 2013**

Transaction ID : C2523113

Amount of Each Receipt this Period **43.48**

* Payroll Deduction: \$21.74 Bi-Weekly

B. Deborah Petrine
Full Name (Last, First, Middle Initial)

Mailing Address 992 Vista Pkwy

City Hardy State VA Zip Code 24101-3326

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

Name of Employer Commonwealth Care of Roanoke Occupation CEO/President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **12 / 23 / 2013**

Transaction ID : C2523099

Amount of Each Receipt this Period **1000.00**

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

Mailing Address 1200 S Courthouse Road Apt 428

City Arlington State VA Zip Code 22204

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

Name of Employer AHCA/NCAL Occupation Director, Membership & Business Develo

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **460.00**

Date of Receipt **12 / 23 / 2013**

Transaction ID : C2523114

Amount of Each Receipt this Period **40.00**

* Payroll Deduction: \$20.00 Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... **1083.48**

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

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

A. Susan Richardson
Full Name (Last, First, Middle Initial)

Mailing Address 2943 McKinley Street NW

City Washington State DC Zip Code 20015

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

Name of Employer AHCA Occupation Government Relations

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
 12 / 18 / 2013

Transaction ID : C2518047

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 7265 Kenwood Road # 300

City Cincinnati State OH Zip Code 45236-4414

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

Name of Employer Nursing Care Management Occupation Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2013

Transaction ID : C2523072

Amount of Each Receipt this Period
 137.25

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

Mailing Address 8024 Westchester Place

City Montgomery State AL Zip Code 36117

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

Name of Employer Schmidt Wallace Healthcare Occupation Owner/Administrator

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
 12 / 20 / 2013

Transaction ID : C2520284

Amount of Each Receipt this Period
 125.00

SUBTOTAL of Receipts This Page (optional).....▶	1262.25
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 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<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. Gerald Schroer Jr.

Mailing Address 1608 Muirfield NW

City Canton State OH Zip Code 44708

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

Name of Employer TSG Ancillaries Occupation Healthcare Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 18 / 2013

Transaction ID : C2517939

Amount of Each Receipt this Period
1250.00

Full Name (Last, First, Middle Initial)
B. Christina L Sharp

Mailing Address 1644 Mount Eagle Pl

City Alexandria State VA Zip Code 22302-2121

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

Name of Employer American Health Care Association Occupation Director, Member Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.01**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 23 / 2013

Transaction ID : C2523116

Amount of Each Receipt this Period
21.74

* Payroll Deduction: \$10.87 Bi-Weekly

Full Name (Last, First, Middle Initial)
C. Jennifer S Shimer

Mailing Address 9507 Shelly Krasnow Ln

City Fairfax State VA Zip Code 22031-4720

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

Name of Employer American Health Care Association Occupation COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.04**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 23 / 2013

Transaction ID : C2523117

Amount of Each Receipt this Period
86.96

* Payroll Deduction: \$43.48 Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	1358.70
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 16 OF 31
	(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

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

A. Robert Siebel
Full Name (Last, First, Middle Initial)

Mailing Address 13185 W Green Mtn. Dr.

City Lakewood	State CO	Zip Code 80228
------------------	-------------	-------------------

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

Name of Employer Carriage Healthcare Companies, Inc.	Occupation CEO
---	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2013

Transaction ID : C2521494

Amount of Each Receipt this Period
1250.00

B. Elise Smith
Full Name (Last, First, Middle Initial)

Mailing Address 2022 Columbia Rd NW

City Washington	State DC	Zip Code 20009-1323
--------------------	-------------	------------------------

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

Name of Employer American Health Care Association	Occupation VP Reimbursement
--	--------------------------------

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
12	/	23	/	2013

Transaction ID : C2523118

Amount of Each Receipt this Period
100.00

* Payroll Deduction: \$50.00 Bi-Weekly

C. Matthew D. Smyth
Full Name (Last, First, Middle Initial)

Mailing Address 2405 I St NW

City Washington	State DC	Zip Code 20037-2206
--------------------	-------------	------------------------

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

Name of Employer American Health Care Association	Occupation Director of Grassroots
--	--------------------------------------

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
12	/	23	/	2013

Transaction ID : C2523101

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	1600.00
TOTAL This Period (last page this line number only).....▶	

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

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

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

A. Jan Thayer
Full Name (Last, First, Middle Initial)

Mailing Address 2307 Stagecoach Rd.

City Grand Island State NE Zip Code 68801

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

Name of Employer Riverside Lodge Retirement Community Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2013

Transaction ID : C2523078

Amount of Each Receipt this Period
 1250.00

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

Mailing Address 4700 Village Green Drive

City El Dorado Hills State CA Zip Code 95762

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

Name of Employer Medline Industries Occupation Sales Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2013

Transaction ID : C2523102

Amount of Each Receipt this Period
 25.00

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

Mailing Address 1201 L Street NW

City Washington State DC Zip Code 20005

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

Name of Employer AHCA Occupation Sr. Manager, Business Systems

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
 12 / 23 / 2013

Transaction ID : C2523119

Amount of Each Receipt this Period
 43.46

* Payroll Deduction: \$21.74 Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	1318.46
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 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Weisman Associates LLC		Date of Receipt M M / D D / Y Y Y Y Y 12 / 19 / 2013 Transaction ID : C2523097
Mailing Address 5310 NW 33rd Ave Ste 211		Amount of Each Receipt this Period 3750.00
City Fort Lauderdale	State FL	PARTNERSHIP--partners below if itemized
Zip Code 33309-6319	FEC ID number of contributing federal political committee. C	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. Barton D. Weisman		Date of Receipt M M / D D / Y Y Y Y Y 12 / 19 / 2013 Transaction ID : C2523098
Mailing Address 5310 NW 33rd Ave Ste 211		Amount of Each Receipt this Period 3750.00
City Ft Lauderdale	State FL	[MEMO ITEM] *
Zip Code 33309-6319	FEC ID number of contributing federal political committee. C	
Name of Employer Millennium Health Systems	Occupation Chairman	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4222.98	

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

SUBTOTAL of Receipts This Page (optional).....▶	3750.00
TOTAL This Period (last page this line number only).....▶	18560.32

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

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

FOR LINE NUMBER: PAGE 19 OF 31
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)
A. ADVOCAT INC. POLITICAL ACTION COMMITTEE

Mailing Address 1621 Galleria Blvd

City State Zip Code
Brentwood TN 37027-2926

FEC ID number of contributing federal political committee. **C** C00421735

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 18 / 2013

Transaction ID : C2523077

Amount of Each Receipt this Period
5000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 09 / 2013

Transaction ID : D151387

Amount of Each Disbursement this Period

3.94

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
12 / 16 / 2013

Transaction ID : D151388

Amount of Each Disbursement this Period

19.69

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
12 / 17 / 2013

Transaction ID : D151389

Amount of Each Disbursement this Period

4.50

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

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

28.13

**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
12 / 23 / 2013

Transaction ID : D151390

Amount of Each Disbursement this Period

39.38

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
12 / 24 / 2013

Transaction ID : D151391

Amount of Each Disbursement this Period

7.09

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
12 / 31 / 2013

Transaction ID : D151392

Amount of Each Disbursement this Period

8.66

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

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

55.13

**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) ▼

Date of Disbursement

MM / DD / YYYY
12 / 16 / 2013

Transaction ID : D151386

Amount of Each Disbursement this Period

446.39

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) ▼

Date of Disbursement

MM / DD / YYYY
12 / 23 / 2013

Transaction ID : D151384

Amount of Each Disbursement this Period

321.79

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) ▼

Date of Disbursement

MM / DD / YYYY
12 / 23 / 2013

Transaction ID : D151385

Amount of Each Disbursement this Period

88.99

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

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

857.17

940.43

**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. Berger for Congress

Mailing Address P.O. Box 3117

City Eden State NC Zip Code 27288

Purpose of Disbursement
Contribution

Candidate Name

Philip Edward Berger Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NC District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		12		2013

Transaction ID : D150944

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Bluegrass Committee

Mailing Address 400 N Capitol St NW #585
#585

City Washington State DC Zip Code 20001

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
12		11		2013

Transaction ID : D150931

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Cantor Victory Fund

Mailing Address 25 EAST MAIN STREET

City RICHMOND State VA Zip Code 23219

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
12		02		2013

Transaction ID : D150732

Amount of Each Disbursement this Period

19000.00

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

26000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Greater Tomorrow PAC

Mailing Address 600 Pennsylvania Avenue SE
Suite 330

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2013

Transaction ID : D150743

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. LEADERSHIP OF TODAY AND TOMORROW

Mailing Address 607 14TH STREET NW SUITE 800

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2013

Transaction ID : D150733

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Andy Tobin for Congress

Mailing Address 2532 N. 4th Street
#528

City Flagstaff State AZ Zip Code 86004

Purpose of Disbursement
Contribution

Candidate Name

Andrew M Tobin

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 03 / 2013

Transaction ID : D150759

Amount of Each Disbursement this Period

1000.00

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

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

5000.00

**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. OPPORTUNITY AND RENEWAL PAC

Mailing Address PO BOX 3462

City PORTLAND State OR Zip Code 97208

Purpose of Disbursement
Voided Check-Orig Dated 9/30/2013

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 20 / 2013

Transaction ID : D151146

Amount of Each Disbursement this Period

-2500.00

Full Name (Last, First, Middle Initial)

B. MCKINLEY FOR CONGRESS

Mailing Address 32 20TH STREET

City WHEELING State WV Zip Code 26003

Purpose of Disbursement
Contribution

Candidate Name

Rep. DAVID B. MCKINLEY

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

Disbursement For: 2014 Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 11 / 2013

Transaction ID : D150928

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. SWALWELL FOR CONGRESS

Mailing Address P.O. BOX 2847

City DUBLIN State CA Zip Code 94568

Purpose of Disbursement
Contribution

Candidate Name

Rep. Eric Swalwell

Office Sought: House Senate President
State: CA District: 15

Disbursement For: 2014 Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 02 / 2013

Transaction ID : D150731

Amount of Each Disbursement this Period

1000.00

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

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

1000.00

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

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

FOR LINE NUMBER:
(check only one)

<input 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. UPTON FOR ALL OF US

Mailing Address P.O. Box 490

City State Zip Code
St. Joseph MI 49085

Purpose of Disbursement
Contribution

Candidate Name

Rep. Fred Upton

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	11	/	2013

Transaction ID : D150933

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. CONNOLLY FOR CONGRESS

Mailing Address 3706 PRADO PLACE

City State Zip Code
FAIRFAX VA 22031

Purpose of Disbursement
Contribution

Candidate Name

Rep. Gerald E. Connolly

Office Sought: House
 Senate
 President
State: VA District: 11

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	12	/	2013

Transaction ID : D150940

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. WALDEN FOR CONGRESS

Mailing Address PO Box 1091

City State Zip Code
Hood River OR 97031

Purpose of Disbursement
Contribution

Candidate Name

Rep. Greg Walden

Office Sought: House
 Senate
 President
State: OR District: 02

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	11	/	2013

Transaction ID : D150932

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. FRIENDS OF JIM CLYBURN

Mailing Address PO BOX 12567

City COLUMBIA State SC Zip Code 29211

Purpose of Disbursement
Contribution

Candidate Name
Rep. James E. Clyburn

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: SC District: 06

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2013

Transaction ID : D150927

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. FAMILIES FOR JAMES LANKFORD

Mailing Address PO BOX 1639

City BETHANY State OK Zip Code 73008

Purpose of Disbursement
Contribution

Candidate Name
Rep. James Paul Lankford

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: OK District: 05

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 17 / 2013

Transaction ID : D151034

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. MATHESON FOR CONGRESS

Mailing Address P.O. BOX 521048

City SALT LAKE CITY State UT Zip Code 84152

Purpose of Disbursement
Voided Check-Orig Dated 10/14/2013

Candidate Name
Rep. Jim Matheson

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2013

Transaction ID : D151144

Amount of Each Disbursement this Period

-5000.00

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

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

2500.00

**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. COURTNEY FOR CONGRESS

Mailing Address 38 Risley Road

City State Zip Code
Vernon CT 06066

Purpose of Disbursement
Contribution

Candidate Name

Rep. Joe Courtney

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CT District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		02		2013

Transaction ID : D150728

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. VOTETIPTON.COM

Mailing Address PO BOX 1582

City State Zip Code
CORTEZ CO 81321

Purpose of Disbursement
Contribution

Candidate Name

Rep. Scott Tipton

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CO District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		02		2013

Transaction ID : D150729

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. HOYER FOR CONGRESS

Mailing Address 700 13th Street, NW

City State Zip Code
Washington DC 20005

Purpose of Disbursement
Contribution

Candidate Name

Rep. Steny H. Hoyer

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MD District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		11		2013

Transaction ID : D150934

Amount of Each Disbursement this Period

1500.00

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

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

4500.00

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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. JEFF MERKLEY FOR OREGON

Mailing Address 2236 SE 10TH AVE

City PORTLAND State OR Zip Code 97214

Purpose of Disbursement
Voided Check-Orig Dated 9/30/2013

Candidate Name
Sen. Jeff Merkley

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2013

Transaction ID : D151145

Amount of Each Disbursement this Period

-2500.00

Full Name (Last, First, Middle Initial)

B. HAGAN FOR US SENATE INC

Mailing Address PO BOX 29103

City GREENSBORO State NC Zip Code 27429

Purpose of Disbursement
Contribution

Candidate Name
Sen. Kay Hagan

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2013

Transaction ID : D150925

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. PAT ROBERTS FOR US SENATE INC

Mailing Address PO BOX 433

City GREAT BEND State KS Zip Code 67530

Purpose of Disbursement
Contribution

Candidate Name
Sen. PAT ROBERTS

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2013

Transaction ID : D150726

Amount of Each Disbursement this Period

1500.00

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

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

0.00

**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. SHORE PAC

Mailing Address PO. Box 3157

City State Zip Code
Long Branch NJ 07740

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 / D D / Y Y Y Y Y Y
12 / 03 / 2013

Transaction ID : D150758

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. THE HAWKEYE PAC

Mailing Address PO BOX 192

City State Zip Code
DES MOINES IA 50301

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 / D D / Y Y Y Y Y Y
12 / 11 / 2013

Transaction ID : D150926

Amount of Each Disbursement this Period

2500.00

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 / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

3500.00

45500.00

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. Friends of Anthony Brown

Mailing Address 12138 Central Ave
#163

City Bowie State MD Zip Code 20721

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
12		17		2013

Transaction ID : D151035

Amount of Each Disbursement this Period

1000.00

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)..... ▶

1000.00

1000.00
