

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) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on [MM] / [DD] / [YYYY] in the State of []
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [MM] / [DD] / [YYYY] 01 / 01 / 2017 through [MM] / [DD] / [YYYY] 01 / 31 / 2017

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 Hillier, Robin, , Ms.,

Signature of Treasurer Hillier, Robin, , Ms., [Electronically Filed] Date [MM] / [DD] / [YYYY] 02 / 16 / 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2017"/>	<input type="text" value="60676.83"/>	<input type="text" value="60676.83"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="60676.83"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="160881.01"/>	<input type="text" value="160881.01"/>
(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="221557.84"/>	<input type="text" value="221557.84"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="20403.60"/>	<input type="text" value="20403.60"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="201154.24"/>	<input type="text" value="201154.24"/>
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: 01 / 01 / 2017 To: 01 / 31 / 2017

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).....	154638.83	154638.83
(ii) Unitemized	5242.18	5242.18
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	159881.01	159881.01
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	159881.01	159881.01
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	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	1000.00	1000.00
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)).....▶	160881.01	160881.01
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	160881.01	160881.01

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	403.60	403.60
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	403.60	403.60
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	20000.00	20000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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	0.00
(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	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	20403.60	20403.60
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20403.60	20403.60

DETAILED SUMMARY PAGE
of Disbursements

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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)	159881.01	159881.01
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	159881.01	159881.01
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	403.60	403.60
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	403.60	403.60

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 46
<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. Allen, Martin, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 333 N. Summit Street

City Toledo	State OH	Zip Code 43614
----------------	-------------	-------------------

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

Name of Employer (for Individual) HCR ManorCare	Occupation (for Individual) Vice President
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.33

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	23	/	2017

Transaction ID : C3458220

Amount of Each Receipt this Period
208.33

Memo Item

B. Anderson, Gary, D, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6618 McMakin Court

City Colleyville	State TX	Zip Code 76034
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Preferred Care Partners Mgmt Group	Occupation (for Individual) Health Care Manager
---	--

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
01	/	31	/	2017

Transaction ID : C3463309

Amount of Each Receipt this Period
5000.00

Memo Item

C. Barber, John, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 130 E. Main Street

City Spartanburg	State SC	Zip Code 29306-5113
---------------------	-------------	------------------------

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

Name of Employer (for Individual) White Oak Management, Inc.	Occupation (for Individual) Executive VP/CFO
---	---

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
01	/	23	/	2017

Transaction ID : C3458237

Amount of Each Receipt this Period
5000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	10208.33
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 7 OF 46
<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. Barreto, Abigail, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 619 Plantation Blvd.
 City West River State MD Zip Code 20778
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AHCA Occupation (for Individual) Senior Director, Public Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 01 / 09 / 2017
Transaction ID : C3456372
 Amount of Each Receipt this Period 350.00
 Memo Item

B. Beebe, Bobby, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 763 Avery Boulevard North
 City Ridgeland State MS Zip Code 39157-5218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Magnolia Management Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 01 / 12 / 2017
Transaction ID : C3456437
 Amount of Each Receipt this Period 5000.00
 Memo Item

C. Beebe, Elton, G., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 763 Avery Blvd. N
 City Ridgeland State MS Zip Code 39157
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Magnolia Management Corporation Occupation (for Individual) President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 01 / 23 / 2017
Transaction ID : C3458233
 Amount of Each Receipt this Period 5000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	10350.00
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 46
<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. Bentley, Lyn, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2212 Hidden Valley Ln
 City Silver Spring State MD Zip Code 20904-5240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AHCA/NCAL Occupation (for Individual) VP, Quality & Regulatory Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 01 / 09 / 2017
Transaction ID : C3456376
 Amount of Each Receipt this Period 1200.00
 Memo Item

B. Black-Kurek, Linda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4336 West Franklin St
 City Bellbrook State OH Zip Code 45305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Liberty Health Care Corp Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 312.50

Date of Receipt 01 / 23 / 2017
Transaction ID : C3458223
 Amount of Each Receipt this Period 312.50
 Memo Item

C. Boldt, Christine, K., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1534 Roving Hills Drive
 City Red Wing State MN Zip Code 55066-7144
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Benedictine Health System Occupation (for Individual) VP, Operations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 23 / 2017
Transaction ID : C3458222
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1762.50
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 9 OF 46
	<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. Brady, Jennifer, G., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 103 Paired Oaks Lane
 City Wilmington State DE Zip Code 19807
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Potter Anderson & Corroon LLP Occupation (for Individual) Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **01 / 11 / 2017**
Transaction ID : C3456403
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Brockman, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Burr & Forman LLP Occupation (for Individual) Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **01 / 30 / 2017**
Transaction ID : C3470624
 Amount of Each Receipt this Period 2500.00
 Memo Item

C. Brown, Greg, H., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 155 West Point Court
 City Tonka Bay State MN Zip Code 55331
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tealwood Care Centers Inc. Occupation (for Individual) President & CFO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **01 / 12 / 2017**
Transaction ID : C3470709
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	4000.00
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 10 OF 46
<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. Burr, Douglas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1185 Wilde Run Court
 City Roswell State GA Zip Code 30075
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Care Navigator LLC Occupation (for Individual) VP Finance, Reimb & Gov't Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 01 / 23 / 2017
Transaction ID : C3458225
 Amount of Each Receipt this Period 375.00
 Memo Item

B. Cox, Kelli, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6855 Road 41
 City Mancos State CO Zip Code 81328-7905
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) C&G Health Care Management Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 01 / 18 / 2017
Transaction ID : C3456854
 Amount of Each Receipt this Period 5000.00
 Memo Item

C. Cullen, Patti, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7851 Metro Parkway Suite 200
 City Bloomington State MN Zip Code 55425
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Care Providers of Minnesota Occupation (for Individual) President/CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 18 / 2017
Transaction ID : C3456853
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	6375.00
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 11 OF 46
<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. Damaghi, Nader, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10 Shore Drive

City Kings Point	State NY	Zip Code 11024
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) First Quality Enterprises	Occupation (for Individual) Chairman
--	---

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
01	/	31	/	2017

Transaction ID : C3470594

Amount of Each Receipt this Period
1000.00

Memo Item

B. Daspit, Laurence, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 22 Sterling Dale Place

City The Woodlands	State TX	Zip Code 77382
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Senior Care Centers	Occupation (for Individual) 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
01	/	23	/	2017

Transaction ID : C3470566

Amount of Each Receipt this Period
500.00

Memo Item

C. Davis, Rae Anne, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 Avila Drive

City Davidsonville	State MD	Zip Code 21035
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) AHCA	Occupation (for Individual) Chief Strategic Officer
---	--

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
01	/	19	/	2017

Transaction ID : C3456984

Amount of Each Receipt this Period
1000.00

Memo Item

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 12 OF 46
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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

A. Duffy, Barbara, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2308 Walnut Ave SW
 City Seattle State WA Zip Code 98116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lane Powell PC Occupation (for Individual) Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 18 / 2017
Transaction ID : C3456034
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Elliot, Greg, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 240 Capitol St #500
 City Charleston State WV Zip Code 25301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMFM, LLC Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 01 / 13 / 2017
Transaction ID : C3453829
 Amount of Each Receipt this Period 5000.00
 Memo Item

C. Elliot, Jennifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 240 Capitol St #500
 City Charleston State WV Zip Code 25301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Homemaker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 01 / 13 / 2017
Transaction ID : C3453830
 Amount of Each Receipt this Period 5000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	10500.00
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 13 OF 46
<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. Estes, Norman, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 931 Fairfax Park
 City Tuscaloosa State AL Zip Code 35406-2805
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHS Management Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **01 / 18 / 2017**
Transaction ID : C3456864
 Amount of Each Receipt this Period 5000.00
 Memo Item

B. Fogg, Angela, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Self Employed Occupation (for Individual) Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **01 / 23 / 2017**
Transaction ID : C3458240
 Amount of Each Receipt this Period 5000.00
 Memo Item

C. Fogg, Phillip, , , Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Marquis Companies, Inc. Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **01 / 23 / 2017**
Transaction ID : C3458239
 Amount of Each Receipt this Period 5000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	15000.00
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 14 OF 46
<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. Fox Cash, Julie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1536 Claiborne Ave
 City Shreveport State LA Zip Code 71103-4206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Claiborne Health Center Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 30 / 2017
Transaction ID : C3470623
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Frazier, Ron, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 N King St
 City Winnfield State LA Zip Code 71483-3032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Winnfield Nursing & Rehab Center Occupation (for Individual) Principal
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 30 / 2017
Transaction ID : C3470621
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Fujisawa, Rita, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2992 Audubon Circle
 City Davis State CA Zip Code 95816
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CA Association of Health Facilities Occupation (for Individual) COO/Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 30 / 2017
Transaction ID : C3462733
 Amount of Each Receipt this Period 250.00
 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: (check only one)	PAGE 15 OF 46
<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. Gomez, James, H., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2201 K Street
 City Sacramento State CA Zip Code 95816-4922
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CA Association of Health Facilities Occupation (for Individual) CEO/President
 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
 01 / 23 / 2017
Transaction ID : C3458228
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Gregston, Jeff, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1603 Timbercreek Dr.
 City Duncan State OK Zip Code 73533
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gregston Nursing Home Occupation (for Individual) Owner/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
 01 / 26 / 2017
Transaction ID : C3470590
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Groff, Howard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7400 W. 109th St.
 City Bloomington State MN Zip Code 55438-2827
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tealwood Senior Living Occupation (for Individual) President
 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
 01 / 23 / 2017
Transaction ID : C3458242
 Amount of Each Receipt this Period
 1250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00
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 46
<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. Gross, Ron, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2230 N Somens

City Fremont	State ME	Zip Code 68025
-----------------	-------------	-------------------

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

Name of Employer (for Individual) NYE Health Services	Occupation (for Individual) President
--	--

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
01	/	23	/	2017

Transaction ID : C3458254

Amount of Each Receipt this Period
1000.00

Memo Item

B. Hamilton, Gerald, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6000 Whiteman Dr NW

City Albuquerque	State NM	Zip Code 87120-2195
---------------------	-------------	------------------------

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

Name of Employer (for Individual) R&G Healthcare Management	Occupation (for Individual) 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
01	/	23	/	2017

Transaction ID : C3458255

Amount of Each Receipt this Period
250.00

Memo Item

C. Heaney, Steven, D., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1116 Ninth Ave

City Toms River	State NJ	Zip Code 08757-2643
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Brandywine Senior Living	Occupation (for Individual) Vice President
---	---

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
01	/	23	/	2017

Transaction ID : C3458236

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1500.00
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 46
<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. Heflich, Herbert, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5 Van Pelt Ct

City Martinsville	State NJ	Zip Code 08836-2360
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Chelsea Senior Living	Occupation (for Individual) 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
01	/	09	/	2017

Transaction ID : C3456377

Amount of Each Receipt this Period
2500.00

Memo Item

B. Higgins, Lisa, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 604 East 38th Street

City Farmington	State NM	Zip Code 87401-2306
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Cedar Ridge Inn, Inc.	Occupation (for Individual) 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
01	/	18	/	2017

Transaction ID : C3456852

Amount of Each Receipt this Period
1000.00

Memo Item

C. Hill, Deanna, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6219 Eagle Ridge Dr

City Riverbank	State CA	Zip Code 95367
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Generations Healthcare	Occupation (for Individual) 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
01	/	18	/	2017

Transaction ID : C3456858

Amount of Each Receipt this Period
250.00

Memo Item

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 18 OF 46
<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. Hillier, Robin, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Welcome Nursing Home Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt **01 / 23 / 2017**
Transaction ID : C3458226
 Amount of Each Receipt this Period 1250.00
 Memo Item

B. Hillis, Genevieve, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6767 N Industrial Rd
 City Milwaukee State WI Zip Code 53223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Direct Supply Inc. Occupation (for Individual) Government Relations Representative
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **01 / 23 / 2017**
Transaction ID : C3470584
 Amount of Each Receipt this Period 5000.00
 Memo Item

C. Hillis, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6767 N Industrial Rd
 City Milwaukee State WI Zip Code 53223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Direct Supply Inc. Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **01 / 23 / 2017**
Transaction ID : C3470572
 Amount of Each Receipt this Period 5000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	11250.00
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 19 OF 46
<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. Hughes, Michele, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 345 Willow Drive
 City Cape May State NJ Zip Code 08204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Brookdale Senior Living Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **01 / 17 / 2017**
Transaction ID : C345657
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Humiston, Joyce, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1004 E Main Street
 City Cortez State CO Zip Code 81321-3326
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) C&G Health Care Management Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **01 / 18 / 2017**
Transaction ID : C3456855
 Amount of Each Receipt this Period 5000.00
 Memo Item

C. Hyatt, Karen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5102 Scenic Dr
 City Yakima State WA Zip Code 98908-2229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hyatt Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **01 / 31 / 2017**
Transaction ID : C3470619
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	5750.00
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 46
	<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. Impink, Annaliese, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 911 Virginia Cir NE
 City Atlanta State GA Zip Code 30306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sava Senior Care Admin Svcs, LLC Occupation (for Individual) Chief Operations Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 30 / 2017
Transaction ID : C3470620
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Kilby, Rosemary, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Landmark Medical Center Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 23 / 2017
Transaction ID : C3458241
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Koenig, Harvey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 603 Myra Street
 City New Iberia State LA Zip Code 70563
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St. James Place Retirement Community Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 09 / 2017
Transaction ID : C3456368
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2000.00
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 46
<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. Kolb, Evan, Lansing, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2701 Marye Street
 City Alexandria State LA Zip Code 71301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Magnolia Management Corporation Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 265.00

Date of Receipt **01 / 12 / 2017**
Transaction ID : C3456438
 Amount of Each Receipt this Period 265.00
 Memo Item

B. Lantis, Mary Ellen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 699
 City Spearfish State SD Zip Code 57783-0699
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lantis Enterprises Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **01 / 23 / 2017**
Transaction ID : C3458224
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Mason, Christian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Senior Housing Management Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt **01 / 27 / 2017**
Transaction ID : C3461197
 Amount of Each Receipt this Period 1250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2015.00
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 46
<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. Mason, Ralph, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1070 W Webb Rd

City Dewitt	State MI	Zip Code 48820-8396
----------------	-------------	------------------------

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

Name of Employer (for Individual) Rosewood LLC	Occupation (for Individual) 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
01	/	23	/	2017

Transaction ID : C3470574

Amount of Each Receipt this Period
250.00

Memo Item

B. McDaid, Russell, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1819 Creston Drive

City Lebanon	State PA	Zip Code 17046
-----------------	-------------	-------------------

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

Name of Employer (for Individual) PA Healthcare Association	Occupation (for Individual) President & CEO
--	--

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
01	/	23	/	2017

Transaction ID : C3458217

Amount of Each Receipt this Period
1000.00

Memo Item

C. Mendlen, Jill, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) LightBridge Hospice & Palliative Care	Occupation (for Individual) President/CEO
--	--

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
01	/	23	/	2017

Transaction ID : C3458238

Amount of Each Receipt this Period
300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1550.00
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 46
	<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. Monarco, Ashlee, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 211 E 3rd Ave
 City Mancos State CO Zip Code 81328
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Valley Inn Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 23 / 2017
Transaction ID : C3470581
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Morton, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Central Arkansas Nursing Centers Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 01 / 17 / 2017
Transaction ID : C3456447
 Amount of Each Receipt this Period 5000.00
 Memo Item

C. Murray, Cornelius, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 54 State Street
 City Albany State NY Zip Code 12207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) O'Connell & Aronowitz Occupation (for Individual) Attorney
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 23 / 2017
Transaction ID : C3470565
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	6500.00
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 24 OF 46
<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. Murray, Dennis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1049 W. 5th Ave
 City Anchorage State AK Zip Code 99501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Heritage Place Occupation (for Individual) 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
 01 / 23 / 2017
Transaction ID : C3458230
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Ousley, Mary, K., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 Bittersweet Drive
 City Richmond State KY Zip Code 40475-8639
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PMD Corporation Occupation (for Individual) Owner
 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
 01 / 31 / 2017
Transaction ID : C3470599
 Amount of Each Receipt this Period
 1250.00
 Memo Item

C. Pajor, Kathleen, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 618 Old Clinton Road
 City Westbrook State CT Zip Code 06498
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Care Visions, Inc dba Beechwood Occupation (for Individual) President
 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
 01 / 27 / 2017
Transaction ID : C3461198
 Amount of Each Receipt this Period
 250.00
 Memo Item

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 25 OF 46
	<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. Pelligrino, Donald, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 McNab Court
 City Bridgewater State NJ Zip Code 08807-2386
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bridgeway Senior Healthcare Occupation (for Individual) CEO/Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 01 / 06 / 2017
Transaction ID : C3451195
 Amount of Each Receipt this Period 2500.00
 Memo Item

B. Pollock, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 250.00

Date of Receipt 01 / 26 / 2017
Transaction ID : C3460853
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Pruitt, Mebane, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1626 Jeurgens Ct
 City Norcross State GA Zip Code 30093
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Homemaker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 01 / 06 / 2017
Transaction ID : C3451206
 Amount of Each Receipt this Period 1250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	4000.00
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 46
<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. Pruitt, Neil, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 2367

City Norcross	State GA	Zip Code 30091
------------------	-------------	-------------------

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

Name of Employer (for Individual) PruittHealth	Occupation (for Individual) President
---	--

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
01	/	06	/	2017

Transaction ID : C3451205

Amount of Each Receipt this Period
1250.00

Memo Item

B. Reagan, Mark, E., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1330 Butterfield Road

City San Anselmo	State CA	Zip Code 94960
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Hooper, Lundy & Bookman	Occupation (for Individual) Attorney
--	---

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
01	/	23	/	2017

Transaction ID : C3470568

Amount of Each Receipt this Period
1000.00

Memo Item

C. Riggio, Carol, Jean, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 726 W Baca St

City Trinidad	State CO	Zip Code 81082
------------------	-------------	-------------------

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

Name of Employer (for Individual) Trinidad Inn	Occupation (for Individual) 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
01	/	26	/	2017

Transaction ID : C3470589

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	3250.00
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 46
	<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. Roberts, Tara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 269 Harders Crossing Blvd
 City Shreveport State LA Zip Code 71106-8526
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nexion Occupation (for Individual) VP, Rehab and Wound Care Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 18 / 2017
Transaction ID : C3455978
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Sadler, Joseph, William, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2000 N Causeway Approach
 City Mandeville State LA Zip Code 70471-3043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Magnolia Ancillary Services Occupation (for Individual) Regional Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 17 / 2017
Transaction ID : C3456445
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Salmon, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 85 Beaumont Dr
 City Northbridge State MA Zip Code 01534-1093
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Beaumont Nursing Home Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 01 / 31 / 2017
Transaction ID : C3470601
 Amount of Each Receipt this Period 550.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1300.00
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 46
<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. Scalo, Philip, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 N. County Line Road

City Jackson	State NJ	Zip Code 08527-1264
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Bartley Healthcare	Occupation (for Individual) President & CEO
---	--

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
01	/	23	/	2017

Transaction ID : C3458221

Amount of Each Receipt this Period
1250.00

Memo Item

B. Schlossberg, Floyd, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Alden Management Inc	Occupation (for Individual) President
---	--

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
01	/	31	/	2017

Transaction ID : C3470598

Amount of Each Receipt this Period
2500.00

Memo Item

C. Schlossberg, Ina, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Alden Management, Inc.	Occupation (for Individual) Special Operations
---	---

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
01	/	31	/	2017

Transaction ID : C3470597

Amount of Each Receipt this Period
2500.00

Memo Item

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 29 OF 46
<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. Schmoyer, Terry, , , Jr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 551 Regatta Rd

City Columbia	State SC	Zip Code 29212-8817
------------------	-------------	------------------------

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

Name of Employer (for Individual) Schmoyer and Company, LLC	Occupation (for Individual) Managing Partner
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		09		2017

Transaction ID : C3452413

Amount of Each Receipt this Period
300.00

Memo Item

B. Schroer, Gerald, , , Jr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) The Schroer Group	Occupation (for Individual) President
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		12		2017

Transaction ID : C3456429

Amount of Each Receipt this Period
1250.00

Memo Item

C. Scott, Carlson, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 994 Sharon Lane

City Ventura	State CA	Zip Code 93001
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Genesis Healthcare	Occupation (for Individual) Attorney
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		07		2017

Transaction ID : C3451985

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1800.00
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 30 OF 46
<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. Scott, Shawn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8106 Boulder Court
 City Long Grove State IL Zip Code 60047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medline Occupation (for Individual) Senior VP HC Corporate Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 19 / 2017
Transaction ID : C3456985
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Sheridan, Gail, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 St. Marks Bay
 City Faribault State MN Zip Code 55021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tealwood Senior Living Occupation (for Individual) Chief Clinical Operations Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 01 / 25 / 2017
Transaction ID : C3459613
 Amount of Each Receipt this Period 5000.00
 Memo Item

C. Siebel, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Carriage Healthcare Companies, Inc. Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 01 / 23 / 2017
Transaction ID : C3458235
 Amount of Each Receipt this Period 1250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	6500.00
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 31 OF 46
<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. Sollins, Howard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3907 Cloverhill Rd
 City Baltimore State MD Zip Code 21218-1708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Baker Donelson Occupation (for Individual) Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **01 / 28 / 2017**
Transaction ID : C3461561
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Sunga, Phylene, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4001 Lone Tree Way
 City Antioch State CA Zip Code 94509-6232
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lone Tree Convalescent Hospital Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **01 / 31 / 2017**
Transaction ID : C3470616
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Tenenbaum, Matityahu, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1524 53rd Street
 City Brooklyn State NY Zip Code 11219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kings Harbor Multicare Center Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt **01 / 23 / 2017**
Transaction ID : C3458229
 Amount of Each Receipt this Period 1250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2000.00
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 32 OF 46
<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. Tettlebaum, Harvey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 56295 Little Moniteau Rd
 City California State MO Zip Code 65018-3069
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Husch & Eppenger, LLC Attorney
 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
 01 / 23 / 2017
Transaction ID : C3470571
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Todd, Mark, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2001 South Lee Street
 City Americus State GA Zip Code 31709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Magnolia Manor, Inc. President/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
 01 / 24 / 2017
Transaction ID : C3470588
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Urban, Christopher, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 75
 City Solana Beach State CA Zip Code 92075-0075
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Ambrose Capital 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
 01 / 12 / 2017
Transaction ID : C3456433
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1000.00
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 33 OF 46
<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. Van Dyk, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 304 South Van Dien Avenue
 City Ridgewood State NJ Zip Code 07450-5200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Van Dyk Health Care Occupation (for Individual) President/CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 01 / 23 / 2017
Transaction ID : C3470569
 Amount of Each Receipt this Period 5000.00
 Memo Item

B. Van Ekeren, Glenn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21134 Arbor Court
 City Elkhorn State NE Zip Code 68022-2063
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vetter Health Services Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 01 / 10 / 2017
Transaction ID : C3452808
 Amount of Each Receipt this Period 2500.00
 Memo Item

C. Vetter, Jack, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20220 Harney Street
 City Elkhorn State NE Zip Code 68022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vetter Health Services Occupation (for Individual) President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 01 / 18 / 2017
Transaction ID : C3456863
 Amount of Each Receipt this Period 1250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	8750.00
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 34 OF 46
	<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. Wann, Bryan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6030 Arden Street
 City Shreveport State LA Zip Code 71106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cypress Point Nursing & Rehabilitation Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 30 / 2017
Transaction ID : C3470622
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Warren, Paula, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3301 Alabama Ave
 City Alexandria State VA Zip Code 22305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Health Care Association Occupation (for Individual) CIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 01 / 24 / 2017
Transaction ID : C3458550
 Amount of Each Receipt this Period 1250.00
 Memo Item

C. Williams, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16766 Willow Circle
 City Fountain Valley State CA Zip Code 92708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ensign Services Occupation (for Individual) VP Operational Systems
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 10 / 2017
Transaction ID : C3453262
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2250.00
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 35 OF 46
	<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. Wronski, Frank, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10503 Citation Dr
 Ste 100
 City Brighton State MI Zip Code 48116-6551
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wellbridge Group Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 18 / 2017
Transaction ID : C3456051
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Yarwood, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 247 Joaquin Dr
 City Danville State CA Zip Code 94526-3058
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St Francis Extended Care Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 10 / 2017
Transaction ID : C3452822
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Central Management Company, LLC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 01 / 13 / 2017
Transaction ID : C3456440
 Amount of Each Receipt this Period 5000.00
 Memo Item
 PARTNERSHIP--partners below if itemized

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 36 OF 46
<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. Price, Teddy, Rae, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Central Management Company, LLC	Occupation (for Individual) 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
01	/	13	/	2017

Transaction ID : C3456441

Amount of Each Receipt this Period
5000.00

Memo Item

B. The Five Seas, LLC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3220 W Feather Sound Ct

City Anthem	State AZ	Zip Code 85086-1006
----------------	-------------	------------------------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	17	/	2017

Transaction ID : C3456845

Amount of Each Receipt this Period
1500.00

Memo Item

PARTNERSHIP--partners below if itemized

C. Williams, Cathy, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3220 West Feather Sound Drive

City Winslow	State AZ	Zip Code 86047-2321
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Winslow Campus of Care	Occupation (for Individual) CEO
---	------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	17	/	2017

Transaction ID : C3456846

Amount of Each Receipt this Period
1500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1500.00
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 37 OF 46
	<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. LAG Associates LP Managers

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

Mailing Address 8028 Ritchie Hwy
Ste 210

City Pasadena State MD Zip Code 21122-1075

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
MM / DD / YYYY
01 / 18 / 2017

Transaction ID : C3456861

Amount of Each Receipt this Period
1250.00

Memo Item

PARTNERSHIP--partners below if itemized

B. Attman, Gary, , ,

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

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 (for Individual) Occupation (for Individual)
LAG Associates LP Managers Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
MM / DD / YYYY
01 / 18 / 2017

Transaction ID : C3456862

Amount of Each Receipt this Period
1250.00

Memo Item

*

C. Asztalos & Associates LLC

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

Mailing Address 5013 Centennial Oak Cir

City Tallahassee State FL Zip Code 32308-5857

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
01 / 23 / 2017

Transaction ID : C3470577

Amount of Each Receipt this Period
500.00

Memo Item

PARTNERSHIP--partners below if itemized

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 38 OF 46
<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. Asztalos, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Asztalos & Associates Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 23 / 2017
Transaction ID : C3470578
 Amount of Each Receipt this Period 500.00
 Memo Item
 *

B. SSWL, LLC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address DBA Bamboo Castle Consulting 2015 South Emerson St.
 City Denver State CO Zip Code 80210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 01 / 23 / 2017
Transaction ID : C3470582
 Amount of Each Receipt this Period 5000.00
 Memo Item
 PARTNERSHIP--partners below if itemized

C. Schumann, Sarah, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2015 S. Emerson Street
 City Denver State CO Zip Code 80210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Brookside Inn Occupation (for Individual) Vice President of Operations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 01 / 23 / 2017
Transaction ID : C3470583
 Amount of Each Receipt this Period 5000.00
 Memo Item
 *

SUBTOTAL of Receipts This Page (optional).....	5000.00
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 39 OF 46
<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. L & AM Lease LLC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 23 / 2017
Transaction ID : C3470586
 Amount of Each Receipt this Period 1000.00
 Memo Item
 PARTNERSHIP--partners below if itemized

B. Merchant, Lee, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3800 West Gifford Rd.
 City Bloomington State IN Zip Code 47403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 LJM Enterprises CEO & President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 23 / 2017
Transaction ID : C3470587
 Amount of Each Receipt this Period 1000.00
 Memo Item
 *

C. Rolf Goffman Martin Lang LLP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30100 Chagrin Blvd. Suite 350
 City Cleveland State OH Zip Code 44124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 26 / 2017
Transaction ID : C3470591
 Amount of Each Receipt this Period 250.00
 Memo Item
 PARTNERSHIP--partners below if itemized

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: (check only one)	PAGE 40 OF 46
<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. Rolf, Carol, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30100 Chagrin Boulevard
 City Cleveland State OH Zip Code 44124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rolf & Goffman Co., LPA Occupation (for Individual) President & Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 26 / 2017
Transaction ID : C3470592
 Amount of Each Receipt this Period 250.00
 Memo Item
 *

B. Millenium Health Systems LLC dba Nuvision Management
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1278.00

Date of Receipt 01 / 31 / 2017
Transaction ID : C3470613
 Amount of Each Receipt this Period 1278.00
 Memo Item
 PARTNERSHIP--partners below if itemized

C. Weisman, Andrew, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) NuVision Management Occupation (for Individual) Chief Executive Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 639.00

Date of Receipt 01 / 31 / 2017
Transaction ID : C3470614
 Amount of Each Receipt this Period 639.00
 Memo Item
 *

SUBTOTAL of Receipts This Page (optional).....	1278.00
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 41 OF 46
	<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. Weisman, Barton, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5310 NW 33rd Ave
 Ste 211
 City Ft Lauderdale State FL Zip Code 33309-6319
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Millennium Health Systems Occupation (for Individual) Chairman
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 639.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2017
Transaction ID : C3470615
 Amount of Each Receipt this Period
 639.00
 Memo Item
 *

B. Enterprise Health Management
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1301 NE 104th St
 City Miami Shores State FL Zip Code 33138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 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
 01 / 31 / 2017
Transaction ID : C3470617
 Amount of Each Receipt this Period
 500.00
 Memo Item
 PARTNERSHIP--partners below if itemized

C. Sena, Dion, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1301 NE 104th Street
 City Miami Shores State FL Zip Code 33138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Enterprise Health Management Occupation (for Individual) 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
 01 / 31 / 2017
Transaction ID : C3470618
 Amount of Each Receipt this Period
 500.00
 Memo Item
 *

SUBTOTAL of Receipts This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	154638.83

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

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

FOR LINE NUMBER: PAGE 42 OF 46
(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. Iowa Health PAC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1775 90th St
 City West Des Moines State IA Zip Code 50266-1563
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 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
 01 / 13 / 2017
Transaction ID : C3456439
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 Unsolicited Contribution/ Comprised of Permissible Funds

B.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 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
 Memo Item

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 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
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	1000.00

**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"/> 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

A. American Express

Full Name (Last, First, Middle Initial)
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) ▼

Date of Disbursement: 01 / 05 / 2017

FEC Identification Number: C
Transaction ID : D177888
Amount of Each Disbursement this Period: 153.34

Memo Item

B. BB&T Merchant Services

Full Name (Last, First, Middle Initial)
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: 01 / 17 / 2017

FEC Identification Number: C
Transaction ID : D177887
Amount of Each Disbursement this Period: 44.58

Memo Item

C. BB&T

Full Name (Last, First, Middle Initial)
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: 01 / 23 / 2017

FEC Identification Number: C
Transaction ID : D177886
Amount of Each Disbursement this Period: 205.68

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	403.60
TOTAL This Period (last page this line number only).....▶	403.60

**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"/> 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. LOBO PAC

Mailing Address P.O. Box 492

City Albuquerque State NM Zip Code 87103

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
01 / 09 / 2017

FEC Identification Number

C C00497073

Transaction ID : D177567

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. MCCONNELL FOR MAJORITY LEADER COMMITTEE

Mailing Address 225 S WASHINGTON ST
SUITE 115

City Alexandria State VA Zip Code 22314

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
01 / 25 / 2017

FEC Identification Number

C C00548651

Transaction ID : D177661

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. MOVING AMERICA FORWARD

Mailing Address 471 Birchington Lane

City Melbourne State FL Zip Code 32940

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
01 / 09 / 2017

FEC Identification Number

C C00375451

Transaction ID : D177568

Amount of Each Disbursement this Period

5000.00

Memo Item

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

12500.00

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"/> 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. CARLOS CURBELO CONGRESS

Mailing Address 8770 SUNSET DRIVE #355

City MIAMI State FL Zip Code 33173

Purpose of Disbursement Contribution

Candidate Name
Curbelo, Carlos, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: FL District: 26

Date of Disbursement

MM / DD / YYYY
01 / 30 / 2017

FEC Identification Number

C C00546846

Transaction ID : D177749

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. CARLOS CURBELO CONGRESS

Mailing Address 8770 SUNSET DRIVE #355

City MIAMI State FL Zip Code 33173

Purpose of Disbursement Contribution

Candidate Name
Curbelo, Carlos, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: FL District: 26

Date of Disbursement

MM / DD / YYYY
01 / 23 / 2017

FEC Identification Number

C C00546846

Transaction ID : D177659

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. LYNN JENKINS FOR CONGRESS

Mailing Address P.O. Box 1441

City Topeka State KS Zip Code 66601

Purpose of Disbursement Contribution

Candidate Name
Jenkins, Lynn, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: KS District: 02

Date of Disbursement

MM / DD / YYYY
01 / 03 / 2017

FEC Identification Number

C C00433730

Transaction ID : D177523

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3000.00

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"/> 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

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

Full Name (Last, First, Middle Initial)

A. TOM RICE FOR CONGRESS

Mailing Address PO Box 70098

City Myrtle Beach State SC Zip Code 29572

Purpose of Disbursement Contribution

Candidate Name Rice, Tom, , Rep.,

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼
 State: SC District: 07

Date of Disbursement

MM / DD / YYYY
01 / 17 / 2017

FEC Identification Number

C C00506048

Transaction ID : D177641

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. VERN BUCHANAN FOR CONGRESS

Mailing Address P. O. Box 48928

City Sarasota State FL Zip Code 34230

Purpose of Disbursement Contribution

Candidate Name Buchanan, Vern, , Rep.,

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼
 State: FL District: 16

Date of Disbursement

MM / DD / YYYY
01 / 17 / 2017

FEC Identification Number

C C00412759

Transaction ID : D177642

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Team Ryan

Mailing Address 320 1st Street SE

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

MM / DD / YYYY
01 / 03 / 2017

FEC Identification Number

C C00545947

Transaction ID : D177524

Amount of Each Disbursement this Period

2500.00

Memo Item

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

4500.00

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

20000.00