



**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="2018"/>	<input type="text" value=""/>	<input type="text" value="49158.07"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="184583.00"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="40864.58"/>	<input type="text" value="211494.50"/>
(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="225447.58"/>	<input type="text" value="260652.57"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="58602.57"/>	<input type="text" value="93807.56"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="166845.01"/>	<input type="text" value="166845.01"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	32716.66	199577.16
(ii) Unitemized .....	2147.92	5917.34
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	34864.58	205494.50
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	39864.58	210494.50
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)).....▶	40864.58	211494.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	40864.58	211494.50

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

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 .....	2352.57	3057.56
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	2352.57	3057.56
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	55000.00	84500.00
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 .....	1250.00	6250.00
(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)).....	1250.00	6250.00
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)) ..	58602.57	93807.56
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	58602.57	93807.56

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	39864.58	210494.50
34. Total Contribution Refunds (from Line 28(d)) .....	1250.00	6250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	38614.58	204244.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	2352.57	3057.56
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	2352.57	3057.56

**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 36
<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 7151 Whispering Oak Drive

City Sylvania	State OH	Zip Code 43560
------------------	-------------	-------------------

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

Name of Employer (for Individual) HCR ManorCare	Occupation (for Individual) VP of Reimbursement
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	02	/	2018

**Transaction ID : C3663202**

Amount of Each Receipt this Period  
200.00

Memo Item

**B. Barcelo, Cecil, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 411 Alabama Ave

City League City	State TX	Zip Code 77573-2615
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Baywind Village	Occupation (for Individual) Administrator
--	--

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
02	/	26	/	2018

**Transaction ID : C3674588**

Amount of Each Receipt this Period  
300.00

Memo Item

**C. Burkett, Rod, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 535 E North St  
Suite E

City Bradley	State IL	Zip Code 60915
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Gardant Management Services	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
02	/	26	/	2018

**Transaction ID : C3674589**

Amount of Each Receipt this Period  
2500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3000.00
<b>TOTAL</b> 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 36
<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. Chen Fujisawa, Rita, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2201 K Street  
 City Sacramento 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) VP/COO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 12 / 2018  
**Transaction ID : C3667361**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Cooper, Lori, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3106 Brighton Point  
 City Fort Smith State AR Zip Code 72903  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Healthmark Services, Inc. Occupation (for Individual) COO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 07 / 2018  
**Transaction ID : C3664680**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. 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 02 / 21 / 2018  
**Transaction ID : C3674585**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5500.00
<b>TOTAL</b> 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 36
<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. Daniel, Kenneth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2243 Kilchurn Drive  
 City Marion State OH Zip Code 43302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United Church Homes, Inc. Occupation (for Individual) President & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **02 / 26 / 2018**  
**Transaction ID : C3674587**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Fournier, Debra, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 44 Edgewood Rd  
 City Buxton State ME Zip Code 04093-6525  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Maine Veterans Homes Occupation (for Individual) COO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **02 / 12 / 2018**  
**Transaction ID : C3674550**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Franklin, J. Wayne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 125 Springfield Ct  
 City O'Fallon State IL Zip Code 62269-2495  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Franklin Healthcare Consultants Occupation (for Individual) CEO/CFO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **02 / 03 / 2018**  
**Transaction ID : C3663752**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1250.00
<b>TOTAL</b> 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 36
<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. Gifford, David, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 81 Kenyon Ave.

City East Greenwich	State RI	Zip Code 02818-2905
------------------------	-------------	------------------------

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

Name of Employer (for Individual) American Health Care Association	Occupation (for Individual) Sr Vp, Quality & Regulatory Affairs
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
MM / DD / YYYY  
02 / 10 / 2018

**Transaction ID : C3666768**

Amount of Each Receipt this Period  
1000.00

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
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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  
MM / DD / YYYY  
02 / 21 / 2018

**Transaction ID : C3674584**

Amount of Each Receipt this Period  
5000.00

Memo Item

**C. Justice, Janet, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10714 Hite Creek Rd

City Louisville	State KY	Zip Code 40241-1784
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) KY Assoc of HC Facilities	Occupation (for Individual) Sr Dir of Regulatory
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 08 / 2018

**Transaction ID : C3674545**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6250.00
<b>TOTAL</b> 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 36
<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. Lynn, Nicholas, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 190 S. LaSalle Street  
 Suite 3700  
 City Chicago State IL Zip Code 60603  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Duane Morris LLP Occupation (for Individual) Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 05 / 2018  
**Transaction ID : C3674535**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. McMahon, Edward, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16811 Sanibel Sunset Ct.  
 #302  
 City Fort Myers State FL Zip Code 33908-2905  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sunrise Senior Living Occupation (for Individual) VP, Quality Care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 22 / 2018  
**Transaction ID : C3672974**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Mockbee, Sean, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 32807 N. 15th Glen  
 City Phoenix State AZ Zip Code 85085-8086  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) View Point Senior Care LLC Occupation (for Individual) Managing Partner  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 09 / 2018  
**Transaction ID : C3666750**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<b>TOTAL</b> 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 36
<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. 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 **02 / 08 / 2018**  
**Transaction ID : C3674546**  
 Amount of Each Receipt this Period 1250.00  
 Memo Item

**B. Paion, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1605 Jackson Ave  
 City Loveland State CO Zip Code 80538-3844  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Schryver Medical Occupation (for Individual) VP, National Accts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **02 / 21 / 2018**  
**Transaction ID : C3674583**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. 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 **02 / 28 / 2018**  
**Transaction ID : C3675486**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1750.00
<b>TOTAL</b> 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 36
	<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. Porter, Clifton, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3929 Azalea Court  
 City Maumee State OH Zip Code 43537  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Health Care Association Occupation (for Individual) SVP Government Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 416.66

Date of Receipt **02 / 26 / 2018**  
**Transaction ID : C3680234**  
 Amount of Each Receipt this Period 416.66  
 Memo Item  
 \* Payroll Deduction: \$208.33 bi-weekly

**B. Pozderac, Denise, T., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6565 Logans Run  
 City Medina State OH Zip Code 44256-7252  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Transitional Living Centers, Inc. Occupation (for Individual) LTC Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **02 / 27 / 2018**  
**Transaction ID : C3674830**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. 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 Health Management, Inc. Occupation (for Individual) VP, Rehab and Wound Care Services  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **02 / 02 / 2018**  
**Transaction ID : C3663485**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1166.66
<b>TOTAL</b> 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 36
<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. 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 02 / 06 / 2018  
**Transaction ID : C3674543**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. 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 02 / 12 / 2018  
**Transaction ID : C3674551**  
 Amount of Each Receipt this Period 550.00  
 Memo Item

**C. Smyth, Matthew, D., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2405 I St NW  
 City Washington State DC Zip Code 20037-2206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Health Care Association Occupation (for Individual) Director of Grassroots  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 05 / 2018  
**Transaction ID : C3674537**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1300.00
<b>TOTAL</b> 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 36
	<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. St. Mary, Sharon, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 347 Lewis Street  
 City Maplewood State MN Zip Code 55117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Good Samaritan Society Occupation (for Individual) Executive Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **02 / 08 / 2018**  
**Transaction ID : C3674548**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Stott, Martin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15035 Memorial Tower Dr  
 City Baton Rouge State LA Zip Code 70810-8398  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Diversified Health Care Occupation (for Individual) Owner/Operator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt **02 / 13 / 2018**  
**Transaction ID : C3674576**  
 Amount of Each Receipt this Period 1250.00  
 Memo Item

**C. Sumner, Kirstin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6200 North Meade Avenue  
 City Chicago State IL Zip Code 60646  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Brookdale Senior Living Occupation (for Individual) Attorney  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **02 / 15 / 2018**  
**Transaction ID : C3674578**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1750.00
<b>TOTAL</b> 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 36
<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 Blackwell 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  
 02 / 09 / 2018  
**Transaction ID : C3674549**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Veal, Tracy, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 508 Barkwood Ct.  
 City Jackson State GA Zip Code 30233  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Medline Industries, Inc. Sales Representative  
 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  
 02 / 20 / 2018  
**Transaction ID : C3674582**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Wahl, Benjamin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 425 Iron King  
 City Durango State CO Zip Code 81301-9418  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Cottonwood Inn Rehab & Extd Care Ctr 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  
 02 / 06 / 2018  
**Transaction ID : C3674542**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<b>TOTAL</b> 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 36
<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. Wylie, Michael, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 205 Fairview Rd

City Clarks Green	State PA	Zip Code 18411-1207
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Genesis Healthcare	Occupation (for Individual) VP Development
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2018

**Transaction ID : C3674586**

Amount of Each Receipt this Period  
750.00

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
02	/	05	/	2018

**Transaction ID : C3674538**

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 826 W. Desmond Street

City Winslow	State AZ	Zip Code 86047
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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
02	/	05	/	2018

**Transaction ID : C3674539**

Amount of Each Receipt this Period  
1500.00

Memo Item

\*

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2250.00
<b>TOTAL</b> 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 36
<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. Chelsea Place Care Center, LLC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 341 Bidwell St  
 City Manchester State CT Zip Code 06040-6470  
 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 ▼ 678.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 12 / 2018  
**Transaction ID : C3674552**  
 Amount of Each Receipt this Period  
 678.00  
 Memo Item  
 PARTNERSHIP--partners below if itemized

**B. Wright, Chris, S., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 341 Bidwell Street  
 City Manchester State CT Zip Code 06040-6470  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Wintonbury Realty, LLC Partner  
 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  
 02 / 12 / 2018  
**Transaction ID : C3674564**  
 Amount of Each Receipt this Period  
 678.00  
 Memo Item  
 \*

**C. Chestnut Point Care Center, LLC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 341 Bidwell St  
 City Manchester State CT Zip Code 06040-6470  
 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 ▼ 174.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 12 / 2018  
**Transaction ID : C3674553**  
 Amount of Each Receipt this Period  
 174.00  
 Memo Item  
 PARTNERSHIP--partners below if itemized

<b>SUBTOTAL</b> of Receipts This Page (optional).....	852.00
<b>TOTAL</b> 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 36
<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. Wright, Chris, S., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 341 Bidwell Street  
 City Manchester State CT Zip Code 06040-6470  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Wintonbury Realty, LLC Occupation (for Individual) Partner  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **5000.00**

Date of Receipt **02 / 12 / 2018**  
**Transaction ID : C3674565**  
 Amount of Each Receipt this Period **174.00**  
 Memo Item  
 \*

**B. Kettle Brook Care Center, LLC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 341 Bidwell St  
 City Manchester State CT Zip Code 06040-6470  
 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 **405.00**

Date of Receipt **02 / 12 / 2018**  
**Transaction ID : C3674554**  
 Amount of Each Receipt this Period **405.00**  
 Memo Item  
 PARTNERSHIP--partners below if itemized

**C. Wright, Chris, S., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 341 Bidwell Street  
 City Manchester State CT Zip Code 06040-6470  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Wintonbury Realty, LLC Occupation (for Individual) Partner  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **5000.00**

Date of Receipt **02 / 12 / 2018**  
**Transaction ID : C3674566**  
 Amount of Each Receipt this Period **405.00**  
 Memo Item  
 \*

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>405.00</b>
<b>TOTAL</b> 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 36
<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. Trinity Hill Care Center, LLC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 341 Bidwell St  
 City Manchester State CT Zip Code 06040-6470  
 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 ▼ 418.00

Date of Receipt 02 / 12 / 2018  
**Transaction ID : C3674555**  
 Amount of Each Receipt this Period 418.00  
 Memo Item  
 PARTNERSHIP--partners below if itemized

**B. Wright, Chris, S., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 341 Bidwell Street  
 City Manchester State CT Zip Code 06040-6470  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Wintonbury Realty, LLC Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 02 / 12 / 2018  
**Transaction ID : C3674567**  
 Amount of Each Receipt this Period 418.00  
 Memo Item  
 \*

**c. Wintonbury Care Center, LLC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 341 Bidwell St  
 City Manchester State CT Zip Code 06040-6470  
 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 ▼ 434.00

Date of Receipt 02 / 12 / 2018  
**Transaction ID : C3674556**  
 Amount of Each Receipt this Period 434.00  
 Memo Item  
 PARTNERSHIP--partners below if itemized

<b>SUBTOTAL</b> of Receipts This Page (optional).....	852.00
<b>TOTAL</b> 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 36
	<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. Wright, Chris, S., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 341 Bidwell Street  
 City Manchester State CT Zip Code 06040-6470  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Wintonbury Realty, LLC Occupation (for Individual) Partner  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 5000.00

Date of Receipt 02 / 12 / 2018  
**Transaction ID : C3674568**  
 Amount of Each Receipt this Period 434.00  
 Memo Item  
 \*

**B. Bidwell Care Center, LLC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 341 Bidwell St  
 City Manchester State CT Zip Code 06040-6470  
 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 379.00

Date of Receipt 02 / 12 / 2018  
**Transaction ID : C3674557**  
 Amount of Each Receipt this Period 379.00  
 Memo Item  
 PARTNERSHIP--partners below if itemized

**C. Wright, Chris, S., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 341 Bidwell Street  
 City Manchester State CT Zip Code 06040-6470  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Wintonbury Realty, LLC Occupation (for Individual) Partner  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 5000.00

Date of Receipt 02 / 12 / 2018  
**Transaction ID : C3674569**  
 Amount of Each Receipt this Period 379.00  
 Memo Item  
 \*

<b>SUBTOTAL</b> of Receipts This Page (optional).....	379.00
<b>TOTAL</b> 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 36
	<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. Westside Care Center, LLC**

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

Mailing Address 341 Bidwell St

City Manchester	State CT	Zip Code 06040-6470
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
463.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2018

**Transaction ID : C3674558**

Amount of Each Receipt this Period  
463.00

Memo Item

PARTNERSHIP--partners below if itemized

**B. Wright, Chris, S., ,**

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

Mailing Address 341 Bidwell Street

City Manchester	State CT	Zip Code 06040-6470
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Wintonbury Realty, LLC	Occupation (for Individual) Partner
---	--

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
02		12		2018

**Transaction ID : C3674570**

Amount of Each Receipt this Period  
463.00

Memo Item

\*

**c. Meriden Care Center, LLC**

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

Mailing Address 341 Bidwell St

City Manchester	State CT	Zip Code 06040-6470
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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 ▼  
461.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2018

**Transaction ID : C3674559**

Amount of Each Receipt this Period  
461.00

Memo Item

PARTNERSHIP--partners below if itemized

<b>SUBTOTAL</b> of Receipts This Page (optional).....	924.00
<b>TOTAL</b> 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 36
<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. Wright, Chris, S., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 341 Bidwell Street

City Manchester	State CT	Zip Code 06040-6470
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Wintonbury Realty, LLC	Occupation (for Individual) Partner
---	--

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
02	/	12	/	2018

**Transaction ID : C3674571**

Amount of Each Receipt this Period  
461.00

Memo Item

**B. Farmington Care Center, LLC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 341 Bidwell St

City Manchester	State CT	Zip Code 06040-6470
--------------------	-------------	------------------------

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 ▼  
313.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	12	/	2018

**Transaction ID : C3674560**

Amount of Each Receipt this Period  
313.00

Memo Item

PARTNERSHIP--partners below if itemized

**C. Wright, Chris, S., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 341 Bidwell Street

City Manchester	State CT	Zip Code 06040-6470
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Wintonbury Realty, LLC	Occupation (for Individual) Partner
---	--

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
02	/	12	/	2018

**Transaction ID : C3674572**

Amount of Each Receipt this Period  
313.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	313.00
<b>TOTAL</b> 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 36
<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. iCare Health Management, LLC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 341 Bidwell St

City Manchester	State CT	Zip Code 06040-6470
--------------------	-------------	------------------------

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
02	/	12	/	2018

**Transaction ID : C3674561**

Amount of Each Receipt this Period  
500.00

Memo Item

PARTNERSHIP--partners below if itemized

**B. Wright, Chris, S., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 341 Bidwell Street

City Manchester	State CT	Zip Code 06040-6470
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Wintonbury Realty, LLC	Occupation (for Individual) Partner
---	--

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
02	/	12	/	2018

**Transaction ID : C3674573**

Amount of Each Receipt this Period  
500.00

Memo Item

\*

**C. SecureCare Realty LLC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 341 Bidwell Street

City Manchester	State CT	Zip Code 06040
--------------------	-------------	-------------------

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 ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	12	/	2018

**Transaction ID : C3674562**

Amount of Each Receipt this Period  
275.00

Memo Item

PARTNERSHIP--partners below if itemized

<b>SUBTOTAL</b> of Receipts This Page (optional).....	775.00
<b>TOTAL</b> 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 36
<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. Wright, Chris, S., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 341 Bidwell Street  
 City Manchester State CT Zip Code 06040-6470  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Wintonbury Realty, LLC Partner  
 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  
 02 / 12 / 2018  
**Transaction ID : C3674574**  
 Amount of Each Receipt this Period  
 275.00  
 Memo Item  
 \*

**B. iCare Management LLC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 341 Bidwell St  
 City Manchester State CT Zip Code 06040-6470  
 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  
 02 / 12 / 2018  
**Transaction ID : C3674563**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 PARTNERSHIP--partners below if itemized

**C. Wright, Chris, S., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 341 Bidwell Street  
 City Manchester State CT Zip Code 06040-6470  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Wintonbury Realty, LLC Partner  
 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  
 02 / 12 / 2018  
**Transaction ID : C3674575**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 \*

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

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

FOR LINE NUMBER: PAGE 25 OF 36  
(check only one)

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

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Asztalos & Associates LLC**

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  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2018

**Transaction ID : C3680224**

Amount of Each Receipt this Period  
500.00

Memo Item

PARTNERSHIP--partners below if itemized

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Asztalos, Robert, , ,**

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  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2018

**Transaction ID : C3680225**

Amount of Each Receipt this Period  
500.00

Memo Item

\*

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

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 M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.00
<b>TOTAL</b> This Period (last page this line number only).....	32716.66

**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 36
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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. DIRECT SUPPLY INC. PARTNERS PAC (DSI PARTNERS PAC)**

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

Mailing Address 6767 North Industrial Road

City Milwaukee	State WI	Zip Code 53223
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00409516

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02	/	15	/	2018

**Transaction ID : C3674579**

Amount of Each Receipt this Period  
5000.00

Memo Item

**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
-----	---	-----	---	---------

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
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5000.00
<b>TOTAL</b> This Period (last page this line number only).....	5000.00

# 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 36
<input 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 checked="" type="checkbox"/> 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
02	/	28	/	2018

**Transaction ID : C3680226**

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
-----	---	-----	---	---------

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
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1000.00
<b>TOTAL</b> 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**

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		Date of Disbursement MM / DD / YYYY 02 / 05 / 2018
Mailing Address PO Box 53773		FEC Identification Number C [ ] <b>Transaction ID : D182580</b> Amount of Each Disbursement this Period [ ] 1127.20
City Phoenix	State AZ	Zip Code 85072-3773
Purpose of Disbursement Credit Card Processing Fees		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. BB&amp;T Merchant Services</b>		Date of Disbursement MM / DD / YYYY 02 / 15 / 2018
Mailing Address PO Box 200		FEC Identification Number C [ ] <b>Transaction ID : D182581</b> Amount of Each Disbursement this Period [ ] 1024.30
City Wilson	State NC	Zip Code 27894-0200
Purpose of Disbursement Credit Card Processing Fees		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. BB&amp;T</b>		Date of Disbursement MM / DD / YYYY 02 / 21 / 2018
Mailing Address 1099 New York Ave NW Ste 100		FEC Identification Number C [ ] <b>Transaction ID : D182582</b> Amount of Each Disbursement this Period [ ] 201.07
City Washington	State DC	Zip Code 20001-4452
Purpose of Disbursement Bank Fees		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

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

2352.57

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

2352.57

**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. DCCC**

Mailing Address 430 S Capitol St SE

City  
Washington

State  
DC

Zip Code  
20003-4024

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	22	/	2018

FEC Identification Number

**C** C00000935

**Transaction ID : D182438**

Amount of Each Disbursement this Period

15000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. DEBBIE DINGELL FOR CONGRESS**

Mailing Address 19855 W. OUTER DR.  
STE 103 AE

City  
DEARBORN

State  
MI

Zip Code  
48124

Purpose of Disbursement  
Contribution

Candidate Name

**Dingell, Debbie, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  Primary  General  
 Other (specify)

State: MI District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	21	/	2018

FEC Identification Number

**C** C00558213

**Transaction ID : D182427**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. JOE KENNEDY FOR CONGRESS**

Mailing Address PO BOX 590464

City  
Newton Center

State  
MA

Zip Code  
02459

Purpose of Disbursement  
Contribution

Candidate Name

**Kennedy, Joseph, P., Rep., III**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  Primary  General  
 Other (specify) ▼

State: MA District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	22	/	2018

FEC Identification Number

**C** C00512970

**Transaction ID : D182440**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

17000.00

**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. LEGPAC**

Mailing Address 38 IVY ST., 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

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	2		2	0	1	8

FEC Identification Number

**C** C00385534

**Transaction ID : D182443**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. LOU CORREA FOR CONGRESS**

Mailing Address 420 N TWIN OAKS VALLEY RD #2229

City  
SAN MARCOS

State  
CA

Zip Code  
92079

Purpose of Disbursement  
Contribution

Candidate Name

**Correa, Lou, Luis, ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: CA District: 46

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	2		2	0	1	8

FEC Identification Number

**C** C00578302

**Transaction ID : D182444**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. New Pioneers PAC**

Mailing Address 228 S WASHINGTON ST STE 115

City  
Alexandria

State  
VA

Zip Code  
22314

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	1		2	0	1	8

FEC Identification Number

**C** C00459123

**Transaction ID : D182426**

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

8500.00

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. PROMOTING OUR REPUBLICAN TEAM PAC**

Mailing Address 8331 Little Harbor Dr

City Cincinnati State OH Zip Code 45244-2768

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  
02 / 22 / 2018

FEC Identification Number

C C00440032

Transaction ID : D182436

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. KUSTER FOR CONGRESS, INC.**

Mailing Address P.O. BOX 1498

City Concord State NH Zip Code 03302

Purpose of Disbursement Contribution

Candidate Name

**Kuster, Ann, McLane, Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify)

State: NH District: 02

Date of Disbursement

MM / DD / YYYY  
02 / 22 / 2018

FEC Identification Number

C C00462861

Transaction ID : D182441

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. PEOPLE FOR BEN**

Mailing Address PO BOX 31129

City SANTA FE State NM Zip Code 87594

Purpose of Disbursement Contribution

Candidate Name

**Lujan, Ben, Ray, Rep.,**

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

State: NM District: 03

Date of Disbursement

MM / DD / YYYY  
02 / 06 / 2018

FEC Identification Number

C C00443689

Transaction ID : D182286

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)..... ▶

**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. PEOPLE FOR BEN**

Mailing Address PO BOX 31129

City SANTA FE State NM Zip Code 87594

Purpose of Disbursement Contribution

Candidate Name  
**Lujan, Ben, Ray, Rep.,**

Office Sought:  House  Senate  President  
State: NM District: 03  
Disbursement For: 2018  
 Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 06 / 2018

FEC Identification Number

C C00443689

Transaction ID : D182287

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. HIGGINS FOR CONGRESS**

Mailing Address PO BOX 28

City BUFFALO State NY Zip Code 14220

Purpose of Disbursement Contribution

Candidate Name  
**Higgins, Brian, , Rep.,**

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

Date of Disbursement

MM / DD / YYYY  
02 / 06 / 2018

FEC Identification Number

C C00401034

Transaction ID : D182285

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF JIM CLYBURN**

Mailing Address PO BOX 12567

City COLUMBIA State SC Zip Code 29211

Purpose of Disbursement Contribution

Candidate Name  
**Clyburn, James, E., Rep.,**

Office Sought:  House  Senate  President  
State: SC District: 06  
Disbursement For: 2018  
 Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 21 / 2018

FEC Identification Number

C C00255562

Transaction ID : D182428

Amount of Each Disbursement this Period

2000.00

Memo Item

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

5500.00

**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) <b>A. MARTIN HEINRICH FOR SENATE</b>		Date of Disbursement MM / DD / YYYY 02 / 22 / 2018
Mailing Address 2118 CENTRAL AVENUE SE		FEC Identification Number C00434563 <b>Transaction ID : D182439</b> Amount of Each Disbursement this Period 5000.00
City ALBUQUERQUE	State NM	Zip Code 87106
Purpose of Disbursement Contribution		Category/ Type
Candidate Name <b>Heinrich, Martin, , Rep.,</b>		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NM	District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. ROSKAM FOR CONGRESS COMMITTEE</b>		Date of Disbursement MM / DD / YYYY 02 / 06 / 2018
Mailing Address P. O. Box 713		FEC Identification Number C00410969 <b>Transaction ID : D182288</b> Amount of Each Disbursement this Period 5000.00
City Wheaton	State IL	Zip Code 60187
Purpose of Disbursement Contribution		Category/ Type
Candidate Name <b>Roskam, Peter, , Rep.,</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL	District: 06	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. WELCH FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 02 / 22 / 2018
Mailing Address PO BOX 1682		FEC Identification Number C00413179 <b>Transaction ID : D182437</b> Amount of Each Disbursement this Period 1000.00
City BURLINGTON	State VT	Zip Code 05402
Purpose of Disbursement Contribution		Category/ Type
Candidate Name <b>Welch, Peter, , Rep.,</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VT	District: 01	<input type="checkbox"/> Memo Item

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

11000.00

**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) <b>A. RICHARD E NEAL FOR CONGRESS COMMITTEE</b>		Date of Disbursement MM / DD / YYYY 02 / 21 / 2018
Mailing Address 76 MAGNOLIA TERRACE		FEC Identification Number C00226522 <b>Transaction ID : D182429</b> Amount of Each Disbursement this Period 1500.00
City SPRINGFIELD	State MA	Zip Code 01108
Purpose of Disbursement Contribution		Category/ Type
Candidate Name <b>Neal, Richard, E., Rep.,</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MA	District: 01	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. RICHARD E NEAL FOR CONGRESS COMMITTEE</b>		Date of Disbursement MM / DD / YYYY 02 / 21 / 2018
Mailing Address 76 MAGNOLIA TERRACE		FEC Identification Number C00226522 <b>Transaction ID : D182430</b> Amount of Each Disbursement this Period 1000.00
City SPRINGFIELD	State MA	Zip Code 01108
Purpose of Disbursement Contribution		Category/ Type
Candidate Name <b>Neal, Richard, E., Rep.,</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MA	District: 01	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. RICK FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 02 / 21 / 2018
Mailing Address 404 BOSTON HOLLOW ROAD		FEC Identification Number C00658708 <b>Transaction ID : D182431</b> Amount of Each Disbursement this Period 1000.00
City ELIZABETH	State PA	Zip Code 15037
Purpose of Disbursement Contribution		Category/ Type
Candidate Name <b>Saccone, Rick, , ,</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special	
State: PA	District: 18	<input type="checkbox"/> Memo Item

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

3500.00

**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. Tuesday Group Political Action Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		22		2018

Mailing Address PO Box 11586

FEC Identification Number

**C** C00433060

**Transaction ID : D182442**

Amount of Each Disbursement this Period

5000.00

Memo Item

City Washington State DC Zip Code 20008

Purpose of Disbursement  
Contribution

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

### B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

FEC Identification Number

**C**

Amount of Each Disbursement this Period

Memo Item

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

### C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

FEC Identification Number

**C**

Amount of Each Disbursement this Period

Memo Item

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

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

5000.00

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

55000.00

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" 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) <b>A. Tenenbaum, Matiyahu, , Mr.,</b>		Date of Disbursement MM / DD / YYYY 02 / 07 / 2018	
Mailing Address 1524 53rd Street		FEC Identification Number C [ ]	
City Brooklyn	State NY	Zip Code 11219	Transaction ID : <b>D182599</b>
Purpose of Disbursement Refund of 1/19/2018 Contribution		Category/ Type [ ]	Amount of Each Disbursement this Period [ ] 1250.00
Candidate Name			<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement MM / DD / YYYY	
Mailing Address		FEC Identification Number C [ ]	
City	State	Zip Code	Amount of Each Disbursement this Period [ ]
Purpose of Disbursement		Category/ Type [ ]	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY	
Mailing Address		FEC Identification Number C [ ]	
City	State	Zip Code	Amount of Each Disbursement this Period [ ]
Purpose of Disbursement		Category/ Type [ ]	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 1250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ] 1250.00