

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.
American Health Care Association Political Action Committee

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

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / through / /

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

Type or Print Name of Treasurer Mr. Michael Wylie

Signature of Treasurer Mr. Michael Wylie [Electronically Filed] Date / /

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Health Care Association Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		213354.30
(b) Cash on Hand at Beginning of Reporting Period.....	213354.30	
(c) Total Receipts (from Line 19)	96526.93	96526.93
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	309881.23	309881.23
7. Total Disbursements (from Line 31).....	52472.37	52472.37
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	257408.86	257408.86
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American Health Care Association Political Action Committee

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	84555.12	84555.12
(ii) Unitemized	2971.81	2971.81
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	87526.93	87526.93
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	92526.93	92526.93
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.....	4000.00	4000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	96526.93	96526.93
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	96526.93	96526.93

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	972.37	972.37
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	972.37	972.37
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	51500.00	51500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	52472.37	52472.37
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	52472.37	52472.37

DETAILED SUMMARY PAGE
of Disbursements

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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)	92526.93	92526.93
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	92526.93	92526.93
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	972.37	972.37
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	972.37	972.37

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 47
	<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	

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. John Barber
Full Name (Last, First, Middle Initial)

Mailing Address 130 E Main Street

City Spartanburg State SC Zip Code 29306-5113

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

Name of Employer White Oak Management, Inc. Occupation Executive VP/CFO

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
 01 / 22 / 2015
Transaction ID : C2916756

Amount of Each Receipt this Period
 5000.00

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

Mailing Address 411 Alabama Ave

City League City State TX Zip Code 77573-2615

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

Name of Employer Baywind Village Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 312.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 27 / 2015
Transaction ID : C2933944

Amount of Each Receipt this Period
 312.50

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

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
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2015
Transaction ID : C2933871

Amount of Each Receipt this Period
 5000.00

SUBTOTAL of Receipts This Page (optional).....▶	10312.50
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 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Harold Beebe		Date of Receipt MM / DD / YYYY 01 / 22 / 2015 Transaction ID : C2933863
Mailing Address 14 Northtown Dr Ste 202		Amount of Each Receipt this Period 250.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. William Biggs		Date of Receipt MM / DD / YYYY 01 / 22 / 2015 Transaction ID : C2933881
Mailing Address 8 Justice Lane		Amount of Each Receipt this Period 5000.00
City Anderson	State SC	Zip Code 29621
FEC ID number of contributing federal political committee. C		
Name of Employer HMR Veterans Services	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. Jennifer G. Brady		Date of Receipt MM / DD / YYYY 01 / 22 / 2015 Transaction ID : C2933875
Mailing Address 103 Paired Oaks Lane		Amount of Each Receipt this Period 500.00
City Wilmington	State DE	Zip Code 19807
FEC ID number of contributing federal political committee. C		
Name of Employer Potter Anderson & Corroon LLP	Occupation Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	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 8 OF 47
	<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. Harold Branton			Date of Receipt MM / DD / YYYY 01 / 22 / 2015 Transaction ID : C2933876
Mailing Address 4452 Socastee Blvd			Amount of Each Receipt this Period 250.00
City Myrtle Beach	State SC	Zip Code 29588-7206	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 250.00
Name of Employer Grand Strand Health Care		Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Greg H. Brown			Date of Receipt MM / DD / YYYY 01 / 27 / 2015 Transaction ID : C2933945
Mailing Address 155 West Point Court			Amount of Each Receipt this Period 1000.00
City Tonka Bay	State MN	Zip Code 55331	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 1000.00
Name of Employer Tealwood Care Centers Inc.		Occupation President & CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Douglas Burr			Date of Receipt MM / DD / YYYY 01 / 10 / 2015 Transaction ID : C2936504
Mailing Address 11851 Wilde Run Court			Amount of Each Receipt this Period 325.00
City Roswell	State GA	Zip Code 30075	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 325.00
Name of Employer Health Care Navigator LLC		Occupation VP of Finance, Reimbursement & Gov't R	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	1575.00
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 9 OF 47
(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. Steven E. Chies
 Mailing Address 7651 Old Central Ave NE
 City State Zip Code
 Fridley MN 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Benedictine Health System Senior VP, 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
 01 / 16 / 2015
Transaction ID : C2913647
 Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. Patti Cullen
 Mailing Address 7851 Metro Parkway
 Suite 200
 City State Zip Code
 Bloomington MN 55425
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Care Providers of Minnesota President/CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 19 / 2015
Transaction ID : C2914751
 Amount of Each Receipt this Period
 1000.00

Full Name (Last, First, Middle Initial)
C. Joseph Donchess
 Mailing Address 7844 Office Park Blvd
 City State Zip Code
 Baton Rouge LA 70809-7603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Louisiana Nursing Home Association Executive Director
 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
 01 / 22 / 2015
Transaction ID : C2933874
 Amount of Each Receipt this Period
 1000.00

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 10 OF 47
<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. Barbara J. Duffy
Full Name (Last, First, Middle Initial)

Mailing Address 2308 Walnut Ave SW

City Seattle State WA Zip Code 98116

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

Name of Employer Lane Powell PC Occupation Attorney

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
01 / 31 / 2015
Transaction ID : C2922536

Amount of Each Receipt this Period
500.00

B. Timothy D. Dundon
Full Name (Last, First, Middle Initial)

Mailing Address 726 Barberry Trail

City Fox River Grove State IL Zip Code 60021

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

Name of Employer Medline HealthCare Occupation President, Health Care Sales

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
01 / 22 / 2015
Transaction ID : C2933860

Amount of Each Receipt this Period
500.00

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

Mailing Address 26 North Broadway

City Schenectady State NY Zip Code 12305

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 10 / 2015
Transaction ID : C2936508

Amount of Each Receipt this Period
625.00

SUBTOTAL of Receipts This Page (optional).....▶	1625.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 47
<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. Patrick Fairbanks		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 10 / 2015 Transaction ID : C2936511
Mailing Address 19915 Nina St.		Amount of Each Receipt this Period 250.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Peggy Fairbanks		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 07 / 2015 Transaction ID : C2906776
Mailing Address 19915 Nina Street		Amount of Each Receipt this Period 250.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. James H. Gomez		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 07 / 2015 Transaction ID : C2906783
Mailing Address 2201 K St		Amount of Each Receipt this Period 250.00
City Sacramento	State CA	Zip Code 95816-4922
FEC ID number of contributing federal political committee. C		
Name of Employer CA Association of Health Facilities	Occupation CEO/President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 47
<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. Howard Groff
Full Name (Last, First, Middle Initial)

Mailing Address 7400 West 109th Street

City Bloomington	State MN	Zip Code 55438
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FEC ID number of contributing federal political committee. **C**

Name of Employer Tealwood Senior Living	Occupation President
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	10	/	2015

Transaction ID : C2936512

Amount of Each Receipt this Period
1250.00

B. Robert W. Hagan
Full Name (Last, First, Middle Initial)

Mailing Address 16 Norcross Street Suite 100

City Roswell	State GA	Zip Code 30075
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FEC ID number of contributing federal political committee. **C**

Name of Employer Sterling Healthcare, Inc	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
01	/	14	/	2015

Transaction ID : C2912788

Amount of Each Receipt this Period
5000.00

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

Mailing Address 7612 Rio Penasco Court NW

City Albuquerque	State NM	Zip Code 87120
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FEC ID number of contributing federal political committee. **C**

Name of Employer R&G Healthcare Management	Occupation Owner
---	---------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	10	/	2015

Transaction ID : C2936513

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....	6500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 47
	<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. 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
 01 / 20 / 2015
Transaction ID : C2916714

Amount of Each Receipt this Period
 2500.00

B. 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
 01 / 10 / 2015
Transaction ID : C2936506

Amount of Each Receipt this Period
 250.00

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

Mailing Address 8796 Route 219

City Brockway State PA Zip Code 15824

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

Name of Employer Guardian Elder Care 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
 01 / 22 / 2015
Transaction ID : C2933859

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	3250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 47
	<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. Jeanne C. Jaeckels
 Full Name (Last, First, Middle Initial)
 Mailing Address 12120 24th Street
 City Clear Lake State MN Zip Code 55319
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tealwood Senior Living Occupation Director of Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 10 / 2015
Transaction ID : C2936507
 Amount of Each Receipt this Period
 250.00

B. Sonya Kemp
 Full Name (Last, First, Middle Initial)
 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 Gallatin Health Care Occupation Administrator
 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
 01 / 14 / 2015
Transaction ID : C2913191
 Amount of Each Receipt this Period
 1250.00

C. Nicholas J. Lynn
 Full Name (Last, First, Middle Initial)
 Mailing Address 190 S. LaSalle Street Suite 3700
 City Chicago State IL Zip Code 60603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Duane Morris LLP Occupation Attorney
 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
 01 / 25 / 2015
Transaction ID : C2918065
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 47
	<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. Maureen Marchant
 Full Name (Last, First, Middle Initial)
 Mailing Address 3618 Devonshire Lane
 City State Zip Code
 Bloomington IN 47403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Hospitality House Administrator
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 27 / 2015
Transaction ID : C2933940
 Amount of Each Receipt this Period
 1100.00

B. Patrick Martone
 Full Name (Last, First, Middle Initial)
 Mailing Address 26 North Broadway
 City State Zip Code
 Schenectady NY 12305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Capital Living Nursing & Rehabilitatio Health Care Administrator
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 625.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 10 / 2015
Transaction ID : C2936509
 Amount of Each Receipt this Period
 625.00

C. Ralph Mason
 Full Name (Last, First, Middle Initial)
 Mailing Address 1070 W Webb Rd
 City State Zip Code
 Dewitt MI 48820-8396
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Rosewood LLC Owner
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 27 / 2015
Transaction ID : C2933949
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1975.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 47
	<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
 01 / 22 / 2015
Transaction ID : C2933878

Amount of Each Receipt this Period
 5000.00

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

Mailing Address 7 McNab Court

City Bridgewater State NJ Zip Code 08807

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

Name of Employer Bridgeway Senior Healthcare Occupation CEO/Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1001.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 18 / 2015
Transaction ID : C2914723

Amount of Each Receipt this Period
 1001.00

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

Mailing Address 2723 Alvamar Drive

City Shreveport State LA Zip Code 71106

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

Name of Employer Summit Health Resources, LLC Occupation Chief Executive Officer

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
 01 / 12 / 2015
Transaction ID : C2908179

Amount of Each Receipt this Period
 5000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 11001.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. Clifton Porter
Full Name (Last, First, Middle Initial)

Mailing Address 3929 Azalea Court

City Maumee	State OH	Zip Code 43537
----------------	-------------	-------------------

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

Name of Employer American Health Care Association	Occupation SVP Government Relations
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
384.62

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	22	/	2015

Transaction ID : C2933907

Amount of Each Receipt this Period
384.62

* Payroll Deduction: \$192.31 Bi-Weekly

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

Mailing Address 1626 Jeurgens Ct

City Norcross	State GA	Zip Code 30093
------------------	-------------	-------------------

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

Name of Employer N/A	Occupation Homemaker
-------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1666.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	08	/	2015

Transaction ID : C2936502

Amount of Each Receipt this Period
1666.00

C. Neil L. Pruitt Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 1626 Jeurgens Ct

City Norcross	State GA	Zip Code 30093
------------------	-------------	-------------------

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

Name of Employer Pruitt Health	Occupation President
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1666.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	08	/	2015

Transaction ID : C2936501

Amount of Each Receipt this Period
1666.00

SUBTOTAL of Receipts This Page (optional).....▶	3716.62
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 47
	<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. Mark Reagan

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
 M M M / D D D / Y Y Y Y Y Y
 01 / 27 / 2015
Transaction ID : C2933942

Amount of Each Receipt this Period
1000.00

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

Mailing Address 269 Harders Crossing Blvd

City Shreveport State LA Zip Code 71106-8526

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

Name of Employer Nexion Health Management Inc Occupation VP of Rehab and Wound Care Srvc

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
 01 / 19 / 2015
Transaction ID : C2914899

Amount of Each Receipt this Period
250.00

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

Mailing Address 30100 Chagrin Boulevard

City Cleveland State OH Zip Code 44124

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

Name of Employer Rolf & Goffman Co., LPA Occupation President & Partner

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
 01 / 30 / 2015
Transaction ID : C2933959

Amount of Each Receipt this Period
250.00

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

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

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

FOR LINE NUMBER: PAGE 19 OF 47
(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. Terry Schmoyer Jr.

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
 M M / D D / Y Y Y Y Y Y
01 / 22 / 2015

Transaction ID : C2916727

Amount of Each Receipt this Period
300.00

Full Name (Last, First, Middle Initial)
B. Gerald Schroer Jr.

Mailing Address 339 East Maple Street Suite 100

City North Canton State OH Zip Code 44720

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

Name of Employer Absolute Health Services Occupation President

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
01 / 27 / 2015

Transaction ID : C2933946

Amount of Each Receipt this Period
1250.00

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

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
 M M / D D / Y Y Y Y Y Y
01 / 21 / 2015

Transaction ID : C2936514

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **1800.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 47
	<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. Scott Sibigroth
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 Industries Occupation President, National Accounts, Post-Acu

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
 01 / 26 / 2015
Transaction ID : C2919026

Amount of Each Receipt this Period
 1000.00

B. 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 SVP

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
 01 / 19 / 2015
Transaction ID : C2914902

Amount of Each Receipt this Period
 500.00

C. James W. Unverferth
Full Name (Last, First, Middle Initial)

Mailing Address 1100 Shawnee Rd

City Lima State OH Zip Code 45805-3529

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

Name of Employer HCF Management, Inc. Occupation President & CEO

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
 01 / 10 / 2015
Transaction ID : C2936503

Amount of Each Receipt this Period
 1250.00

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: PAGE 21 OF 47
(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. Glenn Van Ekeren
 Full Name (Last, First, Middle Initial)
 Mailing Address 21134 Arbor Court
 City Elkhorn State NE Zip Code 68022-2063
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Vetter Health Services Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 21 / 2015
Transaction ID : C2916177
 Amount of Each Receipt this Period
 2500.00

B. Marilyn Wood
 Full Name (Last, First, Middle Initial)
 Mailing Address 1280 Spoonbill Landings Cir
 City Bradenton State FL Zip Code 34209-7372
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Opis Management Resources LLC Occupation CEO/Owner
 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
 01 / 22 / 2015
Transaction ID : C2933880
 Amount of Each Receipt this Period
 5000.00

C. Matthew Yarwood
 Full Name (Last, First, Middle Initial)
 Mailing Address 718 Bartlett Ave
 City Hayward State CA Zip Code 94541
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St Francis Extended Care Occupation Administrator
 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
 01 / 23 / 2015
Transaction ID : C2917927
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 7750.00
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 22 OF 47
(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. iCare Management LLC

Mailing Address 341 Bidwell St

City Manchester State CT Zip Code 06040-6470

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
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2015

Transaction ID : C2933882

Amount of Each Receipt this Period
 250.00

PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial)
B. Chris S. Wright

Mailing Address 341 Bidwell Street

City Manchester State CT Zip Code 06040-6470

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

Name of Employer Occupation
 Self Employed Nursing Home Owner

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
 01 / 22 / 2015

Transaction ID : C2933883

Amount of Each Receipt this Period
 250.00

[MEMO ITEM]
 *

Full Name (Last, First, Middle Initial)
c. iCare Health Management, LLC

Mailing Address 341 Bidwell St

City Manchester State CT Zip Code 06040-6470

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
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2015

Transaction ID : C2933884

Amount of Each Receipt this Period
 250.00

PARTNERSHIP--partners below if itemized

SUBTOTAL of Receipts This Page (optional)..... ▶ 500.00

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 47
<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. Chris S. Wright
Full Name (Last, First, Middle Initial)

Mailing Address 341 Bidwell Street

City Manchester	State CT	Zip Code 06040-6470
--------------------	-------------	------------------------

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

Name of Employer Self Employed	Occupation Nursing Home Owner
-----------------------------------	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	22	/	2015

Transaction ID : C2933885

Amount of Each Receipt this Period
250.00

[MEMO ITEM]
*

B. Chestnut Point Realty, LLC
Full Name (Last, First, Middle Initial)

Mailing Address 341 Bidwell St

City Manchester	State CT	Zip Code 06040-6470
--------------------	-------------	------------------------

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

M M	/	D D	/	Y Y Y Y
01	/	22	/	2015

Transaction ID : C2933888

Amount of Each Receipt this Period
250.00

PARTNERSHIP--partners below if itemized

C. Chris S. Wright
Full Name (Last, First, Middle Initial)

Mailing Address 341 Bidwell Street

City Manchester	State CT	Zip Code 06040-6470
--------------------	-------------	------------------------

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

Name of Employer Self Employed	Occupation Nursing Home Owner
-----------------------------------	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	22	/	2015

Transaction ID : C2933889

Amount of Each Receipt this Period
250.00

[MEMO ITEM]
*

SUBTOTAL of Receipts This Page (optional).....▶	250.00
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 24 OF 47
<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. Hartford/Windsor Healthcare Properties, LLC

Mailing Address 341 Bidwell Street

City Manchester State CT Zip Code 06040

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
01 / 22 / 2015
Transaction ID : C2933890

Amount of Each Receipt this Period
250.00

PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial)
B. Chris S. Wright

Mailing Address 341 Bidwell Street

City Manchester State CT Zip Code 06040-6470

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

Name of Employer Occupation
Self Employed Nursing Home Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
01 / 22 / 2015
Transaction ID : C2933891

Amount of Each Receipt this Period
250.00

[MEMO ITEM]
*

Full Name (Last, First, Middle Initial)
C. Kettle Brook Realty, LLC

Mailing Address 341 Bidwell Street

City Manchester State CT Zip Code 06040

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
01 / 22 / 2015
Transaction ID : C2933892

Amount of Each Receipt this Period
250.00

PARTNERSHIP--partners below if itemized

SUBTOTAL of Receipts This Page (optional).....▶	500.00
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 25 OF 47
<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. Chris S. Wright
Full Name (Last, First, Middle Initial)

Mailing Address 341 Bidwell Street

City Manchester State CT Zip Code 06040-6470

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

Name of Employer Self Employed Occupation Nursing Home Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 01 / 22 / 2015
Transaction ID : C2933893

Amount of Each Receipt this Period 250.00

[MEMO ITEM]
*

B. Trinity Hill Realty, LLC
Full Name (Last, First, Middle Initial)

Mailing Address 341 Bidwell Street

City Manchester State CT Zip Code 06040

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 01 / 22 / 2015
Transaction ID : C2933894

Amount of Each Receipt this Period 250.00

PARTNERSHIP--partners below if itemized

C. Chris S. Wright
Full Name (Last, First, Middle Initial)

Mailing Address 341 Bidwell Street

City Manchester State CT Zip Code 06040-6470

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

Name of Employer Self Employed Occupation Nursing Home Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 01 / 22 / 2015
Transaction ID : C2933895

Amount of Each Receipt this Period 250.00

[MEMO ITEM]
*

SUBTOTAL of Receipts This Page (optional).....	250.00
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 26 OF 47
<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. Wintonbury Realty, LLC
Full Name (Last, First, Middle Initial)
Mailing Address 341 Bidwell Street

City Manchester	State CT	Zip Code 06040
--------------------	-------------	-------------------

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

M M	/	D D	/	Y Y Y Y
01	/	22	/	2015

Transaction ID : C2933896

Amount of Each Receipt this Period
250.00

PARTNERSHIP--partners below if itemized

B. Chris S. Wright
Full Name (Last, First, Middle Initial)
Mailing Address 341 Bidwell Street

City Manchester	State CT	Zip Code 06040-6470
--------------------	-------------	------------------------

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

Name of Employer _____ Occupation _____
Self Employed Nursing Home Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	22	/	2015

Transaction ID : C2933897

Amount of Each Receipt this Period
250.00

[MEMO ITEM]
*

C. Bidwell Realty, LLC
Full Name (Last, First, Middle Initial)
Mailing Address 341 Bidwell St

City Manchester	State CT	Zip Code 06040-6470
--------------------	-------------	------------------------

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

M M	/	D D	/	Y Y Y Y
01	/	22	/	2015

Transaction ID : C2933898

Amount of Each Receipt this Period
250.00

PARTNERSHIP--partners below if itemized

SUBTOTAL of Receipts This Page (optional).....▶	500.00
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 47
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	<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. Chris S. Wright
Full Name (Last, First, Middle Initial)

Mailing Address 341 Bidwell Street

City Manchester State CT Zip Code 06040-6470

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

Name of Employer Self Employed Occupation Nursing Home Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 01 / 22 / 2015
Transaction ID : C2933899

Amount of Each Receipt this Period 250.00

[MEMO ITEM]
*

B. Farmington Realty, LLC
Full Name (Last, First, Middle Initial)

Mailing Address 341 Bidwell St

City Manchester State CT Zip Code 06040-6470

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 01 / 22 / 2015
Transaction ID : C2933900

Amount of Each Receipt this Period 250.00

PARTNERSHIP--partners below if itemized

C. Chris S. Wright
Full Name (Last, First, Middle Initial)

Mailing Address 341 Bidwell Street

City Manchester State CT Zip Code 06040-6470

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

Name of Employer Self Employed Occupation Nursing Home Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 01 / 22 / 2015
Transaction ID : C2933901

Amount of Each Receipt this Period 250.00

[MEMO ITEM]
*

SUBTOTAL of Receipts This Page (optional).....▶	250.00
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 28 OF 47
(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. Meriden Realty Investments, LLC

Mailing Address 341 Bidwell St

City State Zip Code
 Manchester CT 06040-6470

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
 01 / 22 / 2015
Transaction ID : C2933902

Amount of Each Receipt this Period
 250.00

PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial)
B. Chris S. Wright

Mailing Address 341 Bidwell Street

City State Zip Code
 Manchester CT 06040-6470

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

Name of Employer Occupation
 Self Employed Nursing Home Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 01 / 22 / 2015
Transaction ID : C2933903

Amount of Each Receipt this Period
 250.00

[MEMO ITEM]
 *

Full Name (Last, First, Middle Initial)
c. Westside Realty Investment, LLC

Mailing Address 341 Bidwell St

City State Zip Code
 Manchester CT 06040-6470

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
 01 / 22 / 2015
Transaction ID : C2933904

Amount of Each Receipt this Period
 250.00

PARTNERSHIP--partners below if itemized

SUBTOTAL of Receipts This Page (optional)..... ▶ 500.00

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 29 OF 47
<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. Chris S. Wright

Mailing Address 341 Bidwell Street

City Manchester State CT Zip Code 06040-6470

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

Name of Employer Self Employed Occupation Nursing Home 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
01 / 22 / 2015

Transaction ID : C2933905

Amount of Each Receipt this Period
250.00

[MEMO ITEM]
*

Full Name (Last, First, Middle Initial)
B. 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
 M M M / D D D / Y Y Y Y Y Y
01 / 22 / 2015

Transaction ID : C2933906

Amount of Each Receipt this Period
5000.00

PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial)
C. 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
 M M M / D D D / Y Y Y Y Y Y
01 / 22 / 2015

Transaction ID : C2933908

Amount of Each Receipt this Period
2500.00

[MEMO ITEM]
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SUBTOTAL of Receipts This Page (optional).....▶	5000.00
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 47
	<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. 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 **Central Management Company** Occupation **COO**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2500.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	2		2	0	1	5

Transaction ID : C2933909

Amount of Each Receipt this Period

2	5	0	0	.	0	0
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2500.00

[MEMO ITEM]
*

Full Name (Last, First, Middle Initial)
B. Chelsea Place Care Center, LLC

Mailing Address **341 Bidwell St**

City **Manchester** State **CT** Zip Code **06040-6470**

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

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Transaction ID : C2933910

Amount of Each Receipt this Period

2	5	0	.	0	0
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250.00

PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial)
C. Chris S. Wright

Mailing Address **341 Bidwell Street**

City **Manchester** State **CT** Zip Code **06040-6470**

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

Name of Employer **Self Employed** Occupation **Nursing Home Owner**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	2		2	0	1	5

Transaction ID : C2933911

Amount of Each Receipt this Period

2	5	0	.	0	0
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250.00

[MEMO ITEM]
*

SUBTOTAL of Receipts This Page (optional).....▶	<table border="1"><tr><td>2</td><td>5</td><td>0</td><td>.</td><td>0</td><td>0</td></tr></table> 250.00	2	5	0	.	0	0
2	5	0	.	0	0		
TOTAL This Period (last page this line number only).....▶	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>						

**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 47
	<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. Chestnut Point Care Center, LLC

Mailing Address 341 Bidwell St

City Manchester State CT Zip Code 06040-6470

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
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2015
Transaction ID : C2933912

Amount of Each Receipt this Period
250.00

PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial)
B. Chris S. Wright

Mailing Address 341 Bidwell Street

City Manchester State CT Zip Code 06040-6470

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

Name of Employer Occupation
Self Employed Nursing Home Owner

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
 01 / 22 / 2015
Transaction ID : C2933913

Amount of Each Receipt this Period
250.00

[MEMO ITEM]
*

Full Name (Last, First, Middle Initial)
c. Kettle Brook Care Center, LLC

Mailing Address 341 Bidwell St

City Manchester State CT Zip Code 06040-6470

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
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2015
Transaction ID : C2933914

Amount of Each Receipt this Period
250.00

PARTNERSHIP--partners below if itemized

SUBTOTAL of Receipts This Page (optional).....▶	500.00
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 32 OF 47
<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. Chris S. Wright
Full Name (Last, First, Middle Initial)

Mailing Address 341 Bidwell Street

City Manchester	State CT	Zip Code 06040-6470
--------------------	-------------	------------------------

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

Name of Employer Self Employed	Occupation Nursing Home Owner
-----------------------------------	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	22	/	2015

Transaction ID : C2933915

Amount of Each Receipt this Period
250.00

[MEMO ITEM]
*

B. Trinity Hill Care Center, LLC
Full Name (Last, First, Middle Initial)

Mailing Address 341 Bidwell St

City Manchester	State CT	Zip Code 06040-6470
--------------------	-------------	------------------------

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

M M	/	D D	/	Y Y Y Y
01	/	22	/	2015

Transaction ID : C2933916

Amount of Each Receipt this Period
250.00

PARTNERSHIP--partners below if itemized

C. Chris S. Wright
Full Name (Last, First, Middle Initial)

Mailing Address 341 Bidwell Street

City Manchester	State CT	Zip Code 06040-6470
--------------------	-------------	------------------------

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

Name of Employer Self Employed	Occupation Nursing Home Owner
-----------------------------------	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	22	/	2015

Transaction ID : C2933917

Amount of Each Receipt this Period
250.00

[MEMO ITEM]
*

SUBTOTAL of Receipts This Page (optional).....▶	250.00
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 33 OF 47
(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. Wintonbury Care Center, LLC

Mailing Address 341 Bidwell St

City Manchester State CT Zip Code 06040-6470

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
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2015
Transaction ID : C2933918

Amount of Each Receipt this Period
250.00

PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial)
B. Chris S. Wright

Mailing Address 341 Bidwell Street

City Manchester State CT Zip Code 06040-6470

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

Name of Employer Occupation
Self Employed Nursing Home Owner

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
 01 / 22 / 2015
Transaction ID : C2933919

Amount of Each Receipt this Period
250.00

[MEMO ITEM]
*

Full Name (Last, First, Middle Initial)
c. Bidwell Care Center, LLC

Mailing Address 341 Bidwell St

City Manchester State CT Zip Code 06040-6470

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
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2015
Transaction ID : C2933920

Amount of Each Receipt this Period
250.00

PARTNERSHIP--partners below if itemized

SUBTOTAL of Receipts This Page (optional)..... ▶ 500.00

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 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<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. Chris S. Wright
Full Name (Last, First, Middle Initial)

Mailing Address 341 Bidwell Street

City Manchester	State CT	Zip Code 06040-6470
--------------------	-------------	------------------------

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

Name of Employer Self Employed	Occupation Nursing Home 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
01	/	22	/	2015

Transaction ID : C2933921

Amount of Each Receipt this Period
250.00

[MEMO ITEM]
*

B. Farmington Care Center, LLC
Full Name (Last, First, Middle Initial)

Mailing Address 341 Bidwell St

City Manchester	State CT	Zip Code 06040-6470
--------------------	-------------	------------------------

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

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	22	/	2015

Transaction ID : C2933922

Amount of Each Receipt this Period
250.00

PARTNERSHIP--partners below if itemized

C. Chris S. Wright
Full Name (Last, First, Middle Initial)

Mailing Address 341 Bidwell Street

City Manchester	State CT	Zip Code 06040-6470
--------------------	-------------	------------------------

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

Name of Employer Self Employed	Occupation Nursing Home 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
01	/	22	/	2015

Transaction ID : C2933923

Amount of Each Receipt this Period
250.00

[MEMO ITEM]
*

SUBTOTAL of Receipts This Page (optional).....	▶	250.00
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 47
(check only one)

<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Meriden Care Center, LLC

Mailing Address 341 Bidwell St

City State Zip Code
Manchester CT 06040-6470

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
01 / 22 / 2015
Transaction ID : C2933924

Amount of Each Receipt this Period
250.00

PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial)
B. Chris S. Wright

Mailing Address 341 Bidwell Street

City State Zip Code
Manchester CT 06040-6470

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

Name of Employer Occupation
Self Employed Nursing Home Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
01 / 22 / 2015
Transaction ID : C2933925

Amount of Each Receipt this Period
250.00

[MEMO ITEM]
*

Full Name (Last, First, Middle Initial)
c. Westside Care Center, LLC

Mailing Address 341 Bidwell St

City State Zip Code
Manchester CT 06040-6470

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
01 / 22 / 2015
Transaction ID : C2933926

Amount of Each Receipt this Period
250.00

PARTNERSHIP--partners below if itemized

SUBTOTAL of Receipts This Page (optional)..... ▶ 500.00

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 36 OF 47
<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. Chris S. Wright
Full Name (Last, First, Middle Initial)

Mailing Address 341 Bidwell Street

City Manchester State CT Zip Code 06040-6470

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

Name of Employer Self Employed Occupation Nursing Home Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 01 / 22 / 2015
Transaction ID : C2933927

Amount of Each Receipt this Period 250.00

[MEMO ITEM]
*

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

Mailing Address 3715 SW 29th St

City Topeka State KS Zip Code 66614-2107

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 01 / 27 / 2015
Transaction ID : C2933950

Amount of Each Receipt this Period 2500.00

PARTNERSHIP--partners below if itemized

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

Mailing Address 3715 SW 29th St Ste 200

City Topeka State KS Zip Code 66614-2164

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

Name of Employer Occupation Midwest Health Services Inc Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 01 / 27 / 2015
Transaction ID : C2933951

Amount of Each Receipt this Period 2500.00

[MEMO ITEM]
*

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 37 OF 47
<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. Klaton Properties

Mailing Address 3715 SW 29th St

City Topeka State KS Zip Code 66614-2107

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
 M M / D D / Y Y Y Y Y Y
 01 / 27 / 2015
Transaction ID : C2933952

Amount of Each Receipt this Period
2500.00

PARTNERSHIP--partners below if itemized

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

Mailing Address 3715 SW 29th Street Suite 200

City Topeka State KS Zip Code 66614-2164

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

Name of Employer Occupation
Midwest Health Management 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
 01 / 27 / 2015
Transaction ID : C2933953

Amount of Each Receipt this Period
2500.00

[MEMO ITEM]
*

Full Name (Last, First, Middle Initial)
C. Klaton Leasing, LLC

Mailing Address 3715 SW 29th St

City Topeka State KS Zip Code 66614-2107

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
 M M / D D / Y Y Y Y Y Y
 01 / 27 / 2015
Transaction ID : C2933954

Amount of Each Receipt this Period
2500.00

PARTNERSHIP--partners below if itemized

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
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 38 OF 47
	<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. Floyd Eaton
Full Name (Last, First, Middle Initial)

Mailing Address 3715 SW 29th St
Ste 200

City Topeka State KS Zip Code 66614-2164

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

Name of Employer Midwest Health Services Inc Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
01 / 27 / 2015
Transaction ID : C2933956

Amount of Each Receipt this Period
2500.00

[MEMO ITEM]
*

B. Klaton Leasing, LLC
Full Name (Last, First, Middle Initial)

Mailing Address 3715 SW 29th St

City Topeka State KS Zip Code 66614-2107

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
01 / 27 / 2015
Transaction ID : C2933955

Amount of Each Receipt this Period
2500.00

PARTNERSHIP--partners below if itemized

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

Mailing Address 3715 SW 29th Street
Suite 200

City Topeka State KS Zip Code 66614-2164

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

Name of Employer Midwest Health Management Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
01 / 27 / 2015
Transaction ID : C2933957

Amount of Each Receipt this Period
2500.00

[MEMO ITEM]
*

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 39 OF 47
	<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. The Willows Assisted Living LLC
 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 Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 30 / 2015
Transaction ID : C2935358
 Amount of Each Receipt this Period
 300.00
 PARTNERSHIP--partners below if itemized

B. 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 Occupation
 The Willows Assisted Living Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 30 / 2015
Transaction ID : C2935359
 Amount of Each Receipt this Period
 300.00
[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

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	84555.12

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

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

FOR LINE NUMBER: PAGE 40 OF 47
(check only one)

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

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

Full Name (Last, First, Middle Initial)
A. DIRECT SUPPLY INC. PARTNERS PAC (DSI PARTNERS PAC)

Mailing Address 6767 North Industrial Road

City Milwaukee State WI Zip Code 53223

FEC ID number of contributing federal political committee. **C** C00409516

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	22	/	2015

Transaction ID : C2933862

Amount of Each Receipt this Period
5000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

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

**SCHEDULE 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 47
<input 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 checked="" type="checkbox"/> 16
			<input type="checkbox"/> 17

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

A. COURTNEY FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address 38 Risley Road

City State Zip Code
Vernon CT 06066

FEC ID number of contributing federal political committee. **C** C00410233

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 27 / 2015
Transaction ID : C2933934

Amount of Each Receipt this Period
 4000.00

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

SUBTOTAL of Receipts This Page (optional).....▶	4000.00
TOTAL This Period (last page this line number only).....▶	4000.00

**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
01 / 12 / 2015

Transaction ID : D164544

Amount of Each Disbursement this Period

106.62

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
01 / 14 / 2015

Transaction ID : D164545

Amount of Each Disbursement this Period

106.40

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
01 / 20 / 2015

Transaction ID : D164546

Amount of Each Disbursement this Period

170.40

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

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

383.42

**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
01 / 23 / 2015

Transaction ID : D164547

Amount of Each Disbursement this Period

24.00

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 26 / 2015

Transaction ID : D164548

Amount of Each Disbursement this Period

15.52

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
01 / 27 / 2015

Transaction ID : D164549

Amount of Each Disbursement this Period

8.00

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

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

47.52

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. BB&T Merchant Services

Mailing Address PO Box 200

City Wilson State NC Zip Code 27894-0200

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	1	5

Transaction ID : D164550

Amount of Each Disbursement this Period

1	6	9	.	7	3
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. BB&T

Mailing Address 1099 New York Ave NW
Ste 100

City Washington State DC Zip Code 20001-4452

Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	1		2	0	1	5

Transaction ID : D164542

Amount of Each Disbursement this Period

3	0	8	.	0	7
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. BB&T

Mailing Address 1099 New York Ave NW
Ste 100

City Washington State DC Zip Code 20001-4452

Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	1		2	0	1	5

Transaction ID : D164543

Amount of Each Disbursement this Period

6	3	.	6	3
---	---	---	---	---

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

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

5	4	1	.	4	3
---	---	---	---	---	---

9	7	2	.	3	7
---	---	---	---	---	---

**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. BOEHNER FOR SPEAKER COMMITTEE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	8		2	0	1	5

Mailing Address 320 First Street, SE

Transaction ID : D163910

City WASHINGTON State DC Zip Code 20003

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Purpose of Disbursement
Contribution

--

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. BOEHNER FOR SPEAKER COMMITTEE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	1	5

Mailing Address 320 First Street, SE

Transaction ID : D164233

City WASHINGTON State DC Zip Code 20003

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Purpose of Disbursement
Contribution

--

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. BRADY FOR CONGRESS

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	1	5

Mailing Address P.O. Box 8277

Transaction ID : D164234

City The Woodlands State TX Zip Code 77387

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Purpose of Disbursement
Contribution

--

Candidate Name

Category/
Type

Rep. Kevin Brady

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: TX District: 08

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

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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. Democratic Senatorial Campaign Committee

Mailing Address 430 S Capitol St SE

City Washington State DC Zip Code 20003-4024

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	1	5

Transaction ID : D164427

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. 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

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	8		2	0	1	5

Transaction ID : D163909

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. National Republican Senatorial Committee

Mailing Address 425 2nd St NE

City Washington State DC Zip Code 20002-4914

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	1	5

Transaction ID : D164428

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

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

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

3	1	5	0	.	0	0
---	---	---	---	---	---	---

1	5	0	0	.	0	0
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. ORRINPAC

Mailing Address 175 S. WEST TEMPLE, SUITE 650

City State Zip Code
SALT LAKE CITY UT 84101

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	16	/	2015

Transaction ID : D164246

Amount of Each Disbursement this Period

2500.00

B. MCCASKILL FOR MISSOURI

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 300077

City State Zip Code
SAINT LOUIS MO 63130

Purpose of Disbursement
Contribution

Candidate Name

Sen. Claire McCaskill

Office Sought: House
 Senate
 President
State: MO District:

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	29	/	2015

Transaction ID : D164426

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

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

5000.00

51500.00
