

**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. Conservatives Organize to Advance Tomorrow's Solutions (COATS PAC)**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	3

Mailing Address PO Box 34303

**Transaction ID : D144858**

City Indianapolis State IN Zip Code 46234-0303

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Purpose of Disbursement Contribution

Category/ Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. EMPIRE POLITICAL ACTION COMMITTEE**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	5		2	0	1	3

Mailing Address PO BOX 15033

**Transaction ID : D145333**

City WASHINGTON State DC Zip Code 20003

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0

Purpose of Disbursement Contribution

Category/ Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. FREEDOM FUND**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	1	3

Mailing Address 1155 21st Street NW Suite 300

**Transaction ID : D145069**

City Washington State DC Zip Code 20036

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

Purpose of Disbursement Contribution

Category/ Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

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

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

8	5	0	0	0	0	0	0	0	0
