

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

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

FOR LINE NUMBER: PAGE 8 OF 33

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

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

A. Boymel, Steve, , ,

Mailing Address 12100 Reed Hartman Highway

City
CincinnatiState
OHZip Code
45241-6036FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Brookwood Retirement CommunityOccupation (for Individual)
Owner/Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 09 / 2019

Transaction ID : C3892253

Amount of Each Receipt this Period

275.00

☐ Memo Item

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

B. Burr, Douglas, , ,

Mailing Address 1185 Wilde Run Court

City
RoswellState
GAZip Code
30075FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Navigator LLCOccupation (for Individual)
VP Finance, Reim & Gov't Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 30 / 2019

Transaction ID : C3898869

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Calhoun, Raymond, , ,

Mailing Address 583 Horizon Drive

City
BrockwayState
PAZip Code
15824FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Guardian Elder CareOccupation (for Individual)
Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 13 / 2019

Transaction ID : C3892255

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1025.00