

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)

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☒ 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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Palmieri, Michael, , ,

Mailing Address 34 Styles Drive

City
Concord

State
NH

Zip Code
03301-6128

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Havenwood Heritage Heights

Occupation (for Individual)
President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 15 / 2019

Transaction ID : C3864320

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Pollock, Thomas, , ,

Mailing Address 18375 83rd Ave N

City
Maple Grove

State
MN

Zip Code
55311

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Park River Estates Care Center

Occupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 13 / 2019

Transaction ID : C3863263

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Porter, Clifton, , ,

Mailing Address 1814 Carpenter Rd

City
Alexandria

State
VA

Zip Code
22314

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
American Health Care Association

Occupation (for Individual)
SVP Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 26 / 2019

Transaction ID : C3870385

Amount of Each Receipt this Period

400.00

☐ Memo Item

* Payroll Deduction: \$200.00 bi-weekly

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

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

900.00