

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Health Care Association Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>	<input type="text" value="287615.28"/>	<input type="text" value="287615.28"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="455006.07"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="68278.83"/>	<input type="text" value="881196.65"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="523284.90"/>	<input type="text" value="1168811.93"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="66442.89"/>	<input type="text" value="711969.92"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="456842.01"/>	<input type="text" value="456842.01"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American Health Care Association Political Action Committee

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	62003.01	811975.58
(ii) Unitemized	1275.82	29583.69
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	63278.83	841559.27
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	22500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	63278.83	864059.27
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	1931.13
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	5000.00	14000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	1206.25
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	68278.83	881196.65
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	68278.83	881196.65

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	1292.89	15680.68
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1292.89	15680.68
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	65000.00	650132.99
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	150.00	29650.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	150.00	29650.00
29. Other Disbursements	0.00	16506.25
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	66442.89	711969.92
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	66442.89	711969.92

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	63278.83	864059.27
34. Total Contribution Refunds (from Line 28(d))	150.00	29650.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	63128.83	834409.27
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1292.89	15680.68
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	1931.13
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1292.89	13749.55

**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 42
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

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

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

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

Mailing Address 5013 Centennial Oak Circle

City Tallahassee State FL Zip Code 32308

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

Name of Employer Asztalos & Associates Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **512.50**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 18 / 2013

Transaction ID : C2499954

Amount of Each Receipt this Period
128.13

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

Mailing Address 8028 Ritchie Highway

City Pasadena State MD Zip Code 21122-1069

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

Name of Employer LAG Associates LP Managers Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3750.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 18 / 2013

Transaction ID : C2499958

Amount of Each Receipt this Period
1250.00

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

Mailing Address 100 E San Marcos Blvd Suite 200

City San Marcos State CA Zip Code 92069

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

Name of Employer Plum Healthcare Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 11 / 2013

Transaction ID : C2485032

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional).....▶	3878.13
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 7 OF 42
(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. Harry Baum
 Mailing Address 10315 Johnson Drive
 City State Zip Code
 Shawnee KS 66203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Sharon Lane Health Services Owner
 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
 11 / 28 / 2013
Transaction ID : C2499780
 Amount of Each Receipt this Period
 625.00

Full Name (Last, First, Middle Initial)
B. Mark Bedinger
 Mailing Address 1127 East 16th Avenue
 City State Zip Code
 Denver CO 80218-1506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Colavria Hospitality President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 11 / 2013
Transaction ID : C2485031
 Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
C. Ken Beebe Jr.
 Mailing Address 571 Highway 51
 City State Zip Code
 Ridgeland MS 39157-2597
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Legacy Care Owner
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 825.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 18 / 2013
Transaction ID : C2499951
 Amount of Each Receipt this Period
 275.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1400.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 8 OF 42
(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. Brad Bilbo

Mailing Address 527 Charlotte Lane

City Bremen State GA Zip Code 30110

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

Name of Employer Cypress Health Group Occupation Regional Vice President

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
11 / 01 / 2013

Transaction ID : C2458092

Amount of Each Receipt this Period
125.00

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

Mailing Address 7445 Liberty Woods Lane

City Dayton State OH Zip Code 45459

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

Name of Employer Liberty Health Care Corporation Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 06 / 2013

Transaction ID : C2460979

Amount of Each Receipt this Period
1875.00

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

Mailing Address 12100 Reed Hartman Highway

City Cincinnati State OH Zip Code 45241-6036

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

Name of Employer Brookwood Retirement Community Occupation Owner/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
11 / 27 / 2013

Transaction ID : C2500008

Amount of Each Receipt this Period
1100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **3100.00**

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 42
(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. Elizabeth Casey

Mailing Address 3075 E Thousand Oaks Blvd

City State Zip Code
 Westlake Village CA 91362-3402

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

Name of Employer Occupation
 The Chase Group Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 18 / 2013
Transaction ID : C2499949

Amount of Each Receipt this Period
 1250.00

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

Mailing Address 3075 E Thousand Oaks Blvd

City State Zip Code
 Thousand Oaks CA 91362-3402

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

Name of Employer Occupation
 The Chase Group Nursing Home Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 18 / 2013
Transaction ID : C2499946

Amount of Each Receipt this Period
 1250.00

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

Mailing Address 5374 Long Shadow Ct

City State Zip Code
 Westlake Village CA 91362-5223

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

Name of Employer Occupation
 The Chase Group Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 18 / 2013
Transaction ID : C2499948

Amount of Each Receipt this Period
 1250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3750.00

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 10 OF 42
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. 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 Services VP, Long Term Care Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 26 / 2013
Transaction ID : C2499298

Amount of Each Receipt this Period
375.00

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

Mailing Address 1600 S. Eads Street Apt. 1236 N

City State Zip Code
Arlington VA 22202

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
274.05

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 27 / 2013
Transaction ID : C2500009

Amount of Each Receipt this Period
26.10

* Payroll Deduction: \$13.05 Bi-Weekly

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

Mailing Address 1208 N 14th Street

City State Zip Code
Nebraska City NE 68410

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

Name of Employer Occupation
Mable Rose Estates Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 22 / 2013
Transaction ID : C2497927

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 526.10

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 42
	<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. Richard Erb
Full Name (Last, First, Middle Initial)
Mailing Address 35 Melden Drive
City Brunswick State ME Zip Code 04011
FEC ID number of contributing federal political committee. **C**
Name of Employer Maine Health Care Association Occupation CEO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 07 / 2013
Transaction ID : C2463461
Amount of Each Receipt this Period 330.00

B. Joanne E Erickson
Full Name (Last, First, Middle Initial)
Mailing Address 911 S Randolph St
City Arlington State VA Zip Code 22204-1564
FEC ID number of contributing federal political committee. **C**
Name of Employer American Health Care Association Occupation Editor in Chief, Provider Magazine
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 904.78

Date of Receipt 11 / 27 / 2013
Transaction ID : C2500011
Amount of Each Receipt this Period 95.24
* Payroll Deduction: \$47.62 Bi-Weekly

C. Irene Fleshner
Full Name (Last, First, Middle Initial)
Mailing Address 1688 Floyd Street
City Sarasota State FL Zip Code 34239
FEC ID number of contributing federal political committee. **C**
Name of Employer Genesis HealthCare Corporation Occupation Nurse Executive
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 08 / 2013
Transaction ID : C2483411
Amount of Each Receipt this Period 206.25

SUBTOTAL of Receipts This Page (optional)..... ▶ 631.49
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 42
	<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. Geoffrey Fraser

Mailing Address 709 South Harbor City Boulevard
Suite 240

City Melbourne State FL Zip Code 32901

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

Name of Employer Clear Choice Health Care, LLC Occupation Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
11 / 19 / 2013
Transaction ID : C2496705

Amount of Each Receipt this Period
1250.00

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

Mailing Address PO Box 875

City Cape Canaveral State FL Zip Code 32920

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

Name of Employer Goldsmith & Grout PA Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
11 / 26 / 2013
Transaction ID : C2499361

Amount of Each Receipt this Period
500.00

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

Mailing Address 1421 T Street, NW
Apt. #1

City Washington State DC Zip Code 20009

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.40

Date of Receipt
11 / 27 / 2013
Transaction ID : C2500012

Amount of Each Receipt this Period
34.80

* Payroll Deduction: \$17.40 Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	1784.80
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 42
	<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. Jennifer S Hahs
Full Name (Last, First, Middle Initial)

Mailing Address 12423 Flint Street

City Overland Park State KS Zip Code 66213

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **913.08**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 27 / 2013

Transaction ID : C2500013

Amount of Each Receipt this Period
86.96

* Payroll Deduction: \$43.48 Bi-Weekly

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

Mailing Address 7612 Rio Penasco Court NW

City Albuquerque State NM Zip Code 87120

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

Name of Employer R&G Healthcare Management Occupation Owner

Receipt For:
 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
11 / 11 / 2013

Transaction ID : C2485033

Amount of Each Receipt this Period
250.00

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

Mailing Address 4433 Pebble Creek Ln

City Long Grove State IL Zip Code 60047-5283

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

Name of Employer Lake Point Rehab and Nursing Center Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 20 / 2013

Transaction ID : C2497333

Amount of Each Receipt this Period
1250.00

SUBTOTAL of Receipts This Page (optional).....▶	1586.96
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 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 2145 Great Elm Lane

City Highland Park State IL Zip Code 60035

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

Name of Employer Medline Industries Inc. Occupation Senior VP, Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **858.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 13 / 2013
Transaction ID : C2486350

Amount of Each Receipt this Period
143.00

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

Mailing Address 3801 Woodside Dr

City Arlington State TX Zip Code 76016-3030

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

Name of Employer Legacy Care Centers Inc. Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 26 / 2013
Transaction ID : C2513915

Amount of Each Receipt this Period
25.00

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

Mailing Address 4621 28th Road South

City Arlington State VA Zip Code 22206

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

Name of Employer National Center for Assisted Living Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2233.29**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 27 / 2013
Transaction ID : C2500066

Amount of Each Receipt this Period
266.66

* Payroll Deduction: \$133.33 Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... **434.66**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 42
	<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. Larry Lane
Full Name (Last, First, Middle Initial)

Mailing Address 1616 Stephens Dr

City Wayne State PA Zip Code 19087-1023

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

Name of Employer Genesis Occupation Sr VP, Regulatory Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2013
Transaction ID : C2499955

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 6180 Sparta Road

City Fredericktown State OH Zip Code 43019

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

Name of Employer Levering Management Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2013
Transaction ID : C2499961

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 3800 West Gifford Road

City Bloomington State IN Zip Code 47403-2612

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

Name of Employer LJM Enterprises Occupation President

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
 11 / 21 / 2013
Transaction ID : C2499983

Amount of Each Receipt this Period
 1100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3100.00

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 42
<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. Bethany R Martino		Date of Receipt 11 / 27 / 2013 Transaction ID : C2500067
Mailing Address 8559 Window Latch Way		Amount of Each Receipt this Period 156.54
City Columbia	State MD	Zip Code 21045
FEC ID number of contributing federal political committee. C		
Name of Employer American Health Care Association	Occupation Vice President, Public Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1643.67	* Payroll Deduction: \$78.27 Bi-Weekly

Full Name (Last, First, Middle Initial) B. Cyndi Milenski		Date of Receipt 11 / 26 / 2013 Transaction ID : C2500002
Mailing Address 40 Brentmeade Drive		Amount of Each Receipt this Period 250.00
City Jackson	State TN	Zip Code 38305
FEC ID number of contributing federal political committee. C		
Name of Employer Cornerstone Health Services Group	Occupation Owner/President	
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. Arlene Miles		Date of Receipt 11 / 05 / 2013 Transaction ID : C2499992
Mailing Address 6061 S. Brook Valley Way		Amount of Each Receipt this Period 550.00
City Centennial	State CO	Zip Code 80121
FEC ID number of contributing federal political committee. C		
Name of Employer Colorado Health Care Association	Occupation President/CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

SUBTOTAL of Receipts This Page (optional).....▶	956.54
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 42
	<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. Gregory Miller
Full Name (Last, First, Middle Initial)

Mailing Address 11573 Stablewatch Court

City Cincinnati	State OH	Zip Code 45249
--------------------	-------------	-------------------

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

Name of Employer Health Care Management Group	Occupation Vice President, Operations
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2013

Transaction ID : C2463430

Amount of Each Receipt this Period

250.00

B. 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
11	/	18	/	2013

Transaction ID : C2499956

Amount of Each Receipt this Period

1875.00

C. Roberts T. Nelson
Full Name (Last, First, Middle Initial)

Mailing Address 3075 E Thousand Oaks Blvd

City Westlake Village	State CA	Zip Code 91362-3402
--------------------------	-------------	------------------------

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

Name of Employer The Chase Group	Occupation Partner
-------------------------------------	-----------------------

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
11	/	18	/	2013

Transaction ID : C2499950

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional).....▶	3375.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 42
<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. Timothy F Nicholson
Full Name (Last, First, Middle Initial)

Mailing Address 15 Ocean Harbour Cir

City Ocean Ridge State FL Zip Code 33435-6207

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

Name of Employer Lyric Health Care Occupation President/CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt **11 / 21 / 2013**

Transaction ID : C2497896

Amount of Each Receipt this Period **1875.00**

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

Mailing Address 5023 Waple Ln

City Alexandria State VA Zip Code 22304-7727

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **456.54**

Date of Receipt **11 / 27 / 2013**

Transaction ID : C2500068

Amount of Each Receipt this Period **43.48**

* Payroll Deduction: \$21.74 Bi-Weekly

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

Mailing Address 8930 Harvest Square Ct

City Potomac State MD Zip Code 20854-4475

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

Name of Employer American Health Care Association Occupation President and CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **4800.00**

Date of Receipt **11 / 27 / 2013**

Transaction ID : C2500069

Amount of Each Receipt this Period **400.00**

* Payroll Deduction: \$200.00 Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	2318.48
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 42
<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. Christopher Parks
Full Name (Last, First, Middle Initial)

Mailing Address 1730 Truro Rd

City Crofton State MD Zip Code 21114-2520

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **476.54**

Date of Receipt **11 / 27 / 2013**

Transaction ID : C2500070

Amount of Each Receipt this Period **43.48**

* Payroll Deduction: \$21.74 Bi-Weekly

B. Denise T. Pozderac
Full Name (Last, First, Middle Initial)

Mailing Address 6721 Grafton Rd

City Valley City State OH Zip Code 44280-9705

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

Name of Employer Transitional Living Centers Inc. Occupation Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **440.00**

Date of Receipt **11 / 26 / 2013**

Transaction ID : C2500001

Amount of Each Receipt this Period **110.00**

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

Mailing Address 1200 S Courthouse Road Apt 428

City Arlington State VA Zip Code 22204

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt **11 / 27 / 2013**

Transaction ID : C2500071

Amount of Each Receipt this Period **40.00**

* Payroll Deduction: \$20.00 Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... **193.48**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 42
	<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. Mohammad Qazi

Mailing Address 4000 Town Center
Suite 700

City Southfield State MI Zip Code 48075

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

Name of Employer Ciena Healthcare Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
11 / 21 / 2013
Transaction ID : C2499994

Amount of Each Receipt this Period
5000.00

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

Mailing Address 3308 Ocean Blvd

City Corona Del Mar State CA Zip Code 92625

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

Name of Employer Sr Administrative Services Inc Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
11 / 08 / 2013
Transaction ID : C2483410

Amount of Each Receipt this Period
1750.00

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

Mailing Address 3876 S. Oakbrook Dr.

City Greenfield State WI Zip Code 53228-2140

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

Name of Employer Clement Manor Inc. Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
11 / 26 / 2013
Transaction ID : C2499297

Amount of Each Receipt this Period
274.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 7024.50

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: PAGE 21 OF 42
(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. Stephen Reissman

Mailing Address 5120 W Goldleaf Circle
 Suite 400

City Los Angeles State CA Zip Code 90056-1297

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

Name of Employer Country Villa Health Services Occupation President/CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 11 / 14 / 2013
Transaction ID : C2500000

Amount of Each Receipt this Period
 3750.00

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

Mailing Address 45325 Santa Fe Cove

City Indian Wells State CA Zip Code 92210

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

Name of Employer Vista Cove Senior Living, Inc. Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 11 / 18 / 2013
Transaction ID : C2495118

Amount of Each Receipt this Period
 5000.00

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
 11 / 18 / 2013
Transaction ID : C2499957

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 9000.00

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 42
(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. Leonard Russ

Mailing Address 40 Keogh Lane

City State Zip Code
 New Rochelle NY 10805

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

Name of Employer Occupation
 Bayberry Health Care Skilled Nursing Facility Owner & Admin

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 06 / 2013
Transaction ID : C2460983

Amount of Each Receipt this Period
 1250.00

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

Mailing Address 4200 W Peterson Ave
 # 140

City State Zip Code
 Chicago IL 60646-6819

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

Name of Employer Occupation
 Alden Management Inc 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
 11 / 27 / 2013
Transaction ID : C2500005

Amount of Each Receipt this Period
 2500.00

Full Name (Last, First, Middle Initial)
c. Ina Schlossberg

Mailing Address 4200 W Peterson Ave
 # 140

City State Zip Code
 Chicago IL 60646-6819

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

Name of Employer Occupation
 Alden Management, Inc. Special Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 27 / 2013
Transaction ID : C2500004

Amount of Each Receipt this Period
 2500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 6250.00

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 42
<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. Gerald Schroer Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 1608 Muirfield NW

City Canton State OH Zip Code 44708

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

Name of Employer TSG Ancillaries Occupation Healthcare Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **3750.00**

Date of Receipt **11 / 18 / 2013**

Transaction ID : C2495119

Amount of Each Receipt this Period **1250.00**

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

Mailing Address One Medline Place

City Mundelein State IL Zip Code 60060

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

Name of Employer Medline Occupation Senior VP HC Corporate Sales

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **11 / 20 / 2013**

Transaction ID : C2497334

Amount of Each Receipt this Period **250.00**

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

Mailing Address 1644 Mount Eagle PI

City Alexandria State VA Zip Code 22302-2121

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **228.27**

Date of Receipt **11 / 27 / 2013**

Transaction ID : C2500074

Amount of Each Receipt this Period **21.74**

* Payroll Deduction: \$10.87 Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... **1521.74**

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 24 OF 42
(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. Jennifer S Shimer
 Full Name (Last, First, Middle Initial)
 Mailing Address 9507 Shelly Krasnow Ln
 City State Zip Code
 Fairfax VA 22031-4720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 American Health Care Association COO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
913.08

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 27 / 2013
Transaction ID : C2500075
 Amount of Each Receipt this Period
86.96
 * Payroll Deduction: \$43.48 Bi-Weekly

B. Philip Small
 Full Name (Last, First, Middle Initial)
 Mailing Address 5150 Tirnanoe Cove
 City State Zip Code
 Virginia Beach VA 23451
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UHS-Pruitt CFO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 18 / 2013
Transaction ID : C2494651
 Amount of Each Receipt this Period
333.00

C. Elise Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 2022 Columbia Rd NW
 City State Zip Code
 Washington DC 20009-1323
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 American Health Care Association VP Reimbursement
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 27 / 2013
Transaction ID : C2500076
 Amount of Each Receipt this Period
100.00
 * Payroll Deduction: \$50.00 Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... **519.96**
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 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Peter Van Runkle
Full Name (Last, First, Middle Initial)

Mailing Address 55 Green Meadows Drive S.

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

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

Name of Employer OHCA	Occupation Associate Executive
--------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	13	/	2013

Transaction ID : C2486392

Amount of Each Receipt this Period
250.00

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

Mailing Address 20220 Harney Street

City Elkhorn	State NE	Zip Code 68022
-----------------	-------------	-------------------

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 ▼
5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	18	/	2013

Transaction ID : C2499962

Amount of Each Receipt this Period
1250.00

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

Mailing Address 5155 North High Street

City Columbus	State OH	Zip Code 43214
------------------	-------------	-------------------

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

Name of Employer Wesley Glen	Occupation Chief Financial Officer
---------------------------------	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	18	/	2013

Transaction ID : C2499952

Amount of Each Receipt this Period
137.25

SUBTOTAL of Receipts This Page (optional).....▶	1637.25
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 42
	<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. Nile Whitney
Full Name (Last, First, Middle Initial)

Mailing Address 4700 Village Green Drive

City El Dorado Hills State CA Zip Code 95762

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

Name of Employer Medline Industries Occupation Sales Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 26 / 2013

Transaction ID : C2499997

Amount of Each Receipt this Period
25.00

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

Mailing Address 1201 L Street NW

City Washington State DC Zip Code 20005

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

Name of Employer AHCA Occupation Sr. Manager, Business Systems

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **456.54**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 27 / 2013

Transaction ID : C2500077

Amount of Each Receipt this Period
43.48

* Payroll Deduction: \$21.74 Bi-Weekly

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

Mailing Address 205 Fairview Road

City Clarks Green State PA Zip Code 18411

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

Name of Employer Genesis Healthcare Occupation VP Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 20 / 2013

Transaction ID : C2497336

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... **318.48**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 42
	<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 Wylie
Full Name (Last, First, Middle Initial)

Mailing Address 205 Fairview Road

City Clarks Green State PA Zip Code 18411

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

Name of Employer Genesis Healthcare Occupation VP Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2013
Transaction ID : C2499985

Amount of Each Receipt this Period
 1000.00

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

Mailing Address P.O. Box 1438

City Winnfield State LA Zip Code 71483

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

Name of Employer Occupation

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
 11 / 06 / 2013
Transaction ID : C2499942

Amount of Each Receipt this Period
 2500.00

PARTNERSHIP--partners below if itemized

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

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 ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 06 / 2013
Transaction ID : C2499945

Amount of Each Receipt this Period
 2500.00

[MEMO ITEM]
*

SUBTOTAL of Receipts This Page (optional)..... ▶ 3500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 42
	<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. Fair Oaks Properties LLC
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 1438
 City Winnfield State LA Zip Code 71483
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2500.00**

Date of Receipt **11 / 06 / 2013**
Transaction ID : C2499943
 Amount of Each Receipt this Period **2500.00**
 PARTNERSHIP--partners below if itemized

B. Teddy Rae Price
 Full Name (Last, First, Middle Initial)
 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 **5000.00**

Date of Receipt **11 / 06 / 2013**
Transaction ID : C2499944
 Amount of Each Receipt this Period **2500.00**
[MEMO ITEM]
 *

C. Trend Consultants
 Full Name (Last, First, Middle Initial)
 Mailing Address 323 Highland Boulevard
 City Natchez State MS Zip Code 39120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **3554.56**

Date of Receipt **11 / 21 / 2013**
Transaction ID : C2499990
 Amount of Each Receipt this Period **1445.44**
 PARTNERSHIP--partners below if itemized

SUBTOTAL of Receipts This Page (optional).....	3945.44
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 42
	<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. Bruce Kelly
Full Name (Last, First, Middle Initial)

Mailing Address 323 Highland Blvd

City Natchez State MS Zip Code 39120-4635

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

Name of Employer Trend Consultants Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
11 / 21 / 2013
Transaction ID : C2499991

Amount of Each Receipt this Period
1445.44

[MEMO ITEM]
*

B. Millenium Health Systems LLC dba Nuvision Management
Full Name (Last, First, Middle Initial)

Mailing Address 5310 NW 33rd Ave Ste 211

City Fort Lauderdale State FL Zip Code 33309-6319

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
11 / 26 / 2013
Transaction ID : C2499998

Amount of Each Receipt this Period
1250.00

PARTNERSHIP--partners below if itemized

C. Andrew S Weisman
Full Name (Last, First, Middle Initial)

Mailing Address 5310 NW 35th Ave Ste 211

City Fort Lauderdale State FL Zip Code 33309-6314

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

Name of Employer NuVision Management Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2556.32

Date of Receipt
11 / 26 / 2013
Transaction ID : C2499999

Amount of Each Receipt this Period
1250.00

[MEMO ITEM]
*

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	62003.01

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

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

FOR LINE NUMBER: PAGE 30 OF 42
(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. FRIENDS OF JEANNE SHAHEEN
 Mailing Address 105 N STATE STREET
 City State Zip Code
 CONCORD NH 03301
 FEC ID number of contributing federal political committee. **C** C00457325
 Name of Employer Occupation
 Receipt For: 2008
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 18 / 2013
Transaction ID : C2499953
 Amount of Each Receipt this Period
 5000.00
 Refund of 12/11/2008 Debt Retirement Contribution

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

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

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

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 01 / 2013

Transaction ID : D150948

Amount of Each Disbursement this Period

157.50

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
11 / 12 / 2013

Transaction ID : D150949

Amount of Each Disbursement this Period

101.00

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 15 / 2013

Transaction ID : D150950

Amount of Each Disbursement this Period

7.88

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

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

266.38

**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
11 / 18 / 2013

Transaction ID : D150951

Amount of Each Disbursement this Period

4.50

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
11 / 22 / 2013

Transaction ID : D150952

Amount of Each Disbursement this Period

196.88

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
11 / 25 / 2013

Transaction ID : D150953

Amount of Each Disbursement this Period

78.76

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

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

280.14

**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
11 / 26 / 2013

Transaction ID : D150954

Amount of Each Disbursement this Period

3.94

Full Name (Last, First, Middle Initial)

B. BB&T Merchant Services

Mailing Address PO Box 200

City Wilson State NC Zip Code 27894-0200

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 15 / 2013

Transaction ID : D150955

Amount of Each Disbursement this Period

333.62

Full Name (Last, First, Middle Initial)

C. BB&T

Mailing Address 1099 New York Ave NW
Ste 100

City Washington State DC Zip Code 20001-4452

Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 21 / 2013

Transaction ID : D150946

Amount of Each Disbursement this Period

314.44

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

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

652.00

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. BB&T

Mailing Address 1099 New York Ave NW
Ste 100

City Washington State DC Zip Code 20001-4452

Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : D150947

Amount of Each Disbursement this Period

9	4	.	3	7
---	---	---	---	---

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

--	--	--	--	--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

--	--	--	--	--

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

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

9	4	.	3	7
---	---	---	---	---

1	2	9	2	.	8	9
---	---	---	---	---	---	---

**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 M	/	D D D	/	Y Y Y Y Y
11		11		2013

Mailing Address 320 First Street, SE

Transaction ID : D150374

City WASHINGTON State DC Zip Code 20003

Amount of Each Disbursement this Period

10000.00

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. DONNA CHRISTENSEN CAMPAIGN

Date of Disbursement

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

Mailing Address PO Box 5197

Transaction ID : D150377

City St Croix State VI Zip Code 00823-5197

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement
Contribution

--

Candidate Name

Category/
Type

Del. Donna M.C. Christensen

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: VI District: 00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF PATRICK MURPHY

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		18		2013

Mailing Address 4521 PGA BLVD. #412

Transaction ID : D150538

City Palm Beach Gardens State FL Zip Code 33418

Amount of Each Disbursement this Period

1500.00

Purpose of Disbursement
Contribution

--

Candidate Name

Category/
Type

Patrick Murphy

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: FL District: 18

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

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

14000.00

--

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. GREAT LAND PAC

Mailing Address 700 13TH STREET, NW
SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 01 / 2013

Transaction ID : D148973

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. JAZZ PAC

Mailing Address 607 14th Street NW Suite 800
SUITE 800

City Washington State DC Zip Code 20005

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2013

Transaction ID : D149055

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. LONE STAR LEADERSHIP PAC

Mailing Address 7315 Wisconsin Avenue
Suite 310 East

City Bethesda State MD Zip Code 20814

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 18 / 2013

Transaction ID : D150540

Amount of Each Disbursement this Period

5000.00

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

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

12500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Montanans for Lewis

Mailing Address P.O. Box 1916

City Billings State MT Zip Code 59103

Purpose of Disbursement
Contribution

Candidate Name
John Lewis

Office Sought: House Senate President
State: MA District: 00

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			18			2013			

Transaction ID : D150537

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Braley for Iowa

Mailing Address P.O. Box 856

City Des Moines State IA Zip Code 50304

Purpose of Disbursement
Contribution

Candidate Name
Bruce Braley

Office Sought: House Senate President
State: IA District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2013			

Transaction ID : D149057

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. DAVE CAMP FOR CONGRESS

Mailing Address 5915 Eastman Avenue
Suite 100

City Midland State MI Zip Code 48640

Purpose of Disbursement
Contribution

Candidate Name
Rep. Dave Camp

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : D150376

Amount of Each Disbursement this Period

5000.00

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

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

11000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		01		2013

Mailing Address PO BOX 1631

Transaction ID : D148974

City State Zip Code
BALTIMORE MD 21203

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
Contribution

--

Candidate Name

Rep. Elijah E. Cummings

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MD District: 07

Full Name (Last, First, Middle Initial)

B. CONNOLLY FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		18		2013

Mailing Address 3706 PRADO PLACE

Transaction ID : D150535

City State Zip Code
FAIRFAX VA 22031

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Contribution

--

Candidate Name

Rep. Gerald E. Connolly

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: VA District: 11

Full Name (Last, First, Middle Initial)

C. JIM RENACCI FOR CONGRESS

Date of Disbursement

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

Mailing Address 150 Smokerise Drive

Transaction ID : D150375

City State Zip Code
Wadsworth OH 44281

Amount of Each Disbursement this Period

4500.00

Purpose of Disbursement
Contribution

--

Candidate Name

Rep. James B. Renacci

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OH District: 16

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

10500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. JIM RENACCI FOR CONGRESS

Mailing Address 150 Smokerise Drive

City Wadsworth State OH Zip Code 44281

Purpose of Disbursement
Contribution

Candidate Name
Rep. James B. Renacci

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: OH District: 16

Date of Disbursement

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

Transaction ID : D151032

Amount of Each Disbursement this Period

6	0	0	0	0	0	0	0	0	0
500.00									

Full Name (Last, First, Middle Initial)

B. MICHAEL BURGESS FOR CONGRESS

Mailing Address PO Box 2334

City Denton State TX Zip Code 76202

Purpose of Disbursement
Contribution

Candidate Name
Rep. Michael C. Burgess

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: TX District: 26

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			18			2013			

Transaction ID : D150539

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0
3000.00									

Full Name (Last, First, Middle Initial)

C. FITZPATRICK FOR CONGRESS

Mailing Address PO Box 185

City Langhorne State PA Zip Code 19047

Purpose of Disbursement
Contribution

Candidate Name
Rep. Michael G. Fitzpatrick

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: PA District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			18			2013			

Transaction ID : D150536

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
2500.00									

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

6	0	0	0	0	0	0	0	0	0
6000.00									

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

6	0	0	0	0	0	0	0	0	0
6000.00									

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. MIKE THOMPSON FOR CONGRESS

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement
Contribution

Candidate Name

Rep. Mike Thompson

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			18			2013			

Transaction ID : D150534

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. DUFFY FOR CONGRESS

Mailing Address PO Box 538

City Wausau State WI Zip Code 54402

Purpose of Disbursement
Contribution

Candidate Name

Rep. Sean P. Duffy

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WI District: 07

Date of Disbursement

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

Transaction ID : D150373

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. ROSA PAC

Mailing Address 499 S. Capitol Ave., SW

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2013			

Transaction ID : D149058

Amount of Each Disbursement this Period

1000.00

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

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

4000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. DAN COATS FOR INDIANA

Mailing Address PO BOX 301141

City INDIANAPOLIS State IN Zip Code 46230

Purpose of Disbursement
Contribution

Candidate Name

Sen. Dan Coats

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IN District:

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2013

Transaction ID : D149056

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS FOR HARRY REID

Mailing Address P.O. BOX 19163

City LAS VEGAS State NV Zip Code 89132

Purpose of Disbursement
Contribution

Candidate Name

Sen. Harry Reid

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NV District:

Date of Disbursement

MM / DD / YYYY
11 / 01 / 2013

Transaction ID : D148975

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. TEAM GRAHAM INC

Mailing Address PO BOX 1801

City COLUMBIA State SC Zip Code 29202

Purpose of Disbursement
Contribution

Candidate Name

Sen. Lindsey Graham

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: SC District:

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2013

Transaction ID : D149053

Amount of Each Disbursement this Period

1000.00

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

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

7000.00

65000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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. MICHELE DENNIS RN

Mailing Address 35 Wakefield Drive

City Newark State DE Zip Code 19711

Purpose of Disbursement
Refund of 10/30/2013 contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2013

Transaction ID : D150964

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

150.00

150.00
