

# 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 M M M / D D D / Y Y Y Y Y Y in the State of  
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 05 / 01 / 2017 through 05 / 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.  
Hillier, Robin, , Ms.,  
Type or Print Name of Treasurer

Signature of Treasurer Hillier, Robin, , Ms., [Electronically Filed] Date 06 / 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)

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=""/>	<input type="text" value="60676.83"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="144251.07"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="99847.79"/>	<input type="text" value="376638.74"/>
(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="244098.86"/>	<input type="text" value="437315.57"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="49295.79"/>	<input type="text" value="242512.50"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="194803.07"/>	<input type="text" value="194803.07"/>
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).....	90854.82	350402.64
(ii) Unitemized .....	2992.97	14236.10
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	93847.79	364638.74
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	10000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	98847.79	374638.74
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.....	1000.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	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)).....▶	99847.79	376638.74
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	99847.79	376638.74

**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 .....	795.79	5012.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	795.79	5012.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	48500.00	232500.00
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	5000.00
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)) ..	49295.79	242512.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	49295.79	242512.50

**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) .....	98847.79	374638.74
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	98847.79	374638.74
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	795.79	5012.50
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	795.79	5012.50

**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 44
	<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	

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 ▼ 1041.65

Date of Receipt 05 / 23 / 2017  
**Transaction ID : C3525043**  
 Amount of Each Receipt this Period 208.33  
 Memo Item

**B. Altman, Kevin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13214 Portsmouth Xing  
 City Plymouth State MI Zip Code 48170  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Medline Industries Occupation (for Individual) Regional Sales Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 31 / 2017  
**Transaction ID : C3528277**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. 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 ▼ 375.00

Date of Receipt 05 / 25 / 2017  
**Transaction ID : C3536308**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	708.33
<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 44
	<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. Beebe, Elton, G., , Jr.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1308 Bruton Springs Road

City Austin	State TX	Zip Code 78733
----------------	-------------	-------------------

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

Name of Employer (for Individual) Burnt Tavern Rehabilitation HealthCare	Occupation (for Individual) Owner
---	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
555.33

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		11		2017

**Transaction ID : C3521353**

Amount of Each Receipt this Period  
555.33

Memo Item

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

Mailing Address 415 Copper Ridge Dr

City Youngsville	State LA	Zip Code 70592-5797
---------------------	-------------	------------------------

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

Name of Employer (for Individual) New Iberia North Healthcare Center	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
05		15		2017

**Transaction ID : C3521364**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 920 4th Street, SE

City Little Falls	State MN	Zip Code 56345
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Eldercare of Minnesota	Occupation (for Individual) President/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
05		16		2017

**Transaction ID : C3521366**

Amount of Each Receipt this Period  
1500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2555.33
<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 44
	<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. 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 ▼ 625.00

Date of Receipt 05 / 01 / 2017  
**Transaction ID : C3511919**  
 Amount of Each Receipt this Period 312.50  
 Memo Item

**B. Boddy, Heath, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4615 Union Hill Road  
 City Lincoln State NE Zip Code 68516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHCA Occupation (for Individual) Assoc Exec  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 15 / 2017  
**Transaction ID : C3520243**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. Boddy, Heath, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4615 Union Hill Road  
 City Lincoln State NE Zip Code 68516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHCA Occupation (for Individual) Assoc Exec  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 15 / 2017  
**Transaction ID : C3520245**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	712.50
<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 44
	<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. Boymel, Steve, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12100 Reed Hartman Highway  
 City Cincinnati State OH Zip Code 45241-6036  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Brookwood Retirement Community Occupation (for Individual) Owner/Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 05 / 12 / 2017  
**Transaction ID : C3521358**  
 Amount of Each Receipt this Period 1100.00  
 Memo Item

**B. Brian, Lee, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 517 Overdale Road  
 City Baltimore State MD Zip Code 21229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Nexion Health Occupation (for Individual) Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 23 / 2017  
**Transaction ID : C3525627**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Calhoun, Raymond, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 583 Horizon Drive  
 City Brockway State PA Zip Code 15824  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Guardian Elder Care Occupation (for Individual) Chairman  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 05 / 2017  
**Transaction ID : C3516791**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1600.00
<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 44
<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. Carothers, Mary Jane, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6323 Panorama Drive  
 City Panora State IA Zip Code 50216  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Iowa Health Care Association Occupation (for Individual) Director of Quality & Clinical Srvc's  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **05 / 05 / 2017**  
**Transaction ID : C3516792**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

**B. Ciolek, Daniel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1201 L Street NW  
 City Washington State DC Zip Code 20005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AHCA Occupation (for Individual) Associate VP, Therapy Advocacy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt **05 / 26 / 2017**  
**Transaction ID : C3536304**  
 Amount of Each Receipt this Period 160.00  
 Memo Item  
 \* Payroll Deduction: \$80.00 bi-weekly

**C. Cline, Lara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2705 Faxon Dr  
 City Plano State TX Zip Code 75025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cantex CCN Occupation (for Individual) Nurse Practitioner  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **05 / 15 / 2017**  
**Transaction ID : C3520246**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	535.00
<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 44
	<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. Cloch, Brian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 708 Long Cove Ct  
 City Riverwoods State IL Zip Code 60015-3850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) JN Family Inc. Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **05 / 23 / 2017**  
**Transaction ID : C3525630**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

**B. Cournoyer, Shaun, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 183 Glen Rd  
 City Woonsocket State RI Zip Code 02895-1931  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Friendly Home Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **05 / 15 / 2017**  
**Transaction ID : C3520356**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Cyphers, Randall, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14591 SE Hemmen Ave  
 City Clackamas State OR Zip Code 97015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Brookdale Occupation (for Individual) Regional VP  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **05 / 15 / 2017**  
**Transaction ID : C3521363**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3250.00
<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 44
<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. Dixon, Dave, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1611 West Lakes Parkway

City West Des Moines	State IA	Zip Code 50266
-------------------------	-------------	-------------------

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

Name of Employer (for Individual) Care Initiatives	Occupation (for Individual) Vice President/CFO
---	---

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
05		02		2017

**Transaction ID : C3513474**

Amount of Each Receipt this Period  
300.00

Memo Item

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

Mailing Address 1542 Bedford Rd.

City Charleston	State WV	Zip Code 25314
--------------------	-------------	-------------------

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

Name of Employer (for Individual) AMFM, LLC	Occupation (for Individual) Nurse Practitioner
--	---

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
05		31		2017

**Transaction ID : C3536311**

Amount of Each Receipt this Period  
5000.00

Memo Item

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

Mailing Address 1220 Boren Ave.  
#301

City Seattle	State WA	Zip Code 98101-2711
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Embassy Management LLC	Occupation (for Individual) Executive Director
---	---

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
05		10		2017

**Transaction ID : C3516799**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5550.00
<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 13 OF 44
<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. Erickson, Joanne, E, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 911 S Randolph St

City Arlington	State VA	Zip Code 22204-1564
-------------------	-------------	------------------------

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

Name of Employer (for Individual) American Health Care Association	Occupation (for Individual) Senior Director
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	26	/	2017

**Transaction ID : C3536296**

Amount of Each Receipt this Period  
80.00

Memo Item

\* Payroll Deduction: \$40.00 bi-weekly

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

Mailing Address 730 W 4th St Unit 116

City Long Beach	State CA	Zip Code 90802
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Mueller Prost	Occupation (for Individual) Director of HC Services
--	--

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
05	/	18	/	2017

**Transaction ID : C3521477**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 10009 Dallas Ave

City Takoma Park	State MD	Zip Code 20901-2240
---------------------	-------------	------------------------

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

Name of Employer (for Individual) American Health Care Association	Occupation (for Individual) Senior Director, Education
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
432.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	26	/	2017

**Transaction ID : C3536290**

Amount of Each Receipt this Period  
96.00

Memo Item

\* Payroll Deduction: \$48.00 bi-weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	676.00
<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 44
<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. Finneran, Debra, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6939 Wythe Hill Circle

City Prospect	State KY	Zip Code 40059
------------------	-------------	-------------------

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

Name of Employer (for Individual) Masonic Homes of KY	Occupation (for Individual) Sr VP, Health Services
--	---

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
05	/	22	/	2017

**Transaction ID : C3524876**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B. 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 ▼  
4000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	24	/	2017

**Transaction ID : C3525690**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address 4702 Chestnut Ridge Rd NE

City Cedar Rapids	State IA	Zip Code 52411
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Evergreen Estates	Occupation (for Individual) President/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
05	/	15	/	2017

**Transaction ID : C3520220**

Amount of Each Receipt this Period  
1250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3250.00
<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 44
<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. Greiner, Don, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4350 Will Rogers Pkwy  
 City Oklahoma City State OK Zip Code 73108-1857  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Grace Living Centers Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 05 / 10 / 2017  
**Transaction ID : C3516816**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

**B. Greiner, Shellie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4350 Will Rogers Pkwy  
 City Oklahoma City State OK Zip Code 73108  
 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 05 / 10 / 2017  
**Transaction ID : C3516815**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

**C. Hatlestad, Steven, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18705 West 153rd Terrace  
 City Olathe State KS Zip Code 66062-3189  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Americare Systems, Inc. Occupation (for Individual) VP, Operation Skilled Division  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 10 / 2017  
**Transaction ID : C3516817**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10250.00
<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 44
<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. 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  
 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 ▼ 350.00

Date of Receipt 05 / 16 / 2017  
**Transaction ID : C3521201**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Kelsey, Donna, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 435 Virginia Ave Unit 307  
 City Indianapolis State IN Zip Code 46203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Senior Communities Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 05 / 10 / 2017  
**Transaction ID : C3521352**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

**C. Kelso, Gary, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1709 E Michigan Ave.  
 City Salt Lake City State UT Zip Code 84108-1319  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mission Health Services Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 10 / 2017  
**Transaction ID : C3516811**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3600.00
<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 44
<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. Kirley, Francis, P., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12834 Amberwoods Way  
 City Sykesville State MD Zip Code 21784-5524  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Nexion Health, Inc. Occupation (for Individual) President & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **05 / 17 / 2017**  
**Transaction ID : C3521295**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

**B. Kylo, David, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4621 28th Road South  
 City Arlington State VA Zip Code 22206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AHCA/NCAL Occupation (for Individual) VP, Insurance and Member Programs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 432.00

Date of Receipt **05 / 26 / 2017**  
**Transaction ID : C3536291**  
 Amount of Each Receipt this Period 96.00  
 Memo Item  
 \* Payroll Deduction: \$48.00 bi-weekly

**C. Madel, R. Peter, , , Jr.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 108 8th St NW  
 City Waseca State MN Zip Code 56093-1912  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Lake Shore Inn Nursing Home Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt **05 / 12 / 2017**  
**Transaction ID : C3521361**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5396.00
<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 44
	<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. Mariam, Brad, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 770 Skokie Blvd.  
 #813  
 City Northbrook State IL Zip Code 60062  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Medline Industries Occupation (for Individual) Sales  
 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  
 05 / 29 / 2017  
**Transaction ID : C3527795**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Marshall, Anthony, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 117 Whitestone Dr.  
 City McDonough State GA Zip Code 30253  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Georgia Health Care Association Occupation (for Individual) President & CEO  
 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  
 05 / 12 / 2017  
**Transaction ID : C3518733**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**C. Naquin, Marcus, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1702 South Elm Street  
 City Hammond State LA Zip Code 70403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hammond Nursing Home Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 10 / 2017  
**Transaction ID : C3516805**  
 Amount of Each Receipt this Period  
 1500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1850.00
<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 19 OF 44
<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. Naylor, Renee, Lynn, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 334 Eagles Wing St NW  
 City Salem State OR Zip Code 97304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Westcare Management Occupation (for Individual) VP, Disability Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 09 / 2017  
**Transaction ID : C3515849**  
 Amount of Each Receipt this Period 500.00  
 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 ▼ 2500.00

Date of Receipt 05 / 01 / 2017  
**Transaction ID : C3516767**  
 Amount of Each Receipt this Period 1250.00  
 Memo Item

**C. Pendergras, Douglas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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) Nursing Home Owner  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 03 / 2017  
**Transaction ID : C3516771**  
 Amount of Each Receipt this Period 500.00  
 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 20 OF 44
	<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. Pilgrim, Scott, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 990  
 City Edmond State OK Zip Code 73083  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Diakonos Group Occupation (for Individual) Business Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **05 / 18 / 2017**  
**Transaction ID : C3521896**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

**B. 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 ▼ 1800.00

Date of Receipt **05 / 26 / 2017**  
**Transaction ID : C3536292**  
 Amount of Each Receipt this Period 400.00  
 Memo Item  
 \* Payroll Deduction: \$200.00 bi-weekly

**C. 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 ▼ 416.66

Date of Receipt **05 / 10 / 2017**  
**Transaction ID : C3516796**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5650.00
<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 44
<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. 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 ▼ 416.66

Date of Receipt **05 / 11 / 2017**  
**Transaction ID : C3516890**  
 Amount of Each Receipt this Period 166.66  
 Memo Item

**B. Prince, Jayne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 806 S Street  
 City Neligh State NE Zip Code 68756  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Willows Assisted Living Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **05 / 23 / 2017**  
**Transaction ID : C3525044**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Read, Kurt, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9242 W Lake Highlands Dr  
 City Dallas State TX Zip Code 75218  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RSF Partners Occupation (for Individual) Investor  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **05 / 23 / 2017**  
**Transaction ID : C3525641**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2716.66
<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 22 OF 44
<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. Redden, Tiffany, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 50457

City Idaho Falls	State ID	Zip Code 83405
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Idaho Falls Group Homes	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  
 05 / 10 / 2017

**Transaction ID : C3516798**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Reese, Curtis, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2 Calle de la Luna

City San Clemente	State CA	Zip Code 92673
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Ensign Services	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  
 05 / 18 / 2017

**Transaction ID : C3522328**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Romano, Frank, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 51 Summer Street

City Rowley	State MA	Zip Code 01969
----------------	-------------	-------------------

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

Name of Employer (for Individual) Essex Group Management Corp	Occupation (for Individual) President
--	--

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  
 05 / 22 / 2017

**Transaction ID : C3524839**

Amount of Each Receipt this Period  
2500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3250.00
<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 44
<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. Root, Karen, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 394 West 400 North

City Orem	State UT	Zip Code 84057-4663
--------------	-------------	------------------------

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

Name of Employer (for Individual) Mesa Vista	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
05		10		2017

**Transaction ID : C3516802**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. 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 ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		10		2017

**Transaction ID : C3516814**

Amount of Each Receipt this Period  
1250.00

Memo Item

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

Mailing Address 7265 Kenwood Road # 300

City Cincinnati	State OH	Zip Code 45236-4414
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Nursing Care Management	Occupation (for Individual) Executive Vice President
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		03		2017

**Transaction ID : C3516770**

Amount of Each Receipt this Period  
187.50

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1937.50
<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 44
	<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. 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 ▼ 5000.00

Date of Receipt 05 / 10 / 2017  
**Transaction ID : C3521350**

Amount of Each Receipt this Period 2500.00

Memo Item

**B. 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 ▼ 5000.00

Date of Receipt 05 / 10 / 2017  
**Transaction ID : C3521351**

Amount of Each Receipt this Period 2500.00

Memo Item

**C. 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 ▼ 2500.00

Date of Receipt 05 / 04 / 2017  
**Transaction ID : C3516790**

Amount of Each Receipt this Period 1250.00

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 25 OF 44
<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. Schwartz, Russell, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 60 Cassandra Blvd., Apt. 107  
 City West Hartford State CT Zip Code 06107  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Avon & West Hartford Health Centers Occupation (for Individual) VP/Director of Operations  
 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  
 05 / 25 / 2017  
**Transaction ID : C3536309**  
 Amount of Each Receipt this Period  
 1500.00  
 Memo Item

**B. Shimer, Jennifer, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9507 Shelly Krasnow Ln  
 City Fairfax State VA Zip Code 22031-4720  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Health Care Association Occupation (for Individual) COO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 26 / 2017  
**Transaction ID : C3536305**  
 Amount of Each Receipt this Period  
 80.00  
 Memo Item  
 \* Payroll Deduction: \$40.00 bi-weekly

**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 ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 10 / 2017  
**Transaction ID : C3516820**  
 Amount of Each Receipt this Period  
 3750.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5330.00
<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 26 OF 44
<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. Snipes, Janet, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3824 S. Joplin St.  
 City Aurora State CO Zip Code 80013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Holly Heights Nursing Home, Inc. Occupation (for Individual) President, Administration  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 09 / 2017  
**Transaction ID : C3516794**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B. Snipes, Janet, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3824 S. Joplin St.  
 City Aurora State CO Zip Code 80013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Holly Heights Nursing Home, Inc. Occupation (for Individual) President, Administration  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 25 / 2017  
**Transaction ID : C3536310**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C. Stallard, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2000 North Causeway Blvd  
 City Mandeville State LA Zip Code 70471  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Louisiana Extended Care Centers, LLC Occupation (for Individual) President/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  
 05 / 24 / 2017  
**Transaction ID : C3525691**  
 Amount of Each Receipt this Period  
 1250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3250.00
<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 27 OF 44
	<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. Stenger, Christopher, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9914 Kershope Forest Ct.  
 City Spring State TX Zip Code 77379-2982  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SavaSeniorCare Administrative Services Occupation (for Individual) VP, Reimbursement  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 23 / 2017  
**Transaction ID : C3525654**  
 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 ▼ 2500.00

Date of Receipt 05 / 12 / 2017  
**Transaction ID : C3521359**  
 Amount of Each Receipt this Period 1250.00  
 Memo Item

**C. Ussery, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2508 Belfast Ct.  
 City Murfreesboro State TN Zip Code 37129  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 15 / 2017  
**Transaction ID : C3520239**  
 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 28 OF 44
	<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. 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) Medline Industries, Inc. Occupation (for Individual) Sales Representative  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 11 / 2017  
**Transaction ID : C3521355**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. 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 ▼ 2500.00

Date of Receipt 05 / 08 / 2017  
**Transaction ID : C3516793**  
 Amount of Each Receipt this Period 1250.00  
 Memo Item

**C. Waldron, Yrene, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2621 Majestic Drive  
 City Wilmington State DE Zip Code 19810  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DE Healthcare Facilities Association Occupation (for Individual) Executive Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 05 / 11 / 2017  
**Transaction ID : C3517104**  
 Amount of Each Receipt this Period 350.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1900.00
<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 29 OF 44
	<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. Wehner, Robert, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4935 Lafayette Plain City Rd.  
 City London State OH Zip Code 43140  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Wesley Glen Occupation (for Individual) Chief Financial Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 05 / 11 / 2017  
**Transaction ID : C3521356**  
 Amount of Each Receipt this Period 137.50  
 Memo Item

**B. Winningham, Darrell, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1108 Scramblers Knob  
 City Franklin State TN Zip Code 37069  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Tennessee Health Care Association Occupation (for Individual) Deputy Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 15 / 2017  
**Transaction ID : C3520261**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Zuccari, Alan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4100 Monument Corner Drive Suite 500  
 City Fairfax State VA Zip Code 22030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hamilton Insurance Agency Occupation (for Individual) CEO President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 05 / 16 / 2017  
**Transaction ID : C3520819**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5387.50
<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 30 OF 44
<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. 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 ▼  
2500.00

Date of Receipt  
05 / 02 / 2017

**Transaction ID : C3516768**

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 ▼  
2500.00

Date of Receipt  
05 / 02 / 2017

**Transaction ID : C3516769**

Amount of Each Receipt this Period  
1250.00

Memo Item

\*

**C. Klton Properties, LLC**

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

Mailing Address 3024 SW Wanamaker Rd  
Ste 300

City Topeka State KS Zip Code 66614-4498

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  
05 / 23 / 2017

**Transaction ID : C3536267**

Amount of Each Receipt this Period  
2500.00

Memo Item

PARTNERSHIP--partners below if itemized

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3750.00
<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 31 OF 44
	<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. Klausman, Jim, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3715 SW 29th Street  
 Suite 200  
 City Topeka State KS Zip Code 66614-2164  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Midwest Health Management Occupation (for Individual) President  
 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  
 05 / 23 / 2017  
**Transaction ID : C3536269**  
 Amount of Each Receipt this Period  
 2500.00  
 Memo Item  
 \*

**B. Klaton Properties, LLC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3024 SW Wanamaker Rd  
 Ste 300  
 City Topeka State KS Zip Code 66614-4498  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 23 / 2017  
**Transaction ID : C3536268**  
 Amount of Each Receipt this Period  
 2500.00  
 Memo Item  
 PARTNERSHIP--partners below if itemized

**C. Klausman, Jim, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3715 SW 29th Street  
 Suite 200  
 City Topeka State KS Zip Code 66614-2164  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Midwest Health Management Occupation (for Individual) President  
 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  
 05 / 23 / 2017  
**Transaction ID : C3536270**  
 Amount of Each Receipt this Period  
 2500.00  
 Memo Item  
 \*

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2500.00
<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 32 OF 44
<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. Klaton Leasing, LLC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3024 SW Wanamaker Rd.  
 Suite 300  
 City Topeka State KS Zip Code 66614-2107  
 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 05 / 23 / 2017  
**Transaction ID : C3536271**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item  
 PARTNERSHIP--partners below if itemized

**B. Eaton, Floyd, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3715 SW 29th St  
 Ste 200  
 City Topeka State KS Zip Code 66614-2164  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Midwest Health Services Inc Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 05 / 23 / 2017  
**Transaction ID : C3536273**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item  
 \*

**C. Klaton Leasing, LLC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3024 SW Wanamaker Rd.  
 Suite 300  
 City Topeka State KS Zip Code 66614-2107  
 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 05 / 23 / 2017  
**Transaction ID : C3536272**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item  
 PARTNERSHIP--partners below if itemized

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5000.00
<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 33 OF 44  
(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**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Eaton, Floyd, , ,

Mailing Address 3715 SW 29th St  
Ste 200

City Topeka State KS Zip Code 66614-2164

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

Name of Employer (for Individual) Midwest Health Services Inc Occupation (for Individual) Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
05 / 23 / 2017

Transaction ID : **C3536274**

Amount of Each Receipt this Period  
2500.00

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  
MM / DD / YYYY

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  
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	90854.82

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

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

FOR LINE NUMBER: PAGE 34 OF 44  
(check only one)

<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. PROTECT SENIORS NOW**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 12201 BLUEGRASS PKWY

City LOUISVILLE	State KY	Zip Code 40299
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00513713

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
05	/	31	/	2017

**Transaction ID : C3536312**

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 35 OF 44
<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 checked="" type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. FRIENDS OF TODD YOUNG, INC.**

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

Mailing Address PO BOX 1053

City BLOOMINGTON	State IN	Zip Code 47402
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00459255

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

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
05	/	15	/	2017

**Transaction ID : C3521362**

Amount of Each Receipt this Period  
1000.00

Memo Item

Refund of 3/27/17 Contribution

**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 05 / 05 / 2017	
Mailing Address PO Box 53773		FEC Identification Number C [REDACTED] <b>Transaction ID : D179238</b> Amount of Each Disbursement this Period [REDACTED] 291.47	
City Phoenix	State AZ	Zip Code 85072-3773	Category/ Type [REDACTED]
Purpose of Disbursement Credit Card Processing Fees		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) ▼		<input type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) <b>B. BB&amp;T Merchant Services</b>		Date of Disbursement MM / DD / YYYY 05 / 15 / 2017	
Mailing Address PO Box 200		FEC Identification Number C [REDACTED] <b>Transaction ID : D179239</b> Amount of Each Disbursement this Period [REDACTED] 347.48	
City Wilson	State NC	Zip Code 27894-0200	Category/ Type [REDACTED]
Purpose of Disbursement Credit Card Processing Fees		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) ▼		<input type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) <b>C. BB&amp;T</b>		Date of Disbursement MM / DD / YYYY 05 / 22 / 2017	
Mailing Address 1099 New York Ave NW Ste 100		FEC Identification Number C [REDACTED] <b>Transaction ID : D179240</b> Amount of Each Disbursement this Period [REDACTED] 156.84	
City Washington	State DC	Zip Code 20001-4452	Category/ Type [REDACTED]
Purpose of Disbursement Bank Fees		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) ▼		<input type="checkbox"/> Memo Item
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 795.79
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED] 795.79

**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. ALL FOR OUR COUNTRY LEADERSHIP PAC**

Mailing Address 611 PENNSYLVANIA AVE  
SUITE 143

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05 / 23 / 2017

FEC Identification Number

C C00629212

Transaction ID : D178989

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. AMERIPAC: THE FUND FOR A GREATER AMERICA**

Mailing Address 499 S. CAPITOL ST. S.W. #414

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05 / 02 / 2017

FEC Identification Number

C C00271338

Transaction ID : D178756

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. CA LUV PAC (CALIFORNIA LEADERSHIP UNITED FOR VICTORY) PAC**

Mailing Address 410 1ST ST SE  
SUITE 310

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05 / 30 / 2017

FEC Identification Number

C C00573709

Transaction ID : D179025

Amount of Each Disbursement this Period

1000.00

Memo Item

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

7500.00

**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. Greater Tomorrow PAC**

Mailing Address 600 Pennsylvania Avenue SE  
Suite 330

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05 / 15 / 2017

FEC Identification Number

C C00526715

**Transaction ID : D178902**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. HOLDING ONTO OREGON'S PRIORITIES (HOOP) PAC**

Mailing Address PO Box 3314

City Portland State OR Zip Code 97208

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05 / 15 / 2017

FEC Identification Number

C C00392738

**Transaction ID : D178905**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. KYRSTEN SINEMA FOR CONGRESS**

Mailing Address PO BOX 25879

City TEMPE State AZ Zip Code 85285

Purpose of Disbursement  
Contribution

Candidate Name

**Sinema, Kyrsten, , Rep.,**

Office Sought:  House  Senate  President  
State: AZ District: 09

Disbursement For: 2018  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05 / 15 / 2017

FEC Identification Number

C C00508804

**Transaction ID : D178906**

Amount of Each Disbursement this Period

1500.00

Memo Item

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

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

7500.00

**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. KYRSTEN SINEMA FOR CONGRESS**

Mailing Address PO BOX 25879

City  
TEMPE

State  
AZ

Zip Code  
85285

Purpose of Disbursement  
Contribution

Candidate Name

**Sinema, Kyrsten, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: AZ District: 09

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05 / 02 / 2017

FEC Identification Number

**C** C00508804

**Transaction ID : D178761**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Mountain State Victory PAC**

Mailing Address 824 S Milledge Ave  
Suite 101

City  
Athens

State  
GA

Zip Code  
30605

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 Y Y  
05 / 08 / 2017

FEC Identification Number

**C** C00619585

**Transaction ID : D178813**

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. 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

M M / D D / Y Y Y Y Y Y  
05 / 15 / 2017

FEC Identification Number

**C** C00440032

**Transaction ID : D178901**

Amount of Each Disbursement this Period

5000.00

Memo Item

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

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

8000.00

**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**

**A. GUTHRIE FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 9639

City Bowling Green State KY Zip Code 42102

Purpose of Disbursement Contribution

Candidate Name Guthrie, S., Brett, Rep.,

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: KY District: 02

Date of Disbursement: 05 / 15 / 2017

FEC Identification Number: C00445023  
Transaction ID : D178898  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**B. HIGGINS FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
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

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: NY District: 26

Date of Disbursement: 05 / 15 / 2017

FEC Identification Number: C00401034  
Transaction ID : D178896  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**C. GREGG HARPER FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address POST OFFICE BOX 54344

City PEARL State MS Zip Code 39288

Purpose of Disbursement Contribution

Candidate Name Harper, Gregg, , Rep.,

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: MS District: 03

Date of Disbursement: 05 / 30 / 2017

FEC Identification Number: C00441295  
Transaction ID : D179022  
Amount of Each Disbursement this Period: 1000.00

Memo Item

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

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

3000.00



**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. CASTRO FOR CONGRESS**

Mailing Address PO BOX 544

City  
SAN ANTONIO

State  
TX

Zip Code  
78292

Purpose of Disbursement  
Contribution

Candidate Name

**Castro, Joaquin, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: TX District: 20

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		0	2		2	0	1	7	7	7

FEC Identification Number

**C** C00497933

**Transaction ID : D178757**

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. DOGGETT FOR US CONGRESS**

Mailing Address PO Box 5843

City  
Austin

State  
TX

Zip Code  
78763

Purpose of Disbursement  
Contribution

Candidate Name

**Doggett, Lloyd, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: TX District: 35

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		0	2		2	0	1	7	7	7

FEC Identification Number

**C** C00286500

**Transaction ID : D178759**

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF MAZIE HIRONO**

Mailing Address PO BOX 677

City  
HONOLULU

State  
HI

Zip Code  
96809

Purpose of Disbursement  
Contribution

Candidate Name

**Hirono, Mazie, K., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: HI District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		1	5		2	0	1	7	7	7

FEC Identification Number

**C** C00420760

**Transaction ID : D178904**

Amount of Each Disbursement this Period

1000.00

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) <b>A. MCHENRY FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 05 / 03 / 2017
Mailing Address PO BOX 1406		FEC Identification Number C00393629 <b>Transaction ID : D178780</b>
City HICKORY	State NC	Zip Code 28603
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 2500.00
Candidate Name <b>McHenry, Patrick, T., Rep.,</b>		Memo Item <input type="checkbox"/>
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: NC	District: 10	

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF SUSAN BROOKS</b>		Date of Disbursement MM / DD / YYYY 05 / 15 / 2017
Mailing Address 9425 N MERIDIAN STREET		FEC Identification Number C00500207 <b>Transaction ID : D178897</b>
City INDIANAPOLIS	State IN	Zip Code 46260
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 1000.00
Candidate Name <b>Brooks, Susan, W., Rep.,</b>		Memo Item <input type="checkbox"/>
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: IN	District: 05	

Full Name (Last, First, Middle Initial) <b>C. GRAVES FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 05 / 02 / 2017
Mailing Address PO BOX 701		FEC Identification Number C00462556 <b>Transaction ID : D178766</b>
City GAINESVILLE	State GA	Zip Code 30503
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 2500.00
Candidate Name <b>GRAVES, JOHN THOMA, , Rep., JR.</b>		Memo Item <input type="checkbox"/>
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: GA	District: 14	

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

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

6000.00

**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**

**A. SCHNEIDER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 1318

City DEERFIELD State IL Zip Code 60015

Purpose of Disbursement Contribution

Candidate Name  
**Schneider, Brad, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: IL District: 10

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05 / 02 / 2017

FEC Identification Number

C C00495952

Transaction ID : D178767

Amount of Each Disbursement this Period

1000.00

Memo Item

**B. HEIDI FOR SENATE**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 1577

City BISMARCK State ND Zip Code 58502

Purpose of Disbursement Contribution

Candidate Name  
**Heitkamp, Heidi, , Sen.,**

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05 / 30 / 2017

FEC Identification Number

C C00505552

Transaction ID : D179051

Amount of Each Disbursement this Period

5000.00

Memo Item

**C. KAINE FOR VIRGINIA**

Full Name (Last, First, Middle Initial)

Mailing Address 1751 POTOMAC GREENS DRIVE

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement Contribution

Candidate Name  
**Kaine, Tim, , Sen.,**

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05 / 08 / 2017

FEC Identification Number

C C00495358

Transaction ID : D178809

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

7000.00

**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. Turquoise PAC**

Mailing Address 1050 17th St NW  
Suite 590

City Washington State DC Zip Code 20036

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 Y Y  
05 / 30 / 2017

FEC Identification Number

C C00517235

Transaction ID : D179027

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. WALORSKI FOR CONGRESS INC**

Mailing Address PO BOX 954

City MISHAWAKA State IN Zip Code 46546

Purpose of Disbursement  
Contribution

Candidate Name

**Walorski, Jackie, , Rep.,**

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05 / 02 / 2017

FEC Identification Number

C C00468579

Transaction ID : D178760

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

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 Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

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

5000.00

48500.00