



**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.....	361489.51	
(c) Total Receipts (from Line 19) .....	156144.60	223841.22
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	517634.11	657270.94
7. Total Disbursements (from Line 31).....	65119.05	204755.88
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	452515.06	452515.06
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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:  /  /

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	148957.57	193957.57
(ii) Unitemized .....	6187.03	8883.65
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	155144.60	202841.22
(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) .....	155144.60	207841.22
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.).....	1000.00	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))..... ▶	156144.60	223841.22
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	156144.60	223841.22

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

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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 .....	2119.05	3555.88
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	2119.05	3555.88
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	63000.00	201000.00
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 .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	65119.05	204755.88
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	65119.05	204755.88

**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) .....	155144.60	207841.22
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	200.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	155144.60	207641.22
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	2119.05	3555.88
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	2119.05	3555.88

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

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

FOR LINE NUMBER: PAGE 6 OF 55  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Full Name (Last, First, Middle Initial)  
**A. Rosie Abad**

Mailing Address 301 N. Linden

City State Zip Code  
Cortez CO 81321

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

Name of Employer Occupation  
Sedgwick County Nursing Home Activity Director

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  
 03 / 21 / 2014  
**Transaction ID : C2669761**

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**B. Charlie Anderson**

Mailing Address 1319 Billingham Dr

City State Zip Code  
Murfreesboro TN 37128

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

Name of Employer Occupation  
Tennessee Health Management VP of Operations

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  
 03 / 30 / 2014  
**Transaction ID : C2671051**

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**C. Mark Anderson**

Mailing Address 2452 N Broadway

City State Zip Code  
Council Bluffs IA 51503-0432

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

Name of Employer Occupation  
Midlands Living Center 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  
 03 / 21 / 2014  
**Transaction ID : C2669734**

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 7 OF 55
	<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. Michael Anderson**  
Full Name (Last, First, Middle Initial)

Mailing Address 284 Halleck Road

City Fairmont State WV Zip Code 26554

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

Name of Employer National Health Care Occupation Independent Owner/Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 03 / 20 / 2014  
**Transaction ID : C2666942**

Amount of Each Receipt this Period  
 2500.00

**B. Dirk Anjewierden**  
Full Name (Last, First, Middle Initial)

Mailing Address 2180 South 1300 East Suite 445

City Salt Lake City State UT Zip Code 84106

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

Name of Employer Utah Health Care Association Occupation Executive Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 03 / 12 / 2014  
**Transaction ID : C2660460**

Amount of Each Receipt this Period  
 550.00

**C. Robert Asztalos**  
Full Name (Last, First, Middle Initial)

Mailing Address 5013 Centennial Oak Circle

City Tallahassee State FL Zip Code 32308

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

Name of Employer Asztalos & Associates Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 03 / 07 / 2014  
**Transaction ID : C2658926**

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3550.00

**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 55  
(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. Mark Ballif**

Mailing Address 100 E San Marcos Blvd

City San Marcos State CA Zip Code 92069

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

Name of Employer Plum Healthcare Occupation CEO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 2500.00

Date of Receipt  
 03 / 20 / 2014  
**Transaction ID : C2666932**

Amount of Each Receipt this Period  
 2500.00

Full Name (Last, First, Middle Initial)  
**B. Harry Baum**

Mailing Address 10315 Johnson Drive

City Shawnee State KS Zip Code 66203

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

Name of Employer Sharon Lane Health Services Occupation Owner

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 625.00

Date of Receipt  
 03 / 20 / 2014  
**Transaction ID : C2666947**

Amount of Each Receipt this Period  
 625.00

Full Name (Last, First, Middle Initial)  
**C. Bobby Beebe**

Mailing Address 763 Avery Boulevard North

City Ridgeland State MS Zip Code 39157-5218

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

Name of Employer Magnolia Management Corporation Occupation Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 03 / 21 / 2014  
**Transaction ID : C2669744**

Amount of Each Receipt this Period  
 5000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 8125.00

**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 55
	<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. Elton Beebe Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 1308 Bruton Springs Road

City Austin State TX Zip Code 78733

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

Name of Employer Burnt Tavern Rehabilitation HealthCare Occupation Owner

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  
 03 / 21 / 2014

**Transaction ID : C2669759**

Amount of Each Receipt this Period  
 1250.00

**B. Harold Beebe**  
Full Name (Last, First, Middle Initial)

Mailing Address 14 Northtown Dr Ste 202

City Jackson State MS Zip Code 39211-3018

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

Name of Employer Delco Inc. Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 10 / 2014

**Transaction ID : C2668934**

Amount of Each Receipt this Period  
 250.00

**C. Mark Berger**  
Full Name (Last, First, Middle Initial)

Mailing Address 521 Gleason St.

City Brusly State LA Zip Code 70719

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

Name of Employer Louisiana Nursing Home Association Occupation Reimbursement Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2014

**Transaction ID : C2660975**

Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1750.00
<b>TOTAL</b> 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 55
	<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. Jim Birchem**  
Full Name (Last, First, Middle Initial)

Mailing Address 920 4th Street, SE

City Little Falls	State MN	Zip Code 56345
----------------------	-------------	-------------------

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

Name of Employer Eldercare of Minnesota	Occupation President/CEO
--------------------------------------------	-----------------------------

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
03	/	21	/	2014

**Transaction ID : C2669749**

Amount of Each Receipt this Period  
1500.00

**B. Orlando Bisbano Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 14 Donna Ct.

City Bristol	State RI	Zip Code 02809
-----------------	-------------	-------------------

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

Name of Employer Orchard View Manor and Rehab	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
03	/	28	/	2014

**Transaction ID : C2671084**

Amount of Each Receipt this Period  
500.00

**C. Linda Black-Kurek**  
Full Name (Last, First, Middle Initial)

Mailing Address 7445 Liberty Woods Lane

City Dayton	State OH	Zip Code 45459
----------------	-------------	-------------------

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

Name of Employer Liberty Health Care Corporation	Occupation President
-----------------------------------------------------	-------------------------

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
03	/	07	/	2014

**Transaction ID : C2658928**

Amount of Each Receipt this Period  
1250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3250.00
<b>TOTAL</b> 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 55
	<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) <b>A. Heath Boddy</b>		Date of Receipt MM / DD / YYYY 03 / 12 / 2014 <b>Transaction ID : C2659951</b>
Mailing Address 2201 N 98th Street		Amount of Each Receipt this Period 255.00
City Lincoln	State NE	Zip Code 68505
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 255.00
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) ▼		

Full Name (Last, First, Middle Initial) <b>B. Christine K. Boldt</b>		Date of Receipt MM / DD / YYYY 03 / 21 / 2014 <b>Transaction ID : C2668975</b>
Mailing Address 1534 Roving Hills Drive		Amount of Each Receipt this Period 250.00
City Red Wing	State MN	Zip Code 55066-7144
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00
Name of Employer Benedictine Health Systems	Occupation Vice President of Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Steve Boymel</b>		Date of Receipt MM / DD / YYYY 03 / 28 / 2014 <b>Transaction ID : C2671079</b>
Mailing Address 12100 Reed Hartman Highway		Amount of Each Receipt this Period 1100.00
City Cincinnati	State OH	Zip Code 45241-6036
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1100.00
Name of Employer Brookwood Retirement Community	Occupation Owner/Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1435.00
<b>TOTAL</b> 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 55
	<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. Douglas Burr**  
Full Name (Last, First, Middle Initial)

Mailing Address 11851 Wilde Run Court

City Roswell State GA Zip Code 30075

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

Name of Employer Health Care Navigator LLC Occupation Health Care Finance, Reimbursement, &

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt  
**03 / 25 / 2014**

**Transaction ID : C2670009**

Amount of Each Receipt this Period  
**325.00**

**B. Steven Chamley**  
Full Name (Last, First, Middle Initial)

Mailing Address 34 Northcrest Drive

City Council Bluffs State IA Zip Code 51503

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

Name of Employer Northcrest Living Center Occupation Owner/Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
**03 / 26 / 2014**

**Transaction ID : C2670132**

Amount of Each Receipt this Period  
**500.00**

**C. Steven E. Chies**  
Full Name (Last, First, Middle Initial)

Mailing Address 8624 Mississippi Blvd NW

City Coon Rapids State MN Zip Code 55433

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

Name of Employer North Cities Health Care, Inc. Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
**03 / 17 / 2014**

**Transaction ID : C2661912**

Amount of Each Receipt this Period  
**250.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1075.00</b>
<b>TOTAL</b> 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 55
	<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. Terry Cook**  
Full Name (Last, First, Middle Initial)

Mailing Address 124 Walter Barrett Road

City McRae	State GA	Zip Code 31055
---------------	-------------	-------------------

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

Name of Employer Pine Leaf Investments	Occupation COO
-------------------------------------------	-------------------

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
03	/	21	/	2014

**Transaction ID : C2668956**

Amount of Each Receipt this Period  
1000.00

**B. Gerald Cox**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 7728

City Rocky Mount	State NC	Zip Code 27804-0728
---------------------	-------------	------------------------

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

Name of Employer Autumn Corp	Occupation 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
03	/	21	/	2014

**Transaction ID : C2669781**

Amount of Each Receipt this Period  
2500.00

**C. Patti Cullen**  
Full Name (Last, First, Middle Initial)

Mailing Address 2104 Palace Ave

City Saint Paul	State MN	Zip Code 55105-1329
--------------------	-------------	------------------------

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

Name of Employer Care Providers of Minnesota	Occupation President
-------------------------------------------------	-------------------------

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
03	/	18	/	2014

**Transaction ID : C2716087**

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4500.00
<b>TOTAL</b> 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 55
	<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. Nader Damaghi**  
Full Name (Last, First, Middle Initial)

Mailing Address 10 Shore Drive

City Kings Point State NY Zip Code 11024

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

Name of Employer First Quality Enterprises Occupation Chairman

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  
 03 / 21 / 2014

**Transaction ID : C2669758**

Amount of Each Receipt this Period  
 500.00

**B. Chip Davis**  
Full Name (Last, First, Middle Initial)

Mailing Address 1211 Macon Rd Ste D

City Perry State GA Zip Code 31069

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

Name of Employer Crossroads Medical Management, Inc. Occupation Healthcare Management

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  
 03 / 04 / 2014

**Transaction ID : C2656018**

Amount of Each Receipt this Period  
 250.00

**C. Joseph Donchess**  
Full Name (Last, First, Middle Initial)

Mailing Address 7844 Office Park Blvd

City Baton Rouge State LA Zip Code 70809-7603

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

Name of Employer Louisiana Nursing Home Association Occupation Executive Director

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  
 03 / 28 / 2014

**Transaction ID : C2671083**

Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1750.00
<b>TOTAL</b> 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 55
	<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. Barbara J. Duffy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2308 Walnut Ave SW  
 City State Zip Code  
 Seattle WA 98116  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Lane Powell PC Attorney  
 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  
 03 / 21 / 2014  
**Transaction ID : C2669753**  
 Amount of Each Receipt this Period  
 500.00

**B. Time Dundon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One Medline Place  
 City State Zip Code  
 Mundelein IL 60060  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Medline HealthCare President, Health Care Sales  
 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  
 03 / 21 / 2014  
**Transaction ID : C2668958**  
 Amount of Each Receipt this Period  
 1000.00

**C. Kendra Ellis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 318 1st Ave S #607  
 City State Zip Code  
 Seattle WA 98104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Embassy Management LLC State Director  
 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  
 03 / 25 / 2014  
**Transaction ID : C2669983**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2000.00
<b>TOTAL</b> 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 55
<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. Tiffany Exline**  
Full Name (Last, First, Middle Initial)

Mailing Address 4541 East Anahiem Street

City Long Beach	State CA	Zip Code 90804
--------------------	-------------	-------------------

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

Name of Employer Mueller Prost	Occupation Director of Long Term Care
-----------------------------------	------------------------------------------

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
03	/	20	/	2014

**Transaction ID : C2666943**

Amount of Each Receipt this Period  

250.00
--------

**B. Patrick Fairbanks**  
Full Name (Last, First, Middle Initial)

Mailing Address 19915 Nina St.

City Omaha	State NE	Zip Code 68130
---------------	-------------	-------------------

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

Name of Employer Vetter Health Services	Occupation COO
--------------------------------------------	-------------------

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
03	/	25	/	2014

**Transaction ID : C2670018**

Amount of Each Receipt this Period  

250.00
--------

**C. Peggy Fairbanks**  
Full Name (Last, First, Middle Initial)

Mailing Address 19915 Nina Street

City Omaha	State NE	Zip Code 68130
---------------	-------------	-------------------

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

Name of Employer Vetter Health Services	Occupation RN - Leadership Development
--------------------------------------------	-------------------------------------------

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
03	/	25	/	2014

**Transaction ID : C2670020**

Amount of Each Receipt this Period  

250.00
--------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>750.00</b>
<b>TOTAL</b> 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 55
<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. Debra Finneron**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 711 Frankfort Road  
 City Shelbyville State KY Zip Code 40065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Masonic Homes of Kentucky Occupation Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 07 / 2014  
**Transaction ID : C2659033**  
 Amount of Each Receipt this Period  
 500.00

**B. Phillip Fogg Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4560 SE International Way  
 City Milwaukie State OR Zip Code 97222-4628  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Marquis Companies, Inc. Occupation CEO  
 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  
 03 / 20 / 2014  
**Transaction ID : C2666950**  
 Amount of Each Receipt this Period  
 5000.00

**C. Michael Forgey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3403 South Overlook Pass  
 City New Palestine State IN Zip Code 46163-9484  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Miller's Health Systems Inc. Occupation Sr. VP of Operations  
 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  
 03 / 21 / 2014  
**Transaction ID : C2669776**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5750.00
<b>TOTAL</b> 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 55
	<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. Denny Gamble**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 52369  
 City Shreveport State LA Zip Code 71135-2369  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Guest Care Management Occupation Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 21 / 2014  
**Transaction ID : C2669783**  
 Amount of Each Receipt this Period  
 1250.00

**B. Don Greiner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4350 Will Rogers Pkwy Ste 350  
 City Oklahoma City State OK Zip Code 73108-1857  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Grace Living Centers Occupation President  
 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  
 03 / 20 / 2014  
**Transaction ID : C2669955**  
 Amount of Each Receipt this Period  
 5000.00

**c. Shellie Greiner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4350 Will Rogers Pkwy  
 City Oklahoma City State OK Zip Code 73108  
 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 ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 20 / 2014  
**Transaction ID : C2666953**  
 Amount of Each Receipt this Period  
 5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	11250.00
<b>TOTAL</b> 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 55
	<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. Kay Gussman**  
Full Name (Last, First, Middle Initial)

Mailing Address 1177 Oak Harbor Dr.

City Morgan City State LA Zip Code 70380

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

Name of Employer Patterson Health 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  
 03 / 28 / 2014

**Transaction ID : C2671085**

Amount of Each Receipt this Period  
 500.00

**B. Reginald G Hartsfield**  
Full Name (Last, First, Middle Initial)

Mailing Address 17515 W 9 Mile Rd

City Southfield State MI Zip Code 48075-4408

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

Name of Employer Advantage Management Group, The Manors 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  
 03 / 20 / 2014

**Transaction ID : C2666948**

Amount of Each Receipt this Period  
 5000.00

**C. Kelsey Hastings**  
Full Name (Last, First, Middle Initial)

Mailing Address 17515 West 9 Mile Rd Ste 925

City Southfield State MI Zip Code 48075

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

Name of Employer Advantage Management Group Occupation CEO/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  
 03 / 21 / 2014

**Transaction ID : C2668953**

Amount of Each Receipt this Period  
 2500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	8000.00
<b>TOTAL</b> 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 55
	<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. Steven P Hatlestad**  
Full Name (Last, First, Middle Initial)

Mailing Address 18705 West 153rd Terrace

City Olathe State KS Zip Code 66062-3189

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

Name of Employer Americare Systems Inc. Occupation VP Operation Skilled Division

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  
 03 / 21 / 2014

**Transaction ID : C2668977**

Amount of Each Receipt this Period  
 250.00

**B. Herbert Heflich**  
Full Name (Last, First, Middle Initial)

Mailing Address 5 Van Pelt Ct

City Martinsville State NJ Zip Code 08836-2360

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

Name of Employer Chelsea Senior Living Occupation 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  
 03 / 20 / 2014

**Transaction ID : C2666952**

Amount of Each Receipt this Period  
 2500.00

**C. Richard Herrick**  
Full Name (Last, First, Middle Initial)

Mailing Address 33 Elk Street

City Albany State NY Zip Code 12207

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

Name of Employer NYS Health Facilities Association Occupation President

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  
 03 / 07 / 2014

**Transaction ID : C2658927**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3000.00

**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 21 OF 55
	<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. Lisa Higgins**  
Full Name (Last, First, Middle Initial)

Mailing Address 604 E 38th St

City Farmington State NM Zip Code 87401-2306

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

Name of Employer Cedar Ridge Inn, Inc. Occupation Administrator

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  
 03 / 21 / 2014  
**Transaction ID : C2669747**

Amount of Each Receipt this Period  
 1000.00

**B. Robin L. Hillier**  
Full Name (Last, First, Middle Initial)

Mailing Address 4433 Pebble Creek Ln

City Long Grove State IL Zip Code 60047-5283

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

Name of Employer Lake Point Rehab and Nursing Center Occupation Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 20 / 2014  
**Transaction ID : C2669937**

Amount of Each Receipt this Period  
 1250.00

**C. Holly Jarek**  
Full Name (Last, First, Middle Initial)

Mailing Address 118B Hollis St

City Groton State MA Zip Code 01450-1355

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

Name of Employer Seven Hills Foundation Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 21 / 2014  
**Transaction ID : C2669750**

Amount of Each Receipt this Period  
 625.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2875.00

**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 22 OF 55
<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. Sonya Kemp**

Mailing Address 438 North Water Avenue

City Gallatin State TN Zip Code 37066-2306

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

Name of Employer Occupation  
Gallatin Health Care Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  
03 / 27 / 2014  
**Transaction ID : C2670626**

Amount of Each Receipt this Period  
1250.00

Full Name (Last, First, Middle Initial)  
**B. Tandy Kephart**

Mailing Address 409 Benedicta Ave

City Trinidad State CO Zip Code 81082-2004

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

Name of Employer Occupation  
Trinidad Inn Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
03 / 21 / 2014  
**Transaction ID : C2669760**

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**C. Virginia Kessler**

Mailing Address 43 Market Street

City Lewisburg State PA Zip Code 17837

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

Name of Employer Occupation  
Nottingham Village Controller

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
03 / 28 / 2014  
**Transaction ID : C2671090**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2750.00

**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 23 OF 55
	<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. Jody Knox**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2017 Patricia Dr  
City Carlsbad State NM Zip Code 88220  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Lakeview Christian Home Occupation CEO  
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  
03 / 21 / 2014  
**Transaction ID : C2669763**  
Amount of Each Receipt this Period  
500.00

**B. Chastity Krefer**  
Full Name (Last, First, Middle Initial)  
Mailing Address 39 Calle Miller  
City La Jara State CO Zip Code 81140  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Rio Grande Inc., SNE 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  
03 / 18 / 2014  
**Transaction ID : C2716089**  
Amount of Each Receipt this Period  
1000.00

**C. 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 ▼ 217.40

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 21 / 2014  
**Transaction ID : C2669801**  
Amount of Each Receipt this Period  
217.40  
\* Payroll Deduction: \$108.70 Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1717.40  
**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: (check only one)	PAGE 24 OF 55
	<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. William Bruce Levering**  
Full Name (Last, First, Middle Initial)

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 ▼  
1000.00

Date of Receipt  
03 / 05 / 2014  
**Transaction ID : C2668926**

Amount of Each Receipt this Period  
1000.00

**B. Paul Liistro**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 Meadow Brook Lane

City State Zip Code  
Westport CT 06880-3929

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

Name of Employer Occupation  
Arbors of Hop Brook, LTD CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
03 / 20 / 2014  
**Transaction ID : C2666946**

Amount of Each Receipt this Period  
2500.00

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

Mailing Address 108 8th St NW

City State Zip Code  
Waseca MN 56093-1912

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

Name of Employer Occupation  
Lake Shore Inn Nursing Home CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  
03 / 18 / 2014  
**Transaction ID : C2716085**

Amount of Each Receipt this Period  
275.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3775.00

**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 25 OF 55
	(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**

Full Name (Last, First, Middle Initial)  
**A. Karen E. McCormack**

Mailing Address 455 Reynolds Mill Rd

City York State PA Zip Code 17403-9316

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

Name of Employer Wilmac Corporation Occupation President/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  
 03 / 14 / 2014  
**Transaction ID : C2661427**

Amount of Each Receipt this Period  
5000.00

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

Mailing Address PO Box 9057

City Warner Robins State GA Zip Code 31095-9057

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

Name of Employer Health Management Occupation CFO

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  
 03 / 20 / 2014  
**Transaction ID : C2666951**

Amount of Each Receipt this Period  
2500.00

Full Name (Last, First, Middle Initial)  
**C. Jill Mendlen**

Mailing Address 6155 Cornerstone Center East Suite 220

City San Diego State CA Zip Code 92121-4737

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

Name of Employer LightBridge Hospice & Palliative Care Occupation President/CEO

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  
 03 / 21 / 2014  
**Transaction ID : C2668965**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	7750.00
<b>TOTAL</b> 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 26 OF 55
	<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. Paula Mitchell**  
Full Name (Last, First, Middle Initial)

Mailing Address 1100 E Monroe St

City State Zip Code  
Globe AZ 85501-1363

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

Name of Employer Occupation  
Copper Mountain Inn Administrator

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  
03 / 21 / 2014  
**Transaction ID : C2669767**

Amount of Each Receipt this Period  
1000.00

**B. Ashlee Monarco**  
Full Name (Last, First, Middle Initial)

Mailing Address 211 E 3rd Ave

City State Zip Code  
Mancos CO 81328

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

Name of Employer Occupation  
Valley Inn Administrator

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  
03 / 18 / 2014  
**Transaction ID : C2716086**

Amount of Each Receipt this Period  
1000.00

**C. Van Moore**  
Full Name (Last, First, Middle Initial)

Mailing Address 3155 River Rd S

City State Zip Code  
Salem OR 97302-9819

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

Name of Employer Occupation  
Westcare Management, Inc. Senior Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 10 / 2014  
**Transaction ID : C2668933**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2500.00

**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 27 OF 55
	<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. Michael Morton**  
Full Name (Last, First, Middle Initial)

Mailing Address 415 Rogers Avenue

City Fort Smith State AR Zip Code 72901-1903

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

Name of Employer Central Arkansas Nursing Centers 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  
 03 / 21 / 2014

**Transaction ID : C2669748**

Amount of Each Receipt this Period  
 5000.00

**B. Dennis Murray**  
Full Name (Last, First, Middle Initial)

Mailing Address 1049 W. 5th Ave

City Anchorage State AK Zip Code 99501

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

Name of Employer Heritage Place Occupation 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  
 03 / 21 / 2014

**Transaction ID : C2668962**

Amount of Each Receipt this Period  
 250.00

**C. Renee Lynn Naylor**  
Full Name (Last, First, Middle Initial)

Mailing Address 3155 River Rd South Suite 100

City Salem State OR Zip Code 97304

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

Name of Employer Westcare Occupation VP of DD Services

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  
 03 / 25 / 2014

**Transaction ID : C2669984**

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5750.00

**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 28 OF 55
	<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. Joseph Okruhlica**  
Full Name (Last, First, Middle Initial)

Mailing Address 2216 Outer Circle Drive

City State Zip Code  
Crestwood KY 40014

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

Name of Employer Occupation  
Parkway Medical Center Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
03 / 21 / 2014  
Transaction ID : **C2668960**

Amount of Each Receipt this Period  
1000.00

**B. Donald Pelligrino**  
Full Name (Last, First, Middle Initial)

Mailing Address 270 Route 28

City State Zip Code  
Bridgewater NJ 08807-1919

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

Name of Employer Occupation  
Bridgeway Senior Healthcare CEO/Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
501.00

Date of Receipt  
03 / 04 / 2014  
Transaction ID : **C2656017**

Amount of Each Receipt this Period  
501.00

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

Mailing Address 1036 Liberty Park Dr Apt 47

City State Zip Code  
Austin TX 78746-6990

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

Name of Employer Occupation  
Pebble Creek Nursing Center Nursing Home Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
03 / 20 / 2014  
Transaction ID : **C2666941**

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2501.00
<b>TOTAL</b> 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 29 OF 55
	<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. Gary Porter**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 128

City Ardmore State OK Zip Code 73402

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

Name of Employer Premier Health Care, LLC Occupation Owner

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  
 03 / 20 / 2014  
**Transaction ID : C2666940**

Amount of Each Receipt this Period  
 1250.00

**B. Martin Porter**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 128

City Ardmore State OK Zip Code 73402-0128

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

Name of Employer Premier Health Care, LLC Occupation COO

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  
 03 / 20 / 2014  
**Transaction ID : C2666939**

Amount of Each Receipt this Period  
 1250.00

**C. Jayne Prince**  
Full Name (Last, First, Middle Initial)

Mailing Address 806 S Street

City Neligh State NE Zip Code 68756

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

Name of Employer The Willows Assisted Living Occupation Administrator

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  
 03 / 21 / 2014  
**Transaction ID : C2668973**

Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2600.00

**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 30 OF 55
	<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. Sally Rapp**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3308 Ocean Blvd  
City Corona Del Mar State CA Zip Code 92625  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Sr Administrative Services Inc Occupation CEO  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1250.00**

Date of Receipt **03 / 21 / 2014**  
**Transaction ID : C2668968**  
Amount of Each Receipt this Period **1250.00**

**B. Mark Reagan**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1330 Butterfield Road  
City San Anselmo State CA Zip Code 94960  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Hooper, Lundy & Bookman Occupation Attorney  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 21 / 2014**  
**Transaction ID : C2669755**  
Amount of Each Receipt this Period **1000.00**

**C. Jon Reardon**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1202 Weiss Street  
City Saginaw State MI Zip Code 48602-5471  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Hoyt Nursing & Rehab Centre Occupation Owner  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **275.00**

Date of Receipt **03 / 21 / 2014**  
**Transaction ID : C2669782**  
Amount of Each Receipt this Period **275.00**

**SUBTOTAL** of Receipts This Page (optional)..... **2525.00**  
**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 31 OF 55
	<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 ▼ **208.34**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 10 / 2014**

**Transaction ID : C2668950**

Amount of Each Receipt this Period  
**104.17**

\* Payroll Deduction: \$104.17 Bi-Weekly

**B. Robert Rosenthal**  
Full Name (Last, First, Middle Initial)

Mailing Address 6400 SW 44th St

City Miami State FL Zip Code 33155-5145

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

Name of Employer 21st Century Health Group, Inc. Occupation Long Term Care Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 21 / 2014**

**Transaction ID : C2668955**

Amount of Each Receipt this Period  
**500.00**

**C. David W. Rotolo**  
Full Name (Last, First, Middle Initial)

Mailing Address 102 Cherry Laurel Ct.

City Ridgeland State MS Zip Code 39157

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

Name of Employer Briar Hill Management, LLC Occupation Member

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 21 / 2014**

**Transaction ID : C2669769**

Amount of Each Receipt this Period  
**2000.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>2604.17</b>
<b>TOTAL</b> 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 32 OF 55
	<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. Robert Rotolo**  
Full Name (Last, First, Middle Initial)

Mailing Address 529 Pear Orchard

City Ridgeland State MS Zip Code 39157

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

Name of Employer Briar Hill Management Occupation Owner

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  
 03 / 20 / 2014  
**Transaction ID : C2666944**

Amount of Each Receipt this Period  
 1250.00

**B. Joseph William Sadler**  
Full Name (Last, First, Middle Initial)

Mailing Address 1305 W Causeway Approach # 114

City Mandeville State LA Zip Code 70471-3043

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

Name of Employer Magnolia Ancillary Services Occupation Regional Director

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  
 03 / 21 / 2014  
**Transaction ID : C2669751**

Amount of Each Receipt this Period  
 500.00

**C. Daniel Salmon**  
Full Name (Last, First, Middle Initial)

Mailing Address 85 Beaumont Dr

City Northbridge State MA Zip Code 01534-1093

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

Name of Employer Beaumont Nursing Home Occupation Administrator

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  
 03 / 18 / 2014  
**Transaction ID : C2716084**

Amount of Each Receipt this Period  
 550.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2300.00

**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 33 OF 55
	<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. Jerry Sams**  
Full Name (Last, First, Middle Initial)

Mailing Address 3316 Pecan Grove Lane

City Alma State AR Zip Code 72921

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

Name of Employer Central Arkansas Nursing Occupation CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 21 / 2014  
**Transaction ID : C2669756**

Amount of Each Receipt this Period 5000.00

**B. Terry Schmoyer Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 1330 Lady St, Ste 507

City Columbia State SC Zip Code 29201-3300

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

Name of Employer Schmoyer & Company, LLC Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 04 / 2014  
**Transaction ID : C2656049**

Amount of Each Receipt this Period 300.00

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

Mailing Address 2407 St. Andrews Court

City Muskogee State OK Zip Code 74403-3915

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

Name of Employer Redwood Healthcare LLC Occupation Managing Member

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 03 / 21 / 2014  
**Transaction ID : C2669754**

Amount of Each Receipt this Period 2500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 7800.00

**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 34 OF 55
<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. Shawn Scott**  
Full Name (Last, First, Middle Initial)

Mailing Address One Medline Place

City Mundelein State IL Zip Code 60060

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

Name of Employer Medline Occupation Senior VP HC Corporate Sales

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **03 / 21 / 2014**

**Transaction ID : C2668964**

Amount of Each Receipt this Period **250.00**

**B. Linda Sechovec**  
Full Name (Last, First, Middle Initial)

Mailing Address 2329 Wisconsin St NE Ste B

City Albuquerque State NM Zip Code 87110-4655

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

Name of Employer New Mexico Health Care Association Occupation Executive Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **03 / 21 / 2014**

**Transaction ID : C2669762**

Amount of Each Receipt this Period **500.00**

**C. Janet Snipes**  
Full Name (Last, First, Middle Initial)

Mailing Address 3824 S. Joplin St.

City Aurora State CO Zip Code 80013

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

Name of Employer Holly Heights Nursing Home, Inc. Occupation President, Administration

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **03 / 21 / 2014**

**Transaction ID : C2669764**

Amount of Each Receipt this Period **1000.00**

**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:	PAGE 35 OF 55
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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

Mailing Address 1305 West Causeway Approach, Ste 1

City Mandeville State LA Zip Code 70471

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

Name of Employer Louisiana Extended Care Centers, LLC Occupation Managing Member

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 20 / 2014  
**Transaction ID : C2666933**

Amount of Each Receipt this Period 5000.00

**B. Martin Stott**  
Full Name (Last, First, Middle Initial)

Mailing Address 15035 Memorial Tower Dr

City Baton Rouge State LA Zip Code 70810-8398

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

Name of Employer Diversified Health Care Occupation Owner/Operator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 28 / 2014  
**Transaction ID : C2671076**

Amount of Each Receipt this Period 5000.00

**C. James Tabak**  
Full Name (Last, First, Middle Initial)

Mailing Address 101 East State Street

City Kennett Square State PA Zip Code 19348

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

Name of Employer Genesis HealthCare Occupation Senior Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 04 / 2014  
**Transaction ID : C2656019**

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 10500.00

**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 36 OF 55  
(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**

**A. Judith Taubenheim**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1403 Adele Court  
 City Grafton State WI Zip Code 53024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Extencicare Occupation VP Clinical Operations  
 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  
 03 / 11 / 2014  
**Transaction ID : C2659844**  
 Amount of Each Receipt this Period  
 250.00

**B. Matityahu Tenenbaum**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1524 53rd Street  
 City Brooklyn State NY Zip Code 11219  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kings Harbor Multicare center Occupation CEO  
 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  
 03 / 17 / 2014  
**Transaction ID : C2661914**  
 Amount of Each Receipt this Period  
 5000.00

**C. Mark R. Todd**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2001 South Lee Street  
 City Americus State GA Zip Code 31709  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Magnolia Manor, Inc. Occupation President/CEO  
 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  
 03 / 21 / 2014  
**Transaction ID : C2669740**  
 Amount of Each Receipt this Period  
 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 37 OF 55
	<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. James W. Unverferth**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1100 Shawnee Rd  
 City State Zip Code  
 Lima OH 45805-3529  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HCF Management, Inc. President & 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  
 03 / 21 / 2014  
**Transaction ID : C2668978**  
 Amount of Each Receipt this Period  
 2500.00

**B. Christopher J. Urban**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 75  
 City State Zip Code  
 Solana Beach CA 92075-0075  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Ambrose Capital Director  
 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  
 03 / 21 / 2014  
**Transaction ID : C2669752**  
 Amount of Each Receipt this Period  
 500.00

**C. Robert Van Dyk**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 304 South Van Dien Avenue  
 City State Zip Code  
 Ridgewood NJ 07450-5200  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Van Dyk Health Care President/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  
 03 / 21 / 2014  
**Transaction ID : C2669757**  
 Amount of Each Receipt this Period  
 5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	8000.00
<b>TOTAL</b> 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 38 OF 55
	<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. Peter Van Runkle**  
Full Name (Last, First, Middle Initial)

Mailing Address 55 Green Meadows Drive S.

City Lewis Center	State OH	Zip Code 43035
----------------------	-------------	-------------------

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

Name of Employer Ohio Health Care Association	Occupation Associate 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
03	/	20	/	2014

**Transaction ID : C2666945**

Amount of Each Receipt this Period  
250.00

**B. Tracy Veal**  
Full Name (Last, First, Middle Initial)

Mailing Address 508 Barkwood Ct.

City Jackson	State GA	Zip Code 30233
-----------------	-------------	-------------------

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

Name of Employer Medline Industries	Occupation Sales
----------------------------------------	---------------------

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
03	/	28	/	2014

**Transaction ID : C2671074**

Amount of Each Receipt this Period  
250.00

**C. Mary Jane Venteicher**  
Full Name (Last, First, Middle Initial)

Mailing Address 6323 Panorama Drive

City Panora	State IA	Zip Code 50216
----------------	-------------	-------------------

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

Name of Employer Iowa Health Care Association	Occupation Director of Quality and Clinical Servi
--------------------------------------------------	------------------------------------------------------

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
03	/	05	/	2014

**Transaction ID : C2658035**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> 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 39 OF 55
<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. John A. Vinson**  
Full Name (Last, First, Middle Initial)

Mailing Address 5401 River Creek Ct.

City Harrods Creek	State KY	Zip Code 40027
-----------------------	-------------	-------------------

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

Name of Employer Health Systems of Kentucky	Occupation 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
03	/	28	/	2014

**Transaction ID : C2671086**

Amount of Each Receipt this Period  
2500.00

**B. Benjamin Wahl**  
Full Name (Last, First, Middle Initial)

Mailing Address 425 Iron King

City Durango	State CO	Zip Code 81301
-----------------	-------------	-------------------

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

Name of Employer Cottonwood Inn Rehabilitation & Extend	Occupation Nursing Home 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
03	/	28	/	2014

**Transaction ID : C2671091**

Amount of Each Receipt this Period  
1000.00

**C. Steven Wannemacher**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 3188

City Bloomington	State IL	Zip Code 61702-3188
---------------------	-------------	------------------------

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

Name of Employer Heritage Enterprises	Occupation President & 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
03	/	21	/	2014

**Transaction ID : C2669742**

Amount of Each Receipt this Period  
2500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6000.00
<b>TOTAL</b> 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 40 OF 55
	<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. James R. Westbury Sr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 922 McDonough Rd

City Jackson State GA Zip Code 30233

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

Name of Employer Westbury Medical Care Home Inc Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 21 / 2014**

**Transaction ID : C2668974**

Amount of Each Receipt this Period  
**275.00**

**B. The Five Seas, LLC**  
Full Name (Last, First, Middle Initial)

Mailing Address 3220 W Feather Sound Ct

City Anthem State AZ Zip Code 85086-1006

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 05 / 2014**

**Transaction ID : C2668928**

Amount of Each Receipt this Period  
**1200.00**

PARTNERSHIP--partners below if itemized

**C. Cathy Williams**  
Full Name (Last, First, Middle Initial)

Mailing Address 826 W Desmond Street

City Winslow State AZ Zip Code 86047-2321

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

Name of Employer The Five Seas, LLC Occupation Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 05 / 2014**

**Transaction ID : C2668929**

Amount of Each Receipt this Period  
**1200.00**

**[MEMO ITEM]**  
\*

**SUBTOTAL** of Receipts This Page (optional)..... **1475.00**

**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 41 OF 55
	<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. APK Enterprises, LLC**

Mailing Address 1400 8th Ave.

City Union Grove State WI Zip Code 53182

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
03 / 21 / 2014  
Transaction ID : **C2669778**

Amount of Each Receipt this Period  
250.00

PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial)  
**B. Steve Kuranz**

Mailing Address 1400 8th Ave

City Union Grove State WI Zip Code 53182-1063

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

Name of Employer Occupation  
Hope Health & Rehabilitation Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
03 / 21 / 2014  
Transaction ID : **C2669779**

Amount of Each Receipt this Period  
250.00

[MEMO ITEM]  
\*

Full Name (Last, First, Middle Initial)  
**C. Peachtree Mena, LLC**

Mailing Address 1803 Cordie Drive

City Mena State AR Zip Code 71953

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  
03 / 21 / 2014  
Transaction ID : **C2669784**

Amount of Each Receipt this Period  
1250.00

PARTNERSHIP--partners below if itemized

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> 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 42 OF 55
	<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. Michael Shepard**

Mailing Address 1803 Cordie Dr  
PO Box 125

City Mena State AR Zip Code 71953-9340

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

Name of Employer Shepard Group Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  
03 / 21 / 2014  
Transaction ID : C2669786

Amount of Each Receipt this Period  
1250.00

[MEMO ITEM]  
\*

Full Name (Last, First, Middle Initial)  
**B. L & AM Lease LLC**

Mailing Address 3800 W. Gifford Rd.

City Bloomington State IN Zip Code 47403

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  
03 / 21 / 2014  
Transaction ID : C2669787

Amount of Each Receipt this Period  
1100.00

PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial)  
**C. Lee Merchant**

Mailing Address 3800 West Gifford Rd.

City Bloomington State IN Zip Code 47403

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

Name of Employer LJM Enterprises Occupation CEO & President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  
03 / 21 / 2014  
Transaction ID : C2669788

Amount of Each Receipt this Period  
1100.00

[MEMO ITEM]  
\*

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1100.00
<b>TOTAL</b> 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 43 OF 55
<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. Central Management Company, LLC**

Mailing Address **PO Box 1438**

City **Winnfield** State **LA** Zip Code **71483-1438**

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt  
**03 / 21 / 2014**

**Transaction ID : C2669789**

Amount of Each Receipt this Period  
**5000.00**

PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial)  
**B. Teddy Rae Price**

Mailing Address **PO Box 1438**

City **Winnfield** State **LA** Zip Code **71483-1438**

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

Name of Employer Occupation  
**Central Management Company, LLC**  
**Owner**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2500.00**

Date of Receipt  
**03 / 21 / 2014**

**Transaction ID : C2669790**

Amount of Each Receipt this Period  
**2500.00**

**[MEMO ITEM]**  
\*

Full Name (Last, First, Middle Initial)  
**c. Jamie Shelton**

Mailing Address **PO Box 1438**

City **Winnfield** State **LA** Zip Code **71483**

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

Name of Employer Occupation  
**Central Management Company**  
**COO**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2500.00**

Date of Receipt  
**03 / 21 / 2014**

**Transaction ID : C2669791**

Amount of Each Receipt this Period  
**2500.00**

**[MEMO ITEM]**  
\*

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>5000.00</b>
<b>TOTAL</b> 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 44 OF 55
	<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. LAG Associates LP Managers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8028 Ritchie Hwy  
 Ste 210  
 City Pasadena State MD Zip Code 21122-1075  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 28 / 2014  
**Transaction ID : C2671087**  
 Amount of Each Receipt this Period  
 1250.00  
 PARTNERSHIP--partners below if itemized

**B. Gary Attman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8028 Ritchie Highway  
 City Pasadena State MD Zip Code 21122-1069  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 LAG Associates LP Managers Owner  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 28 / 2014  
**Transaction ID : C2671088**  
 Amount of Each Receipt this Period  
 1250.00  
**[MEMO ITEM]**  
 \*

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	148957.57

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 OF 55  
(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**

**A. Iowa Health PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1775 90th St  
 City West Des Moines State IA Zip Code 50266-1563  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 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  
 03 / 05 / 2014  
**Transaction ID : C2668927**  
 Amount of Each Receipt this Period  
 1000.00  
 Unsolicited Contribution/ Comprised of Permissible Funds

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

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> 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 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  
03 / 03 / 2014

**Transaction ID : D157561**

Amount of Each Disbursement this Period

78.75

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  
03 / 04 / 2014

**Transaction ID : D157562**

Amount of Each Disbursement this Period

165.38

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  
03 / 10 / 2014

**Transaction ID : D157563**

Amount of Each Disbursement this Period

25.20

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

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

269.33

**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  
03 / 11 / 2014

**Transaction ID : D157564**

Amount of Each Disbursement this Period

15.75

Category/  
Type

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) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 17 / 2014

**Transaction ID : D157565**

Amount of Each Disbursement this Period

25.21

Category/  
Type

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) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 21 / 2014

**Transaction ID : D157566**

Amount of Each Disbursement this Period

7.88

Category/  
Type

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

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

48.84

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

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

FOR LINE NUMBER:  
(check only one)

<input 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  
03 / 24 / 2014

**Transaction ID : D157567**

Amount of Each Disbursement this Period

754.14

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  
03 / 25 / 2014

**Transaction ID : D157568**

Amount of Each Disbursement this Period

113.52

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  
03 / 31 / 2014

**Transaction ID : D157569**

Amount of Each Disbursement this Period

37.09

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

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

904.75

**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 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  
03 / 17 / 2014

**Transaction ID : D157570**

Amount of Each Disbursement this Period

493.81

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  
03 / 21 / 2014

**Transaction ID : D157571**

Amount of Each Disbursement this Period

82.67

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  
03 / 21 / 2014

**Transaction ID : D157572**

Amount of Each Disbursement this Period

319.65

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

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

896.13

2119.05

**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. AMERIPAC: THE FUND FOR A GREATER AMERICA**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		24		2014

Mailing Address 499 S. CAPITOL ST. S.W. #414

**Transaction ID : D155589**

City State Zip Code  
WASHINGTON DC 20003

Amount of Each Disbursement this Period

5,000.00
----------

Purpose of Disbursement  
Contribution

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. BRIDGE PAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		27		2014

Mailing Address 499 S Capitol St SW  
Ste 412

**Transaction ID : D155727**

City State Zip Code  
Washington DC 20003-4009

Amount of Each Disbursement this Period

5,000.00
----------

Purpose of Disbursement  
Contribution

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. FRIENDS FOR HARRY REID**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		05		2014

Mailing Address P.O. BOX 19163

**Transaction ID : D154036**

City State Zip Code  
LAS VEGAS NV 89132

Amount of Each Disbursement this Period

5,000.00
----------

Purpose of Disbursement  
Contribution

Category/ Type
-------------------

Candidate Name

**Sen. Harry Reid**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  Primary  General  
 Other (specify) ▼

State: NV District:

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

15000.00
----------

**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. Friends of Mark Warner**

Mailing Address 201 North Union Street  
Suite 350

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Contribution

Candidate Name  
**Sen. Mark Warner**

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	1	4

**Transaction ID : D155700**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. 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  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: FL District: 18

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	1	4

**Transaction ID : D155701**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. HEARTLAND VALUES PAC**

Mailing Address PO Box 505

City Sioux Falls State SD Zip Code 57101

Purpose of Disbursement  
Contribution

Candidate Name

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	8		2	0	1	4

**Transaction ID : D155497**

Amount of Each Disbursement this Period

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

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

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

4	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

4	5	0	0	0	0	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. JOBS, OPPORTUNITIES AND EDUCATION, PAC (JOE-PAC)**

Mailing Address 84-54 Grand Avenue

City Elmhurst State NY Zip Code 11373

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 27 / 2014

Transaction ID : D155726

Amount of Each Disbursement this Period

1000.00

**B. LOBO PAC**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 492

City Albuquerque State NM Zip Code 87103

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 27 / 2014

Transaction ID : D155725

Amount of Each Disbursement this Period

5000.00

**C. Jenkins for Congress**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 727

City Huntington State WV Zip Code 25711

Purpose of Disbursement  
Contribution

Candidate Name

**Evan Jenkins**

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

Disbursement For: 2014  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 18 / 2014

Transaction ID : D155493

Amount of Each Disbursement this Period

1000.00

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

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

7000.00

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. National Republican Congressional Committee**

Mailing Address 320 1st St SE

City Washington State DC Zip Code 20003-1838

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  
03 / 18 / 2014

**Transaction ID : D155496**

Amount of Each Disbursement this Period

15000.00

Full Name (Last, First, Middle Initial)

**B. PERLMUTTER FOR CONGRESS**

Mailing Address 3440 YOUNGFIELD STREET  
#264

City WHEAT RIDGE State CO Zip Code 80033

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. EDWIN G PERLMUTTER**

Office Sought:  House  Senate  President  
State: CO District: 07

Disbursement For: 2014  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 05 / 2014

**Transaction ID : D154037**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. PALLONE FOR CONGRESS**

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Frank Pallone Jr.**

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

Disbursement For: 2014  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 26 / 2014

**Transaction ID : D155699**

Amount of Each Disbursement this Period

1000.00

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

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

17000.00

**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. JOHN TIERNEY FOR CONGRESS**

Mailing Address 49 Federal Street

City Salem State MA Zip Code 01970

Purpose of Disbursement Contribution

Candidate Name  
**Rep. John F. Tierney**

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 26 / 2014

**Transaction ID : D155698**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. KURT SCHRADER FOR CONGRESS**

Mailing Address PO Box 3314

City Oregon City State OR Zip Code 97045

Purpose of Disbursement Contribution

Candidate Name  
**Rep. Kurt Schrader**

Office Sought:  House  Senate  President  
State: OR District: 05

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 07 / 2014

**Transaction ID : D154087**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF LOIS CAPPs**

Mailing Address PO Box 23940

City Santa Barbara State CA Zip Code 93121

Purpose of Disbursement Contribution

Candidate Name  
**Rep. Lois Capps**

Office Sought:  House  Senate  President  
State: CA District: 24

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 18 / 2014

**Transaction ID : D155498**

Amount of Each Disbursement this Period

5000.00

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

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

8500.00

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. RYAN COSTELLO FOR CONGRESS**

Mailing Address PO BOX 89

City PHOENIXVILLE State PA Zip Code 19460

Purpose of Disbursement  
Contribution

Candidate Name  
**RYAN A COSTELLO**

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	18	/	2014

Transaction ID : D155495

Amount of Each Disbursement this Period

1000.00
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Full Name (Last, First, Middle Initial)

**B. SEARCHLIGHT LEADERSHIP FUND**

Mailing Address 422 C Street NE  
Lower level

City Washington State DC Zip Code 20002

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
03	/	18	/	2014

Transaction ID : D155494

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. COLLINS FOR SENATOR**

Mailing Address PO BOX 1096

City BANGOR State ME Zip Code 04402

Purpose of Disbursement  
Contribution

Candidate Name  
**Sen. Susan Collins**

Office Sought:  House  
 Senate  
 President  
State: ME District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	07	/	2014

Transaction ID : D154088

Amount of Each Disbursement this Period

5000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

11000.00
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**TOTAL** This Period (last page this line number only)..... ▶

63000.00
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