

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. 12FE4M5

American Health Care Association Political Action Committee

ADDRESS (number and street) 1201 L Street, NW

Washington DC 20005

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00006080

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)
- Mar 20 (M3)
- Apr 20 (M4)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- General (12G)
- Runoff (12R)
- Convention (12C)
- Special (12S)

Election on M M / D D / Y Y Y Y Y Y in the State of

(d) 30-Day POST-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period 05 / 01 / 2015 through 05 / 31 / 2015

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 06 / 19 / 2015

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.....	247959.90	
(c) Total Receipts (from Line 19)	67812.40	335862.14
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	315772.30	549216.44
7. Total Disbursements (from Line 31).....	48302.18	281746.32
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	267470.12	267470.12
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).....	65695.22	313901.72
(ii) Unitemized	2117.18	12960.42
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	67812.40	326862.14
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	67812.40	331862.14
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	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))..... ▶	67812.40	335862.14
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	67812.40	335862.14

DETAILED SUMMARY PAGE
of Disbursements

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	802.18	6746.32
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	802.18	6746.32
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	47500.00	267500.00
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	7500.00
(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	7500.00
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)) ..	48302.18	281746.32
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	48302.18	281746.32

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)	67812.40	331862.14
34. Total Contribution Refunds (from Line 28(d))	0.00	7500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	67812.40	324362.14
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	802.18	6746.32
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	802.18	6746.32

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

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

FOR LINE NUMBER: PAGE 6 OF 39
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Ron Aidikonis
 Full Name (Last, First, Middle Initial)
 Mailing Address 2120 Somerset Ln
 City State Zip Code
 MUNDELEIN IL 60060
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Medline Industries, Inc. Sales Specialist
 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
 05 / 21 / 2015
Transaction ID : C3011793
 Amount of Each Receipt this Period
 500.00

B. Elton G. Beebe Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1308 Bruton Springs Road
 City State Zip Code
 Austin TX 78733
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Burnt Tavern Rehabilitation HealthCare Owner
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 555.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2015
Transaction ID : C3001681
 Amount of Each Receipt this Period
 555.00

C. H. Ken Beebe Jr.
 Full Name (Last, First, Middle Initial)
 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 Health Care Service President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2015
Transaction ID : C3001683
 Amount of Each Receipt this Period
 150.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1205.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 39
	<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. Patricia J. Benesh
Full Name (Last, First, Middle Initial)

Mailing Address 916 Tyler Drive

City Williamsburg State VA Zip Code 23185

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

Name of Employer Golden Living Occupation Safety & Loss Control Manager

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
 05 / 19 / 2015

Transaction ID : C3017120

Amount of Each Receipt this Period
 500.00

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

Mailing Address 7445 Liberty Woods Lane

City Dayton State OH Zip Code 45459

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

Name of Employer Liberty Health Care Corporation Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 624.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2015

Transaction ID : C3000164

Amount of Each Receipt this Period
 312.00

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

Mailing Address 2414 Greendale Road

City Wilmington State DE Zip Code 19810-3453

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

Name of Employer KMB Medical Legal Consulting Occupation Owner

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
 05 / 26 / 2015

Transaction ID : C3017147

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1312.00
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 39
<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. Heath Boddy
Full Name (Last, First, Middle Initial)

Mailing Address 2201 N 98th Street

City Lincoln State NE Zip Code 68505

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

Name of Employer Nebraska Health Care Association Occupation State Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **437.50**

Date of Receipt **05 / 17 / 2015**

Transaction ID : C3002243

Amount of Each Receipt this Period **87.50**

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

Mailing Address 420 N 20th Street Suite 3400

City Birmingham State AL Zip Code 35203

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

Name of Employer Burr & Forman LLP Occupation Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2500.00**

Date of Receipt **05 / 07 / 2015**

Transaction ID : C2998903

Amount of Each Receipt this Period **2500.00**

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

Mailing Address 6323 Panorama Drive

City Panora State IA Zip Code 50216

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

Name of Employer Iowa Health Care Association Occupation Director of Quality & Clinical Srvcs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **05 / 08 / 2015**

Transaction ID : C3000115

Amount of Each Receipt this Period **125.00**

SUBTOTAL of Receipts This Page (optional).....▶	2712.50
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 9 OF 39
(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 ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2015
Transaction ID : C3000170

Amount of Each Receipt this Period
 250.00

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

Mailing Address 6750 Grafton Road

City State Zip Code
 Valley City OH 44280

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

Name of Employer Occupation
 Transitional Living Centers Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 18 / 2015
Transaction ID : C3005354

Amount of Each Receipt this Period
 250.00

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

Mailing Address 911 S Randolph St

City State Zip Code
 Arlington VA 22204-1564

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

Name of Employer Occupation
 American Health Care Association Senior Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 304.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2015
Transaction ID : C3017128

Amount of Each Receipt this Period
 86.96

* Payroll Deduction: \$43.48 Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ▶ 586.96

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 10 OF 39
<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. Teresa Eyet

Mailing Address 10009 Dallas Ave

City Takoma Park State MD Zip Code 20901-2240

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

Name of Employer American Health Care Association Occupation Director, Education

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **305.22**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 19 / 2015

Transaction ID : C3017129

Amount of Each Receipt this Period
101.74

* Payroll Deduction: \$50.87 Bi-Weekly

Full Name (Last, First, Middle Initial)
B. Phillip Fogg Jr.

Mailing Address 4560 SE International Way Suite 100

City Milwaukie State OR Zip Code 97222

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

Name of Employer Marquis Companies, Inc. Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 13 / 2015

Transaction ID : C3000639

Amount of Each Receipt this Period
1250.00

Full Name (Last, First, Middle Initial)
c. David Gifford

Mailing Address 81 Kenyon Ave

City East Greenwich State RI Zip Code 02818-2905

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

Name of Employer American Health Care Association Occupation Sr VP, Quality & 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
05 / 22 / 2015

Transaction ID : C3012621

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2351.74
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: (check only one)	PAGE 11 OF 39
	<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. Patricia Giorgio
Full Name (Last, First, Middle Initial)

Mailing Address 4702 Chestnut Ridge NE

City Cedar Rapids State IA Zip Code 52411

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

Name of Employer Evergreen Estates Occupation President/CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 13 / 2015
Transaction ID : C3000637

Amount of Each Receipt this Period
 1250.00

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

Mailing Address 2045 Highway 59
PO Box 1429

City Mandeville State LA Zip Code 70448-1909

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

Name of Employer Gulf South Medical Enterprises Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 833.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : C3017115

Amount of Each Receipt this Period
 833.00

C. Thomas L. Graves
Full Name (Last, First, Middle Initial)

Mailing Address W14241 Selwood Dr.

City Prairie du Sac State WI Zip Code 53578

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

Name of Employer Maplewood of Sauk Prairie Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : C3017152

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3083.00

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 39
<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. 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 Senior Director, Political Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **270.69**

Date of Receipt **05 / 19 / 2015**

Transaction ID : C3017131

Amount of Each Receipt this Period **90.90**

* Payroll Deduction: \$45.45 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 ▼ **750.00**

Date of Receipt **05 / 13 / 2015**

Transaction ID : C3000629

Amount of Each Receipt this Period **250.00**

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

Mailing Address 217 Lakewood Road

City Van Buren State AR Zip Code 72956

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

Name of Employer Healthmark Services Occupation Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt **05 / 19 / 2015**

Transaction ID : C3017121

Amount of Each Receipt this Period **5000.00**

SUBTOTAL of Receipts This Page (optional).....	5340.90
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 39
<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. Genevieve Hillis		Date of Receipt MM / DD / YYYY 05 / 20 / 2015 Transaction ID : C3017143
Mailing Address 6767 N Industrial Rd		Amount of Each Receipt this Period 5000.00
City Milwaukee	State WI	Zip Code 53223
FEC ID number of contributing federal political committee. C		
Name of Employer Direct Supply Inc.	Occupation Government Relations Representative	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. Robert Hillis		Date of Receipt MM / DD / YYYY 05 / 19 / 2015 Transaction ID : C3017119
Mailing Address 6767 N Industrial Rd		Amount of Each Receipt this Period 5000.00
City Milwaukee	State WI	Zip Code 53223
FEC ID number of contributing federal political committee. C		
Name of Employer Direct Supply Inc.	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. Heidi E. Hillman		Date of Receipt MM / DD / YYYY 05 / 12 / 2015 Transaction ID : C3001684
Mailing Address 1271 128th Avenue NW		Amount of Each Receipt this Period 250.00
City Minneapolis	State MN	Zip Code 55448
FEC ID number of contributing federal political committee. C		
Name of Employer Welcov Healthcare LLC	Occupation CFO	
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).....▶	10250.00
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 14 OF 39
(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. Frederick Kessler

Mailing Address Strawbridge Road, PO Box 32

City Northumberland State PA Zip Code 17857-0032

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

Name of Employer Nottingham Village Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 05 / 12 / 2015
Transaction ID : C3001682

Amount of Each Receipt this Period
 125.00

Full Name (Last, First, Middle Initial)
B. Rosemary C. Kilby

Mailing Address 1215 Carbon Canyon Rd

City Chino Hills State CA Zip Code 91709-2353

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

Name of Employer Landmark Medical Center Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 05 / 13 / 2015
Transaction ID : C3000633

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
C. Evan Lansing Kolb

Mailing Address 2701 Marye Street

City Alexandria State LA Zip Code 71301

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

Name of Employer Magnolia Management Corporation Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 265.00

Date of Receipt
 05 / 19 / 2015
Transaction ID : C3017122

Amount of Each Receipt this Period
 265.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 640.00

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 39
	<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. 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 AHCA/NCAL Occupation VP, Insurance and Member Programs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **760.80**

Date of Receipt **05 / 19 / 2015**
Transaction ID : C3017133
 Amount of Each Receipt this Period **217.40**
 * Payroll Deduction: \$108.70 Bi-Weekly

B. Meg LaPorte
 Full Name (Last, First, Middle Initial)
 Mailing Address 7708 Meadow Lane
 City Chevy Chase State MD Zip Code 20815
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AHCA/NCAL Occupation Senior Policy Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **484.14**

Date of Receipt **05 / 19 / 2015**
Transaction ID : C3017134
 Amount of Each Receipt this Period **156.52**
 * Payroll Deduction: \$78.26 Bi-Weekly

C. Theodore Lee
 Full Name (Last, First, Middle Initial)
 Mailing Address 700 Hanover St
 City Manchester State NH Zip Code 03104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hanover Hill Health Care Center Occupation President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **05 / 19 / 2015**
Transaction ID : C3017124
 Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional).....	873.92
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 39
	<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. Ted LeNeave
Full Name (Last, First, Middle Initial)

Mailing Address 14028 S. Sage Hollow Drive

City Draper State UT Zip Code 84020

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

Name of Employer American Healthcare Management Service Occupation Healthcare Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2015
Transaction ID : C3012603

Amount of Each Receipt this Period
 1250.00

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 ▼
2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2015
Transaction ID : C3001690

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 1 Meadow Brook Lane

City Westport State CT Zip Code 06880-3929

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

Name of Employer Arbors of Hop Brook, LTD 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
 05 / 21 / 2015
Transaction ID : C3012501

Amount of Each Receipt this Period
 2500.00

SUBTOTAL of Receipts This Page (optional).....▶	4750.00
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 39
	<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. R. Peter Madel Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 108 8th St NW
 City Waseca State MN Zip Code 56093-1912
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lake Shore Inn Nursing Home Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 05 / 12 / 2015
Transaction ID : C3001688
 Amount of Each Receipt this Period 250.00

B. Christian Mason
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Monroe Parkway Suite I
 City Lake Oswego State OR Zip Code 97035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Senior Housing Management, LLC Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 05 / 13 / 2015
Transaction ID : C3000638
 Amount of Each Receipt this Period 1250.00

C. Jill Mendlen
 Full Name (Last, First, Middle Initial)
 Mailing Address 6155 Cornerstone Center East Suite 220
 City San Diego State CA Zip Code 92121-4737
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LightBridge Hospice & Palliative Care Occupation President/CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 13 / 2015
Transaction ID : C3000636
 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: PAGE 18 OF 39
(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. Timothy F Nicholson

Mailing Address 15 Ocean Harbour Cir

City State Zip Code
Ocean Ridge FL 33435-6207

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

Name of Employer Occupation
Lyric Health Care President/CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1666.25

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : C3017114

Amount of Each Receipt this Period
833.00

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

Mailing Address 2723 Alvamar Dr.

City State Zip Code
Shreveport LA 71106

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

Name of Employer Occupation
Summit Health Resources, LLC 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
 05 / 27 / 2015
Transaction ID : C3013784

Amount of Each Receipt this Period
1250.00

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

Mailing Address 3929 Azalea Court

City State Zip Code
Maumee OH 43537

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

Name of Employer Occupation
American Health Care Association SVP Government Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1923.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2015
Transaction ID : C3017136

Amount of Each Receipt this Period
384.62

* Payroll Deduction: \$192.31 Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ▶ 2467.62

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 19 OF 39
<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. Kelly Priegnitz
Full Name (Last, First, Middle Initial)

Mailing Address 160 S. St. Gregory Church Rd

City Coxs Creek	State KY	Zip Code 40013
--------------------	-------------	-------------------

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

Name of Employer Kindred Healthcare	Occupation Attorney/Compliance Officer
----------------------------------------	-------------------------------------------

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
05	/	07	/	2015

Transaction ID : C2998239

Amount of Each Receipt this Period

250.00

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 The Willows Assisted Living	Occupation Administrator
-------------------------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	13	/	2015

Transaction ID : C3000631

Amount of Each Receipt this Period

75.00

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

Mailing Address 1202 Weiss Street

City Saginaw	State MI	Zip Code 48602-5471
-----------------	-------------	------------------------

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

Name of Employer Hoyt Nursing & Rehab Centre	Occupation Owner
-------------------------------------------------	---------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	14	/	2015

Transaction ID : C3007286

Amount of Each Receipt this Period

275.00

SUBTOTAL of Receipts This Page (optional).....▶	600.00
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 39
<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. Frank Romano
Full Name (Last, First, Middle Initial)

Mailing Address 61 Summer Street

City Rowley State MA Zip Code 01969

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

Name of Employer Essex Group 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
 05 / 11 / 2015
Transaction ID : C2999192

Amount of Each Receipt this Period
 1666.00

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

Mailing Address 6400 SW 44th St

City Miami State FL Zip Code 33155-5145

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 13 / 2015
Transaction ID : C3000634

Amount of Each Receipt this Period
 125.00

C. David M. Rumford
Full Name (Last, First, Middle Initial)

Mailing Address 8605 Centreville Road

City Manassas State VA Zip Code 20110

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

Name of Employer Birmingham Green Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2015
Transaction ID : C2997342

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2041.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 21 OF 39
<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. Sean Rybar		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 29 / 2015 Transaction ID : C3017116
Mailing Address 1755 Kings North Street		Amount of Each Receipt this Period 1000.00
City Eugene	State OR	Zip Code 97401
FEC ID number of contributing federal political committee. C		
Name of Employer Medline Industries	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Greg Sarver		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 29 / 2015 Transaction ID : C3017153
Mailing Address 115 Brook Dr.		Amount of Each Receipt this Period 500.00
City Crowley	State LA	Zip Code 70526
FEC ID number of contributing federal political committee. C		
Name of Employer Amelia Manor Nursing Home	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Philip Scalo		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 19 / 2015 Transaction ID : C3007259
Mailing Address 100 N County Line Rd		Amount of Each Receipt this Period 625.00
City Jackson	State NJ	Zip Code 08527-1264
FEC ID number of contributing federal political committee. C		
Name of Employer Bartley Healthcare	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

SUBTOTAL of Receipts This Page (optional).....▶	2125.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 39
<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. Floyd Schlossberg
 Full Name (Last, First, Middle Initial)
 Mailing Address 4200 W Peterson Ave # 140
 City Chicago State IL Zip Code 60646-6819
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Alden Management Inc Occupation President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2500.00**

Date of Receipt **05 / 26 / 2015**
Transaction ID : C3017148
 Amount of Each Receipt this Period **1250.00**

B. Ina Schlossberg
 Full Name (Last, First, Middle Initial)
 Mailing Address 4200 W Peterson Ave # 140
 City Chicago State IL Zip Code 60646-6819
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Alden Management, Inc. Occupation Special Operations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2500.00**

Date of Receipt **05 / 26 / 2015**
Transaction ID : C3017150
 Amount of Each Receipt this Period **1250.00**

C. Gerald Schroer Jr.
 Full Name (Last, First, Middle Initial)
 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 **2500.00**

Date of Receipt **05 / 15 / 2015**
Transaction ID : C3007262
 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: (check only one)	PAGE 23 OF 39
	<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. Sam Scott

Mailing Address 2407 St. Andrews Court

City Muskogee State OK Zip Code 74403-3915

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

Name of Employer Redwood Healthcare LLC Occupation Managing Member

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2015
Transaction ID : C3001691

Amount of Each Receipt this Period
 2500.00

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

Mailing Address 4600 B Montgomery Blvd NE Ste 103

City Albuquerque State NM Zip Code 87109

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

Name of Employer New Mexico Health Care Association Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2015
Transaction ID : C3001692

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
c. Michael Shepard

Mailing Address 1803 Cordie Dr PO Box 125

City Mena State AR Zip Code 71953-9340

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

Name of Employer Shepard Group Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3125.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 13 / 2015
Transaction ID : C3000641

Amount of Each Receipt this Period
 937.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 3937.50

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 24 OF 39
<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. Robert Siebel
Full Name (Last, First, Middle Initial)

Mailing Address 13185 W. Green Mountain Drive

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	13	/	2015

Transaction ID : C3000635

Amount of Each Receipt this Period
1250.00

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

Mailing Address 21849 Byron Road

City Shaker Hts	State OH	Zip Code 44122
--------------------	-------------	-------------------

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

Name of Employer Transcon	Occupation Director of Operations
------------------------------	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	14	/	2015

Transaction ID : C3007285

Amount of Each Receipt this Period
250.00

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

Mailing Address 3824 S. Joplin St.

City Aurora	State CO	Zip Code 80013
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	26	/	2015

Transaction ID : C3017149

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....	2500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 39
	<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 Stallard
Full Name (Last, First, Middle Initial)

Mailing Address 1305 West Causeway Approach, Ste 1

City Mandeville	State LA	Zip Code 70471
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 13 / 2015
Transaction ID : C3000632

Amount of Each Receipt this Period
 1250.00

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

Mailing Address 9914 Kershope Forest Ct

City Spring	State TX	Zip Code 77379-2982
----------------	-------------	------------------------

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

Name of Employer SavaSeniorCare Administrative Services	Occupation VP, Reimbursement
------------------------------------------------------------	---------------------------------

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
 05 / 14 / 2015
Transaction ID : C3001722

Amount of Each Receipt this Period
 250.00

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

Mailing Address PO Box 1308

City Mena	State AR	Zip Code 71953
--------------	-------------	-------------------

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

Name of Employer Shepard Group LLC	Occupation Administrator
---------------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 13 / 2015
Transaction ID : C3000640

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 26 OF 39
	<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. Matityahu Tenenbaum
 Full Name (Last, First, Middle Initial)
 Mailing Address 1524 53rd Street
 City Brooklyn State NY Zip Code 11219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kings Harbor Multicare Center Occupation CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2500.00**

Date of Receipt **05 / 13 / 2015**
Transaction ID : C3000630
 Amount of Each Receipt this Period **1250.00**

B. Toby Tilford
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 E San Marcos Blvd #200
 City San Marcos State CA Zip Code 92069
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Plum Healthcare Occupation President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **625.00**

Date of Receipt **05 / 06 / 2015**
Transaction ID : C2997322
 Amount of Each Receipt this Period **625.00**

C. Peter Van Runkle
 Full Name (Last, First, Middle Initial)
 Mailing Address 55 Green Meadows Drive S.
 City Lewis Center State OH Zip Code 43035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ohio Health Care Association Occupation Associate Executive
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 26 / 2015**
Transaction ID : C3017146
 Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **2125.00**
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 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Steven J. Wannemacher
 Full Name (Last, First, Middle Initial)
 Mailing Address 23 Monarch Dr.
 City Bloomington State IL Zip Code 61702-3188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Heritage Enterprises Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 08 / 2015
Transaction ID : C3000114
 Amount of Each Receipt this Period
 2500.00

B. Robert L. Wehner
 Full Name (Last, First, Middle Initial)
 Mailing Address 4935 Lafayette Plain City Rd.
 City London State OH Zip Code 43140
 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 ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2015
Transaction ID : C3001686
 Amount of Each Receipt this Period
 137.50

C. James R. Westbury Sr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 922 McDonough Rd.
 City Jackson State GA Zip Code 30233
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Westbury Medical Care Home Inc Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 963.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2015
Transaction ID : C3000165
 Amount of Each Receipt this Period
 722.25

SUBTOTAL of Receipts This Page (optional).....▶	3359.75
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 39
(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. Horace Winchester
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 Kachina Lane
 City Placitas State NM Zip Code 87043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OnPoint Occupation Owner
 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
 05 / 22 / 2015
Transaction ID : C3012676
 Amount of Each Receipt this Period
 500.00

B. Douglas J. Wismann
 Full Name (Last, First, Middle Initial)
 Mailing Address 182-15 Hillside Avenue
 City Jamaica Estates State NY Zip Code 11432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hillside Manor Rehab & Extended Care C Occupation Director of Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 833.33

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 14 / 2015
Transaction ID : C3001680
 Amount of Each Receipt this Period
 833.33

C. L & AM Lease LLC
 Full Name (Last, First, Middle Initial)
 Mailing Address 3800 W. Gifford Rd.
 City Bloomington State IN Zip Code 47403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2015
Transaction ID : C3001693
 Amount of Each Receipt this Period
 1100.00
 PARTNERSHIP--partners below if itemized

SUBTOTAL of Receipts This Page (optional)..... ▶ 2433.33
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 39
	<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. Lee Merchant

Mailing Address 3800 West Gifford Rd.

City State Zip Code
Bloomington IN 47403

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

Name of Employer Occupation
LJM Enterprises CEO & President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt
05 / 12 / 2015
Transaction ID : C3001694

Amount of Each Receipt this Period
1100.00

[MEMO ITEM]
*

Full Name (Last, First, Middle Initial)
B. LAG Associates LP Managers

Mailing Address 8028 Ritchie Hwy Ste 210

City State Zip Code
Pasadena MD 21122-1075

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
05 / 12 / 2015
Transaction ID : C3001695

Amount of Each Receipt this Period
1250.00

PARTNERSHIP--partners below if itemized

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

Mailing Address 8028 Ritchie Highway

City State Zip Code
Pasadena MD 21122-1069

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

Name of Employer Occupation
LAG Associates LP Managers Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
05 / 12 / 2015
Transaction ID : C3001696

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).....▶	

**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 39
(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"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

A. 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 ▼ 2500.00

Date of Receipt
05 / 20 / 2015
Transaction ID : C3017141
Amount of Each Receipt this Period
2500.00
PARTNERSHIP--partners below if itemized

B. 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 Occupation
Trend Consultants Owner
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
05 / 20 / 2015
Transaction ID : C3017142
Amount of Each Receipt this Period
2500.00
[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
/ /
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	65695.22

**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
05 / 11 / 2015

Transaction ID : D166530

Amount of Each Disbursement this Period

4.80

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
05 / 13 / 2015

Transaction ID : D166531

Amount of Each Disbursement this Period

53.31

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
05 / 14 / 2015

Transaction ID : D166532

Amount of Each Disbursement this Period

31.11

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

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

89.22

**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
05 / 15 / 2015

Transaction ID : D166533

Amount of Each Disbursement this Period

104.00

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
05 / 18 / 2015

Transaction ID : D166534

Amount of Each Disbursement this Period

5.31

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
05 / 26 / 2015

Transaction ID : D166535

Amount of Each Disbursement this Period

44.00

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

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

153.31

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. BB&T Merchant Services

Mailing Address PO Box 200

City Wilson State NC Zip Code 27894-0200

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 15 / 2015

Transaction ID : D166536

Amount of Each Disbursement this Period

195.93

Full Name (Last, First, Middle Initial)

B. BB&T

Mailing Address 1099 New York Ave NW Ste 100

City Washington State DC Zip Code 20001-4452

Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 21 / 2015

Transaction ID : D166528

Amount of Each Disbursement this Period

317.78

Full Name (Last, First, Middle Initial)

C. BB&T

Mailing Address 1099 New York Ave NW Ste 100

City Washington State DC Zip Code 20001-4452

Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 21 / 2015

Transaction ID : D166529

Amount of Each Disbursement this Period

45.94

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

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

559.65

802.18

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. Common Ground PAC

Mailing Address 1490 Quarter Path Rd
No. 272

City Williamsburg State VA Zip Code 23185

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 12 / 2015

Transaction ID : D165969

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. EMPIRE POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 15033

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 04 / 2015

Transaction ID : D165805

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. GENE PAC

Mailing Address 256 N SAM HOUSTON PKWY
SUITE 278

City HOUSTON State TX Zip Code 77060

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 12 / 2015

Transaction ID : D165964

Amount of Each Disbursement this Period

2500.00

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. MAKING BUSINESS EXCEL POLITICAL ACTION COMMITTEE

Mailing Address PO Box 3241

City Cheyenne State WY Zip Code 82003

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 04 / 2015

Transaction ID : D165804

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. McCarthy Victory Fund

Mailing Address PO Box 13307

City Bakersfield State CA Zip Code 93389-3307

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 12 / 2015

Transaction ID : D165971

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

C. CITIZENS FOR RUSH

Mailing Address P. O. BOX 7292

City CHICAGO State IL Zip Code 60680

Purpose of Disbursement
Contribution

Candidate Name

Rep. BOBBY L. RUSH

Office Sought: House Senate President

State: IL District: 01

Disbursement For: 2016 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 14 / 2015

Transaction ID : D165988

Amount of Each Disbursement this Period

1000.00

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

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

16000.00

**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. CHUCK FLEISCHMANN FOR CONGRESS COMMITTEE, INC.

Mailing Address P.O. BOX 11091

City State Zip Code
CHATTANOOGA TN 37401

Purpose of Disbursement
Contribution

Candidate Name
Rep. Chuck Fleischmann

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: TN District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	12	/	2015

Transaction ID : D165965

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. ENGEL FOR CONGRESS

Mailing Address 462 California Road

City State Zip Code
Bronxville NY 10708

Purpose of Disbursement
Contribution

Candidate Name
Rep. Eliot L. Engel

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: NY District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	12	/	2015

Transaction ID : D165962

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. JENKINS FOR CONGRESS

Mailing Address PO BOX 727

City State Zip Code
HUNTINGTON WV 25711

Purpose of Disbursement
Contribution

Candidate Name
Rep. Evan H. Jenkins

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: WV District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	04	/	2015

Transaction ID : D165806

Amount of Each Disbursement this Period

2500.00

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

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

5000.00

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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. CONNOLLY FOR CONGRESS

Mailing Address PO BOX 563

City MERRIFIELD State VA Zip Code 22116

Purpose of Disbursement
Contribution

Candidate Name
Rep. GERRY E. CONNOLLY

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: VA District: 11

Date of Disbursement

MM / DD / YYYY
05 / 14 / 2015

Transaction ID : **D165987**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. RE-ELECT MCGOVERN COMMITTEE

Mailing Address PO Box 60405

City Worcester State MA Zip Code 01606

Purpose of Disbursement
Contribution

Candidate Name
Rep. Jim McGovern

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: MA District: 02

Date of Disbursement

MM / DD / YYYY
05 / 12 / 2015

Transaction ID : **D165966**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. VARGAS FOR CONGRESS

Mailing Address 330 ENCINITAS BLVD.

City ENCINITAS State CA Zip Code 92024

Purpose of Disbursement
Contribution

Candidate Name
Rep. JUAN VARGAS

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: CA District: 51

Date of Disbursement

MM / DD / YYYY
05 / 12 / 2015

Transaction ID : **D165968**

Amount of Each Disbursement this Period

1500.00

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

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

4500.00

**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. LANCE FOR CONGRESS

Mailing Address PO Box 225

City State Zip Code
Colonia NJ 07067

Purpose of Disbursement
Contribution

Candidate Name

Rep. Leonard Lance

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 04 / 2015

Transaction ID : D165803

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. COMMITTEE TO RE-ELECT LINDA SANCHEZ

Mailing Address 410 1ST ST SE

City State Zip Code
WASHINGTON DC 20003

Purpose of Disbursement
Contribution

Candidate Name

Rep. Linda T. Sanchez

Office Sought: House
 Senate
 President
State: CA District: 38

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 04 / 2015

Transaction ID : D165802

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. TIBERI FOR CONGRESS

Mailing Address 2931 E Dublin Granville Road

City State Zip Code
Columbus OH 43231

Purpose of Disbursement
Contribution

Candidate Name

Rep. Pat Tiberi

Office Sought: House
 Senate
 President
State: OH District: 12

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 14 / 2015

Transaction ID : D165990

Amount of Each Disbursement this Period

2500.00

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

4500.00

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

**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. BLUMENTHAL FOR CONNECTICUT

Mailing Address C/O CACACE TUSCH & SANTAGATA
777 SUMMER STREET, STE 103

City State Zip Code
Stamford CT 06901

Purpose of Disbursement
Contribution

Candidate Name

Sen. Richard Blumenthal

Office Sought: House
 Senate
 President
State: CT District:

Disbursement For: 2016
 Primary General
 Other (specify) Convention

Date of Disbursement

MM / DD / YYYY
05 / 14 / 2015

Transaction ID : D165991

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Turquoise PAC

Mailing Address 1050 17th St NW
Suite 590

City State Zip Code
Washington DC 20036

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) Convention

Date of Disbursement

MM / DD / YYYY
05 / 14 / 2015

Transaction ID : D165989

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) Convention

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

5000.00

47500.00