

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 41
(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. Douglas Burr

Mailing Address 11851 Wilde Run Court

City State Zip Code
Roswell GA 30075

FEC ID number of contributing
federal political committee.

C

Name of Employer

Health Care Navigator LLC

Occupation

Health Care Finance, Reimbursement, &

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 25 / 2014

Transaction ID : C2761351

Amount of Each Receipt this Period

325.00

Full Name (Last, First, Middle Initial)

B. Donald Chensvold

Mailing Address 4080 1st Ave NE

City State Zip Code
Cedar Rapids IA 52402-3160

FEC ID number of contributing
federal political committee.

C

Name of Employer

Healthcare of Iowa, Inc.

Occupation

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
06 / 02 / 2014

Transaction ID : C2745991

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Robert M. Chur

Mailing Address 7 Limestone Dr

City State Zip Code
Williamsville NY 14221-7051

FEC ID number of contributing
federal political committee.

C

Name of Employer

Elderwood Senior Care

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
06 / 02 / 2014

Transaction ID : C2745987

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

3325.00