

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 31

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

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

A. Pendergras, Douglas, , ,

Mailing Address 1036 Liberty Park Dr
Apt 47

City
Austin

State
TX

Zip Code
78746-6990

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Pebble Creek Nursing Center

Occupation (for Individual)
Owner

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
12 / 14 / 2017

Transaction ID : C3642358

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Ponthie, John, , ,

Mailing Address 449 Overbrook Court

City

Shreveport

State

LA

Zip Code

71106

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Southern Administrative Services

Occupation (for Individual)
Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 30 / 2017

Transaction ID : C3642861

Amount of Each Receipt this Period

1250.00

☐ Memo Item

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

C. Preede, Katherine, , ,

Mailing Address 4482 Shady Point Place

City

Chantilly

State

VA

Zip Code

20151

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
American Health Care Association

Occupation (for Individual)
Dir, Membership & Bus Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 29 / 2017

Transaction ID : C3649844

Amount of Each Receipt this Period

42.78

☐ Memo Item

* Payroll Deduction: \$14.29 bi-weekly

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

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

1792.78