

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

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

FOR LINE NUMBER: PAGE 7 OF 17

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Seniors Housing Association (Seniors Housing PAC)

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

A. Kelly, Michelle, R., ,

Mailing Address 2221 Ridgeview Way

City
Longmont

State
CO

Zip Code
80504-7760

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
National Health Investors, Inc.

Occupation (for Individual)
Senior Vice President, Investments

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 10 / 2019

Transaction ID : 79908942

Amount of Each Receipt this Period

2000.00

☐ Memo Item

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

B. Stubblefield, Fanch, Fee, , Jr.

Mailing Address 401 NE Evans Street

City
McMinnville

State
OR

Zip Code
97128-4606

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The Springs Living

Occupation (for Individual)
Founder & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 10 / 2019

Transaction ID : 79909000

Amount of Each Receipt this Period

3000.00

☐ Memo Item

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

C. Bryant, Michael, , ,

Mailing Address 303 N. Hurstbourne Parkway, Suite

City
Louisville

State
KY

Zip Code
40222-5158

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Trilogy Health Services, LLC

Occupation (for Individual)
EVP & Chief Administrative Officer

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
05 / 10 / 2019

Transaction ID : 79909001

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

6000.00

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