

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 C C00006080 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S) (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 01 / 01 / 2016 through 01 / 31 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ms. Robin Hillier

Signature of Treasurer Ms. Robin Hillier [Electronically Filed] Date 02 / 18 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2016"/>		170806.91
(b) Cash on Hand at Beginning of Reporting Period.....	170806.91	
(c) Total Receipts (from Line 19)	47150.50	47150.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	217957.41	217957.41
7. Total Disbursements (from Line 31).....	44003.73	44003.73
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	173953.68	173953.68
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	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: 01 / 01 / 2016 To: 01 / 31 / 2016

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).....	45637.50	45637.50
(ii) Unitemized	1513.00	1513.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	47150.50	47150.50
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	47150.50	47150.50
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
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))..... ▶	47150.50	47150.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	47150.50	47150.50

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	811.36	811.36
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	811.36	811.36
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	43000.00	43000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(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	192.37	192.37
(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)).....	192.37	192.37
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	44003.73	44003.73
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	44003.73	44003.73

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	47150.50	47150.50
34. Total Contribution Refunds (from Line 28(d))	192.37	192.37
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	46958.13	46958.13
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	811.36	811.36
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	811.36	811.36

**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 43
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) A. Dirk Anjewierden		Date of Receipt MM / DD / YYYY 01 / 27 / 2016 Transaction ID : C3245083
Mailing Address 2180 S 1300 E Ste 445		Amount of Each Receipt this Period 550.00
City Salt Lake City	State UT	Zip Code 84106-4385
FEC ID number of contributing federal political committee. C		
Name of Employer Utah Health Care Association	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) B. Mark Berger		Date of Receipt MM / DD / YYYY 01 / 25 / 2016 Transaction ID : C3242939
Mailing Address 521 Gleason St.		Amount of Each Receipt this Period 250.00
City Brusly	State LA	Zip Code 70719
FEC ID number of contributing federal political committee. C		
Name of Employer Louisiana Nursing Home Association	Occupation Reimbursement Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Jennifer G. Brady		Date of Receipt MM / DD / YYYY 01 / 27 / 2016 Transaction ID : C3249641
Mailing Address 103 Paired Oaks Lane		Amount of Each Receipt this Period 500.00
City Wilmington	State DE	Zip Code 19807
FEC ID number of contributing federal political committee. C		
Name of Employer Potter Anderson & Corroon LLP	Occupation Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	1300.00
TOTAL 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 7 OF 43
(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 (Last, First, Middle Initial)
A. Harold Branton

Mailing Address 4452 Socastee Blvd

City State Zip Code
 Myrtle Beach SC 29588-7206

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

Name of Employer Occupation
 Grand Strand Health Care Administrator

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
 01 / 27 / 2016
Transaction ID : C3249564

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. Richard Brockman

Mailing Address 420 N 20th Street
 Suite 3400

City State Zip Code
 Birmingham AL 35203

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

Name of Employer Occupation
 Burr & Forman LLP Partner

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
 01 / 28 / 2016
Transaction ID : C3249762

Amount of Each Receipt this Period
 2500.00

Full Name (Last, First, Middle Initial)
C. Douglas Burr

Mailing Address 11851 Wilde Run Court

City State Zip Code
 Roswell GA 30075

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

Name of Employer Occupation
 Health Care Navigator LLC VP Finance, Reimb & Gov't Relations

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
 01 / 04 / 2016
Transaction ID : C3222666

Amount of Each Receipt this Period
 375.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3125.00

TOTAL 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 43
<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. Scott Carlson
Full Name (Last, First, Middle Initial)

Mailing Address 994 Sharon Lane

City State Zip Code
Ventura CA 93001

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

Name of Employer Occupation
Self Employed Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
01 / 15 / 2016
Transaction ID : C3235414

Amount of Each Receipt this Period
250.00

B. Rita Chen Fujisawa
Full Name (Last, First, Middle Initial)

Mailing Address 2992 Audubon Circle

City State Zip Code
Davis CA 95618

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

Name of Employer Occupation
CA Assn of Health Facilities Vice President/COO

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
01 / 15 / 2016
Transaction ID : C3235411

Amount of Each Receipt this Period
250.00

C. Norman Estes
Full Name (Last, First, Middle Initial)

Mailing Address 931 Fairfax Park

City State Zip Code
Tuscaloosa AL 35406-2805

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

Name of Employer Occupation
NHS Management 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
01 / 27 / 2016
Transaction ID : C3249718

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional).....	5500.00
TOTAL 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 9 OF 43
(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 (Last, First, Middle Initial)
A. Irene Fleshner

Mailing Address 1688 Floyd Street

City State Zip Code
 Sarasota FL 34239

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

Name of Employer Occupation
 Genesis HealthCare Corporation Nurse Executive

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
 01 / 19 / 2016
Transaction ID : C3236116

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
B. Angie Fogg

Mailing Address 4560 SE International Way

City State Zip Code
 Milwaukie OR 97222

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

Name of Employer Occupation
 Self Employed Therapist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 05 / 2016
Transaction ID : C3223771

Amount of Each Receipt this Period
 5000.00

Full Name (Last, First, Middle Initial)
C. Phil Fogg

Mailing Address 4560 SE International Way

City State Zip Code
 Milwaukie OR 97222

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

Name of Employer Occupation
 Marquis Companies President/CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 05 / 2016
Transaction ID : C3223770

Amount of Each Receipt this Period
 5000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 10500.00

TOTAL 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 10 OF 43
(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"/>	17
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NAME OF COMMITTEE (In Full)
American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)
A. Debra Fournier

Mailing Address 44 Edgewood Rd

City Buxton State ME Zip Code 04093-6525

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

Name of Employer Occupation
Maine Veterans Homes COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
01 / 28 / 2016
Transaction ID : C3249810

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. James H. Gomez

Mailing Address 2201 K St

City Sacramento State CA Zip Code 95816-4922

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

Name of Employer Occupation
CA Association of Health Facilities CEO/President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
01 / 05 / 2016
Transaction ID : C3257436

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Gerald Hamilton

Mailing Address 6000 Whiteman Dr NW

City Albuquerque State NM Zip Code 87120-2195

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

Name of Employer Occupation
R&G Healthcare Management Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
01 / 04 / 2016
Transaction ID : C3222758

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00

TOTAL 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 43
<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

Full Name (Last, First, Middle Initial) A. Deanna Hill		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 19 / 2016 Transaction ID : C3236122
Mailing Address 6219 Eagle Ridge Dr		Amount of Each Receipt this Period 250.00
City Riverbank	State CA	Zip Code 95367
FEC ID number of contributing federal political committee. C		
Name of Employer Generations Healthcare	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Jeanne C. Jaeckels		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 19 / 2016 Transaction ID : C3236056
Mailing Address 12120 24th Street		Amount of Each Receipt this Period 300.00
City Clear Lake	State MN	Zip Code 55319
FEC ID number of contributing federal political committee. C		
Name of Employer Tealwood Senior Living	Occupation Director of Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Elizabeth Johnson		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 18 / 2016 Transaction ID : C3235797
Mailing Address 9403 Mill Brook Road		Amount of Each Receipt this Period 250.00
City Louisville	State KY	Zip Code 40223
FEC ID number of contributing federal political committee. C		
Name of Employer KY Assoc of Health Care Facilities	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	800.00
TOTAL 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 43
	<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

Full Name (Last, First, Middle Initial)
A. Sonya Kemp

Mailing Address 438 North Water Avenue

City Gallatin State TN Zip Code 37066-2306

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

Name of Employer Occupation
Gallatin Health Care Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1035.00

Date of Receipt
01 / 04 / 2016
Transaction ID : C3222669

Amount of Each Receipt this Period
1035.00

Full Name (Last, First, Middle Initial)
B. Harvey Koenig

Mailing Address 2271 Springtide Drive

City Baton Rouge State LA Zip Code 70810

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

Name of Employer Occupation
St. James Place Retirement Community Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
01 / 20 / 2016
Transaction ID : C3242157

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. Evan Lansing Kolb

Mailing Address 2701 Marye Street

City Alexandria State LA Zip Code 71301

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

Name of Employer Occupation
Magnolia Management Corporation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
265.00

Date of Receipt
01 / 28 / 2016
Transaction ID : C3249819

Amount of Each Receipt this Period
265.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1800.00

TOTAL 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 13 OF 43
(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

A. R. Peter Madel Jr.
 Full Name (Last, First, Middle Initial)
 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 Lake Shore Inn Nursing Home Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 12 / 2016
Transaction ID : C3242155
 Amount of Each Receipt this Period
 1000.00

B. Ralph Mason
 Full Name (Last, First, Middle Initial)
 Mailing Address 1070 W Webb Rd
 City Dewitt State MI Zip Code 48820-8396
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rosewood LLC Occupation Owner
 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
 01 / 27 / 2016
Transaction ID : C3249562
 Amount of Each Receipt this Period
 250.00

C. Marcus Naquin
 Full Name (Last, First, Middle Initial)
 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 Hammond Nursing Home Occupation Owner
 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
 01 / 27 / 2016
Transaction ID : C3245085
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00
TOTAL 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 43
	<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

Full Name (Last, First, Middle Initial)
A. Donald Pelligrino

Mailing Address 7 McNab Ct

City State Zip Code
Bridgewater NJ 08807-2386

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

Name of Employer Occupation
Bridgeway Senior Healthcare CEO/Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 27 / 2016
Transaction ID : C3249563

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
B. Terry Schmoyer Jr.

Mailing Address 1330 Lady St, Ste 507

City State Zip Code
Columbia SC 29201-3300

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

Name of Employer Occupation
Schmoyer & Company, LLC President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 28 / 2016
Transaction ID : C3245103

Amount of Each Receipt this Period
300.00

Full Name (Last, First, Middle Initial)
C. Gerald Schroer Jr.

Mailing Address 339 East Maple Street
Suite 100

City State Zip Code
North Canton OH 44720

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

Name of Employer Occupation
Absolute Health Services President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 27 / 2016
Transaction ID : C3249561

Amount of Each Receipt this Period
1250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2550.00

TOTAL 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 15 OF 43
(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"/>	17
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NAME OF COMMITTEE (In Full)
American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)
A. Laurie D. Shepard

Mailing Address 6429 Earlington Ln

City State Zip Code
Lansing MI 48917

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

Name of Employer Occupation
Ingham Regional Assisted Living Managing Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
01 / 07 / 2016

Transaction ID : C3228515

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Robert Siebel

Mailing Address 13185 W. Green Mountain Drive

City State Zip Code
Lakewood CO 80228

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

Name of Employer Occupation
Carriage Healthcare Companies, Inc. CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
MM / DD / YYYY
01 / 05 / 2016

Transaction ID : C3257439

Amount of Each Receipt this Period
1250.00

Full Name (Last, First, Middle Initial)
c. David Stallard

Mailing Address 1305 West Causeway Approach, Ste 1

City State Zip Code
Mandeville LA 70471

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

Name of Employer Occupation
Louisiana Extended Care Centers, LLC Managing Member

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
MM / DD / YYYY
01 / 05 / 2016

Transaction ID : C3257438

Amount of Each Receipt this Period
1250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3000.00

TOTAL 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 43
<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. Robert Van Dyk
Full Name (Last, First, Middle Initial)

Mailing Address 304 South Van Dien Avenue

City State Zip Code
Ridgewood NJ 07450-5200

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

Name of Employer Occupation
Van Dyk Health Care President/CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 27 / 2016
Transaction ID : C3249559

Amount of Each Receipt this Period
5000.00

B. Bryan Wann
Full Name (Last, First, Middle Initial)

Mailing Address 6030 Arden Street

City State Zip Code
Shreveport LA 71106

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

Name of Employer Occupation
Cypress Point Nursing & Rehabilitation Administrator

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
01 / 20 / 2016
Transaction ID : C3242156

Amount of Each Receipt this Period
500.00

C. Frank Wronski
Full Name (Last, First, Middle Initial)

Mailing Address 1539 Lochridge Suite 100

City State Zip Code
Brighton MI 48116

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

Name of Employer Occupation
Medilodge Group President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 07 / 2016
Transaction ID : C3228655

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 6500.00

TOTAL 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 43
	<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. Michael Wylie
Full Name (Last, First, Middle Initial)

Mailing Address 205 Fairview Road

City Clarks Green State PA Zip Code 18411

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

Name of Employer Genesis Healthcare Occupation VP Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **312.50**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 11 / 2016

Transaction ID : C3242154

Amount of Each Receipt this Period
312.50

B. LAG Associates LP Managers
Full Name (Last, First, Middle Initial)

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 Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 22 / 2016

Transaction ID : C3242158

Amount of Each Receipt this Period
1250.00

PARTNERSHIP--partners below if itemized

C. Gary Attman
Full Name (Last, First, Middle Initial)

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 LAG Associates LP Managers Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 22 / 2016

Transaction ID : C3242159

Amount of Each Receipt this Period
1250.00

[MEMO ITEM]
*

SUBTOTAL of Receipts This Page (optional)..... ▶ **1562.50**

TOTAL 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 43
	<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. Stellar Health Properties LLC
 Full Name (Last, First, Middle Initial)
 Mailing Address 1301 NE 104th Street
 City Miami Shores State FL Zip Code 33138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 01 / 27 / 2016
Transaction ID : C3249642
 Amount of Each Receipt this Period
 500.00
 PARTNERSHIP--partners below if itemized

B. Dion Sena
 Full Name (Last, First, Middle Initial)
 Mailing Address 1301 NE 104th Street
 City Miami Shores State FL Zip Code 33138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Stellar Health Properties LLC Managing Member
 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
 01 / 27 / 2016
Transaction ID : C3249643
 Amount of Each Receipt this Period
 500.00
 [MEMO ITEM]
 *

c. Wintonbury Care Center, LLC
 Full Name (Last, First, Middle Initial)
 Mailing Address 341 Bidwell St
 City Manchester State CT Zip Code 06040-6470
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 01 / 28 / 2016
Transaction ID : C3249822
 Amount of Each Receipt this Period
 250.00
 PARTNERSHIP--partners below if itemized

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL 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 19 OF 43
(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 (Last, First, Middle Initial)
A. Chris S. Wright

Mailing Address 341 Bidwell Street

City Manchester State CT Zip Code 06040-6470

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

Name of Employer Wintonbury Realty, LLC Occupation Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 01 / 28 / 2016
Transaction ID : C3249823

Amount of Each Receipt this Period
 250.00

[MEMO ITEM]
 *

Full Name (Last, First, Middle Initial)
B. Wintonbury Realty, LLC

Mailing Address 341 Bidwell Street

City Manchester State CT Zip Code 06040

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 01 / 28 / 2016
Transaction ID : C3249825

Amount of Each Receipt this Period
 250.00

PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial)
c. Chris S. Wright

Mailing Address 341 Bidwell Street

City Manchester State CT Zip Code 06040-6470

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

Name of Employer Wintonbury Realty, LLC Occupation Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 01 / 28 / 2016
Transaction ID : C3249826

Amount of Each Receipt this Period
 250.00

[MEMO ITEM]
 *

SUBTOTAL of Receipts This Page (optional)..... ▶ 250.00

TOTAL 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 20 OF 43
(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 (Last, First, Middle Initial)
A. Westside Realty Investment, LLC
 Mailing Address 341 Bidwell St
 City State Zip Code
 Manchester CT 06040-6470
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 01 / 28 / 2016
Transaction ID : C3249828
 Amount of Each Receipt this Period
 250.00
 PARTNERSHIP--partners below if itemized

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 28 / 2016
Transaction ID : C3249847
 Amount of Each Receipt this Period
 250.00
[MEMO ITEM]
 *

Full Name (Last, First, Middle Initial)
c. Westside Care Center, LLC
 Mailing Address 341 Bidwell St
 City State Zip Code
 Manchester CT 06040-6470
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 01 / 28 / 2016
Transaction ID : C3249829
 Amount of Each Receipt this Period
 250.00
 PARTNERSHIP--partners below if itemized

SUBTOTAL of Receipts This Page (optional)..... ▶ 500.00
TOTAL 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 43
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. Chris S. Wright
 Full Name (Last, First, Middle Initial)
 Mailing Address 341 Bidwell Street
 City Manchester State CT Zip Code 06040-6470
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wintonbury Realty, LLC Occupation Partner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **5000.00**

Date of Receipt **01 / 28 / 2016**
Transaction ID : C3249848
 Amount of Each Receipt this Period **250.00**
[MEMO ITEM]
 *

B. Trinity Hill Realty, LLC
 Full Name (Last, First, Middle Initial)
 Mailing Address 341 Bidwell Street
 City Manchester State CT Zip Code 06040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 28 / 2016**
Transaction ID : C3249831
 Amount of Each Receipt this Period **250.00**
 PARTNERSHIP--partners below if itemized

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

Date of Receipt **01 / 28 / 2016**
Transaction ID : C3249849
 Amount of Each Receipt this Period **250.00**
[MEMO ITEM]
 *

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL 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 43
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Trinity Hill Care Center, LLC
 Full Name (Last, First, Middle Initial)
 Mailing Address 341 Bidwell St
 City Manchester State CT Zip Code 06040-6470
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 01 / 28 / 2016
Transaction ID : C3249832
 Amount of Each Receipt this Period
 250.00
 PARTNERSHIP--partners below if itemized

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 28 / 2016
Transaction ID : C3249850
 Amount of Each Receipt this Period
 250.00
[MEMO ITEM]
 *

c. Meriden Realty Investments, LLC
 Full Name (Last, First, Middle Initial)
 Mailing Address 341 Bidwell St
 City Manchester State CT Zip Code 06040-6470
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 01 / 28 / 2016
Transaction ID : C3249833
 Amount of Each Receipt this Period
 250.00
 PARTNERSHIP--partners below if itemized

SUBTOTAL of Receipts This Page (optional).....	500.00
TOTAL 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 43
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Date of Receipt **01 / 28 / 2016**
Transaction ID : C3249851
 Amount of Each Receipt this Period **250.00**
[MEMO ITEM]
 *

B. Meriden Care Center, LLC
 Full Name (Last, First, Middle Initial)
 Mailing Address 341 Bidwell St
 City Manchester State CT Zip Code 06040-6470
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 28 / 2016**
Transaction ID : C3249834
 Amount of Each Receipt this Period **250.00**
 PARTNERSHIP--partners below if itemized

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

Date of Receipt **01 / 28 / 2016**
Transaction ID : C3249852
 Amount of Each Receipt this Period **250.00**
[MEMO ITEM]
 *

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL 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 43
	<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. Kettle Brook Realty, LLC
 Full Name (Last, First, Middle Initial)
 Mailing Address 341 Bidwell Street
 City Manchester State CT Zip Code 06040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 01 / 28 / 2016
Transaction ID : C3249835
 Amount of Each Receipt this Period
 250.00
 PARTNERSHIP--partners below if itemized

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 28 / 2016
Transaction ID : C3249835
 Amount of Each Receipt this Period
 250.00
[MEMO ITEM]
 *

c. Kettle Brook Care Center, LLC
 Full Name (Last, First, Middle Initial)
 Mailing Address 341 Bidwell St
 City Manchester State CT Zip Code 06040-6470
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 01 / 28 / 2016
Transaction ID : C3249836
 Amount of Each Receipt this Period
 250.00
 PARTNERSHIP--partners below if itemized

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 25 OF 43
(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 (Last, First, Middle Initial)
A. Chris S. Wright

Mailing Address 341 Bidwell Street

City State Zip Code
 Manchester CT 06040-6470

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

Name of Employer Occupation
 Wintonbury Realty, LLC Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 28 / 2016

Transaction ID : C3249854

Amount of Each Receipt this Period
 250.00

[MEMO ITEM]
 *

Full Name (Last, First, Middle Initial)
B. Farmington Realty, LLC

Mailing Address 341 Bidwell St

City State Zip Code
 Manchester CT 06040-6470

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

Name of Employer Occupation
 Wintonbury Realty, LLC Partner

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
 01 / 28 / 2016

Transaction ID : C3249837

Amount of Each Receipt this Period
 250.00

PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial)
c. Chris S. Wright

Mailing Address 341 Bidwell Street

City State Zip Code
 Manchester CT 06040-6470

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

Name of Employer Occupation
 Wintonbury Realty, LLC Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 28 / 2016

Transaction ID : C3249855

Amount of Each Receipt this Period
 250.00

[MEMO ITEM]
 *

SUBTOTAL of Receipts This Page (optional)..... ▶ 250.00

TOTAL 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 43
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A. Farmington Care Center, LLC
 Full Name (Last, First, Middle Initial)
 Mailing Address 341 Bidwell St
 City Manchester State CT Zip Code 06040-6470
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 01 / 28 / 2016
Transaction ID : C3249838
 Amount of Each Receipt this Period
 250.00
 PARTNERSHIP--partners below if itemized

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 28 / 2016
Transaction ID : C3249856
 Amount of Each Receipt this Period
 250.00
[MEMO ITEM]
 *

c. Chestnut Point Realty, LLC
 Full Name (Last, First, Middle Initial)
 Mailing Address 341 Bidwell St
 City Manchester State CT Zip Code 06040-6470
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 01 / 28 / 2016
Transaction ID : C3249839
 Amount of Each Receipt this Period
 250.00
 PARTNERSHIP--partners below if itemized

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL 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 43
	<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

Full Name (Last, First, Middle Initial)
A. Chris S. Wright

Mailing Address 341 Bidwell Street

City Manchester State CT Zip Code 06040-6470

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

Name of Employer Wintonbury Realty, LLC Occupation Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 28 / 2016
Transaction ID : C3249857

Amount of Each Receipt this Period
250.00

[MEMO ITEM]
*

Full Name (Last, First, Middle Initial)
B. Chestnut Point Care Center, LLC

Mailing Address 341 Bidwell St

City Manchester State CT Zip Code 06040-6470

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

Name of Employer Occupation

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
 01 / 28 / 2016
Transaction ID : C3249840

Amount of Each Receipt this Period
250.00

PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial)
c. Chris S. Wright

Mailing Address 341 Bidwell Street

City Manchester State CT Zip Code 06040-6470

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

Name of Employer Wintonbury Realty, LLC Occupation Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 28 / 2016
Transaction ID : C3249858

Amount of Each Receipt this Period
250.00

[MEMO ITEM]
*

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL 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 43
<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. Hartford/Windsor Healthcare Properties, LLC
 Full Name (Last, First, Middle Initial)
 Mailing Address 341 Bidwell Street
 City Manchester State CT Zip Code 06040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 28 / 2016
Transaction ID : C3249841
 Amount of Each Receipt this Period 250.00
 PARTNERSHIP--partners below if itemized

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

Date of Receipt 01 / 28 / 2016
Transaction ID : C3249859
 Amount of Each Receipt this Period 250.00
[MEMO ITEM]
 *

c. Chelsea Place Care Center, LLC
 Full Name (Last, First, Middle Initial)
 Mailing Address 341 Bidwell St
 City Manchester State CT Zip Code 06040-6470
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 28 / 2016
Transaction ID : C3249842
 Amount of Each Receipt this Period 250.00
 PARTNERSHIP--partners below if itemized

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL 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 43
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

Full Name (Last, First, Middle Initial)
A. Chris S. Wright

Mailing Address 341 Bidwell Street

City Manchester State CT Zip Code 06040-6470

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

Name of Employer Wintonbury Realty, LLC Occupation Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 28 / 2016
Transaction ID : C3249860

Amount of Each Receipt this Period
 250.00

[MEMO ITEM]
*

Full Name (Last, First, Middle Initial)
B. iCare Management LLC

Mailing Address 341 Bidwell St

City Manchester State CT Zip Code 06040-6470

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

Name of Employer Occupation

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
 01 / 28 / 2016
Transaction ID : C3249843

Amount of Each Receipt this Period
 250.00

PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial)
c. Chris S. Wright

Mailing Address 341 Bidwell Street

City Manchester State CT Zip Code 06040-6470

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

Name of Employer Wintonbury Realty, LLC Occupation Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 28 / 2016
Transaction ID : C3249861

Amount of Each Receipt this Period
 250.00

[MEMO ITEM]
*

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL 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 30 OF 43
(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"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

Full Name (Last, First, Middle Initial)
A. Bidwell Realty, LLC

Mailing Address 341 Bidwell St

City Manchester State CT Zip Code 06040-6470

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
01 / 28 / 2016
Transaction ID : C3249844

Amount of Each Receipt this Period
250.00

PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial)
B. Chris S. Wright

Mailing Address 341 Bidwell Street

City Manchester State CT Zip Code 06040-6470

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

Name of Employer Occupation
Wintonbury Realty, LLC Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
01 / 28 / 2016
Transaction ID : C3249862

Amount of Each Receipt this Period
250.00

[MEMO ITEM]
*

Full Name (Last, First, Middle Initial)
c. Bidwell Care Center, LLC

Mailing Address 341 Bidwell St

City Manchester State CT Zip Code 06040-6470

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
01 / 28 / 2016
Transaction ID : C3249845

Amount of Each Receipt this Period
250.00

PARTNERSHIP--partners below if itemized

SUBTOTAL of Receipts This Page (optional)..... ▶ 500.00

TOTAL 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 43
	<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. Chris S. Wright
Full Name (Last, First, Middle Initial)

Mailing Address 341 Bidwell Street

City Manchester State CT Zip Code 06040-6470

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

Name of Employer Wintonbury Realty, LLC Occupation Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 28 / 2016
Transaction ID : C3249863

Amount of Each Receipt this Period
 250.00

[MEMO ITEM]
*

B. iCare Health Management, LLC
Full Name (Last, First, Middle Initial)

Mailing Address 341 Bidwell St

City Manchester State CT Zip Code 06040-6470

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

Name of Employer Occupation

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
 01 / 28 / 2016
Transaction ID : C3249864

Amount of Each Receipt this Period
 250.00

PARTNERSHIP--partners below if itemized

C. Chris S. Wright
Full Name (Last, First, Middle Initial)

Mailing Address 341 Bidwell Street

City Manchester State CT Zip Code 06040-6470

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

Name of Employer Wintonbury Realty, LLC Occupation Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 28 / 2016
Transaction ID : C3249864

Amount of Each Receipt this Period
 250.00

[MEMO ITEM]
*

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL 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 32 OF 43
(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"/> 17

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

Full Name (Last, First, Middle Initial)
A. L & AM Lease LLC

Mailing Address 3800 W. Gifford Rd.

City Bloomington	State IN	Zip Code 47403
---------------------	-------------	-------------------

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

Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
01 / 29 / 2016
Transaction ID : C3249865

Amount of Each Receipt this Period
1000.00

PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial)
B. Lee Merchant

Mailing Address 3800 West Gifford Rd.

City Bloomington	State IN	Zip Code 47403
---------------------	-------------	-------------------

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

Name of Employer LJM Enterprises	Occupation CEO & President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
01 / 29 / 2016
Transaction ID : C3249866

Amount of Each Receipt this Period
1000.00

[MEMO ITEM]
*

Full Name (Last, First, Middle Initial)
C.

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	45637.50

**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"/> 24	<input type="checkbox"/> 25	<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

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

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

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 06 / 2016

Transaction ID : D170921

Amount of Each Disbursement this Period

114.62

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 07 / 2016

Transaction ID : D170922

Amount of Each Disbursement this Period

360.00

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 11 / 2016

Transaction ID : D170924

Amount of Each Disbursement this Period

51.20

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

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

525.82

**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"/> 24	<input type="checkbox"/> 25	<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

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

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

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 21 / 2016

Transaction ID : D170925

Amount of Each Disbursement this Period

24.00

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 22 / 2016

Transaction ID : D170926

Amount of Each Disbursement this Period

0.80

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 25 / 2016

Transaction ID : D170928

Amount of Each Disbursement this Period

0.80

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

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

25.60

**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"/> 24	<input type="checkbox"/> 25	<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

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

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

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		27		2016

Transaction ID : D170929

Amount of Each Disbursement this Period

8.00

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		29		2016

Transaction ID : D170930

Amount of Each Disbursement this Period

17.60

Full Name (Last, First, Middle Initial)

C. BB&T Merchant Services

Mailing Address PO Box 200

City Wilson State NC Zip Code 27894-0200

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		19		2016

Transaction ID : D170919

Amount of Each Disbursement this Period

72.46

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

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

98.06

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**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"/> 24	<input type="checkbox"/> 25	<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. BB&T

Mailing Address 1099 New York Ave NW
Ste 100

City Washington State DC Zip Code 20001-4452

Purpose of Disbursement
Bank Fees

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
01 / 21 / 2016

Transaction ID : D170920

Amount of Each Disbursement this Period

161.88

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

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

Amount of Each Disbursement this Period

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

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

161.88

811.36

**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"/> 24	<input type="checkbox"/> 25	<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. BRIDGE PAC

Mailing Address 499 S Capitol St SW
Ste 412

City Washington State DC Zip Code 20003-4009

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 M / D D D / Y Y Y Y Y Y
01 / 19 / 2016

Transaction ID : D170484

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. LOBO PAC

Mailing Address P.O. Box 492

City Albuquerque State NM Zip Code 87103

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 M / D D D / Y Y Y Y Y Y
01 / 27 / 2016

Transaction ID : D170636

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. MOVING AMERICA FORWARD

Mailing Address 471 Birchington Lane

City Melbourne State FL Zip Code 32940

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 M / D D D / Y Y Y Y Y Y
01 / 19 / 2016

Transaction ID : D170482

Amount of Each Disbursement this Period

2000.00

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

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

12000.00

**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"/> 24	<input type="checkbox"/> 25	<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. ORRINPAC

Mailing Address 175 S. WEST TEMPLE, SUITE 650

City State Zip Code
SALT LAKE CITY UT 84101

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 M	/	D D D	/	Y Y Y Y Y
01	/	04	/	2016

Transaction ID : D170102

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Pioneer PAC

Mailing Address 1212 N Vernon St

City State Zip Code
Arlington VA 22201-4832

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 M	/	D D D	/	Y Y Y Y Y
01	/	19	/	2016

Transaction ID : D170481

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. ADRIAN SMITH FOR CONGRESS

Mailing Address 3321 AVENUE I
SUITE 6

City State Zip Code
SCOTTSLUFF NE 69361

Purpose of Disbursement
Contribution

Candidate Name

Rep. ADRIAN SMITH

Office Sought: House
 Senate
 President
State: NE District: 03

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	19	/	2016

Transaction ID : D170486

Amount of Each Disbursement this Period

2000.00

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

9500.00

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

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**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"/> 24	<input type="checkbox"/> 25	<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. ADRIAN SMITH FOR CONGRESS

Mailing Address 3321 AVENUE I
SUITE 6

City SCOTTSBLUFF State NE Zip Code 69361

Purpose of Disbursement
Voided Check - Orig Issued 8/31/2015

Candidate Name
Rep. ADRIAN SMITH

Office Sought: House
 Senate
 President
State: NE District: 03

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 18 / 2016

Transaction ID : D170480

Amount of Each Disbursement this Period

-2000.00

Full Name (Last, First, Middle Initial)

B. PASCRELL FOR CONGRESS

Mailing Address P.O. BOX 100

City Teaneck State NJ Zip Code 07666

Purpose of Disbursement
Contribution

Candidate Name
HON. WILLIAM J. PASCRELL JR.

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 11 / 2016

Transaction ID : D170204

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. FRIENDS FOR CHRIS STEWART, INC.

Mailing Address 10 W BROADWAY
SUITE 500

City SALT LAKE CITY State UT Zip Code 84101

Purpose of Disbursement
Contribution

Candidate Name
Rep. Chris Stewart

Office Sought: House
 Senate
 President
State: UT District: 02

Disbursement For: 2016
 Primary General
 Other (specify) ▼
Convention

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 19 / 2016

Transaction ID : D170483

Amount of Each Disbursement this Period

2500.00

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"/> 24	<input type="checkbox"/> 25	<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. FRIENDS FOR CHRIS STEWART, INC.

Mailing Address 10 W BROADWAY
SUITE 500

City State Zip Code
SALT LAKE CITY UT 84101

Purpose of Disbursement
Contribution

Candidate Name
Rep. Chris Stewart

Office Sought: House
 Senate
 President
State: UT District: 02

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 19 / 2016

Transaction ID : D170489

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF ERIK PAULSEN

Mailing Address P.O. Box 44369

City State Zip Code
Eden Prairie MN 55344

Purpose of Disbursement
Contribution

Candidate Name
Rep. Erik Paulsen

Office Sought: House
 Senate
 President
State: MN District: 03

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 19 / 2016

Transaction ID : D170485

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. GENE GREEN CONGRESSIONAL CAMPAIGN

Mailing Address PO BOX 16128

City State Zip Code
HOUSTON TX 77222

Purpose of Disbursement
Contribution

Candidate Name
Rep. Gene Green

Office Sought: House
 Senate
 President
State: TX District: 29

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 19 / 2016

Transaction ID : D170488

Amount of Each Disbursement this Period

4000.00

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

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

9000.00

**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"/> 24	<input type="checkbox"/> 25	<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. GEORGE HOLDING FOR CONGRESS INC.

Mailing Address PO BOX 97187

City RALEIGH State NC Zip Code 27624

Purpose of Disbursement
Contribution

Candidate Name

Rep. George Holding

Office Sought: House
 Senate
 President
State: NC District: 13

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	11	/	2016

Transaction ID : D170203

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. RENEE ELLMERS FOR CONGRESS COMMITTEE

Mailing Address PO BOX 99567

City RALEIGH State NC Zip Code 27624

Purpose of Disbursement
Contribution

Candidate Name

Rep. Renee J. Ellmers

Office Sought: House
 Senate
 President
State: NC District: 02

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	27	/	2016

Transaction ID : D170637

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. PORTMAN FOR SENATE COMMITTEE

Mailing Address 9856 ARCHER LANE

City DUBLIN State OH Zip Code 43017

Purpose of Disbursement
Contribution

Candidate Name

Sen. Rob Portman

Office Sought: House
 Senate
 President
State: OH District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	27	/	2016

Transaction ID : D170639

Amount of Each Disbursement this Period

1000.00

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

4500.00

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

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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)			PAGE 42 OF 43						
<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="checked" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. TREASURE STATE PAC		Date of Disbursement																									
Mailing Address P.O. BOX 76187		<table border="1"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>1</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>6</td><td></td><td></td></tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	Y	Y	0	1		2	7		2	0	1	6		
M	M	/	D	D	/	Y	Y	Y	Y	Y	Y																
0	1		2	7		2	0	1	6																		
City State Zip Code WASHINGTON DC 20013		Transaction ID : D170646																									
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period																									
Candidate Name		<table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																									
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																									
State: District:		Category/ Type																									

Full Name (Last, First, Middle Initial) B.		Date of Disbursement																									
Mailing Address		<table border="1"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	Y	Y												
M	M	/	D	D	/	Y	Y	Y	Y	Y	Y																
City State Zip Code		Amount of Each Disbursement this Period																									
Purpose of Disbursement		<table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																									
Candidate Name		Category/ Type																									
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																									
State: District:																											

Full Name (Last, First, Middle Initial) C.		Date of Disbursement																									
Mailing Address		<table border="1"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	Y	Y												
M	M	/	D	D	/	Y	Y	Y	Y	Y	Y																
City State Zip Code		Amount of Each Disbursement this Period																									
Purpose of Disbursement		<table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																									
Candidate Name		Category/ Type																									
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																									
State: District:																											

SUBTOTAL of Disbursements This Page (optional).....▶	<table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																								
TOTAL This Period (last page this line number only).....▶	<table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																								

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Mr. Clifton Porter

Mailing Address 3929 Azalea Court

City Maumee State OH Zip Code 43537

Purpose of Disbursement
Refund

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
0	1		2	7		2	0	1	6		

Transaction ID : D170640

Amount of Each Disbursement this Period

1	9	2	.	3	7
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Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

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

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

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

Amount of Each Disbursement this Period

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

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

1	9	2	.	3	7
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1	9	2	.	3	7
---	---	---	---	---	---