

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 Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special Election on

5. Covering Period 09 / 01 / 2017 through 09 / 30 / 2017

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Hillier, Robin, , Ms., Type or Print Name of Treasurer

Signature of Treasurer Hillier, Robin, , Ms., [Electronically Filed] Date 10 / 12 / 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2017"/>		60676.83
(b) Cash on Hand at Beginning of Reporting Period.....	141493.44	
(c) Total Receipts (from Line 19)	28074.82	500256.51
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	169568.26	560933.34
7. Total Disbursements (from Line 31).....	64295.00	455660.08
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	105273.26	105273.26
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: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	26987.82	467989.66
(ii) Unitemized	1087.00	20266.85
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	28074.82	488256.51
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	10000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	28074.82	498256.51
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	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	1000.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	28074.82	500256.51
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	28074.82	500256.51

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	795.00	9160.08
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	795.00	9160.08
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	63500.00	435500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	1000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	1000.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	10000.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	64295.00	455660.08
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	64295.00	455660.08

DETAILED SUMMARY PAGE
of Disbursements

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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)	28074.82	498256.51
34. Total Contribution Refunds (from Line 28(d))	0.00	1000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	28074.82	497256.51
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	795.00	9160.08
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	795.00	9160.08

**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 30
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A. Allen, Martin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 333 N. Summit Street
 City Toledo State OH Zip Code 43614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HCR ManorCare Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1874.97

Date of Receipt 09 / 23 / 2017
Transaction ID : C3595138
 Amount of Each Receipt this Period 208.33
 Memo Item

B. Belk, Lonita, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4301 W. Village Ave. Apt. 4013
 City Suitland State MD Zip Code 20746
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Health Care Association Occupation (for Individual) LTC Customer Service Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 345.60

Date of Receipt 09 / 28 / 2017
Transaction ID : C3604084
 Amount of Each Receipt this Period 57.60
 Memo Item
 * Payroll Deduction: \$19.20 bi-weekly

C. Boddy, Heath, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4615 Union Hill Road
 City Lincoln State NE Zip Code 68516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nebraska Health Care Association Occupation (for Individual) President & CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 15 / 2017
Transaction ID : C3589908
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	365.93
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 7 OF 30
<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. Ciolek, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1201 L Street NW
 City Washington State DC Zip Code 20005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Health Care Association Occupation (for Individual) Associate VP, Therapy Advocacy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1440.00

Date of Receipt 09 / 28 / 2017
Transaction ID : C3604085
 Amount of Each Receipt this Period 240.00
 Memo Item
 * Payroll Deduction: \$80.00 bi-weekly

B. Dole, Isaac, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1633 N. Campbell Ave.
 City Chicago State IL Zip Code 60647
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Birchwood Health Care Properties Occupation (for Individual) President/CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 20 / 2017
Transaction ID : C3592319
 Amount of Each Receipt this Period 5000.00
 Memo Item

C. Edwards, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2905 E Side Dr
 City Alexandria State VA Zip Code 22306-1714
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Health Care Association Occupation (for Individual) Director Applications & Web Operations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 224.64

Date of Receipt 09 / 28 / 2017
Transaction ID : C3604086
 Amount of Each Receipt this Period 37.44
 Memo Item
 * Payroll Deduction: \$12.48 bi-weekly

SUBTOTAL of Receipts This Page (optional).....	5277.44
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 30
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Erickson, Joanne, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 911 S Randolph St
 City Arlington State VA Zip Code 22204-1564
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Health Care Association Occupation (for Individual) Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt 09 / 28 / 2017
Transaction ID : C3604087
 Amount of Each Receipt this Period 120.00
 Memo Item
 * Payroll Deduction: \$40.00 bi-weekly

B. Eyet, Teresa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10009 Dallas Ave
 City Takoma Park State MD Zip Code 20901-2240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Health Care Association Occupation (for Individual) Senior Director, Education
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 864.00

Date of Receipt 09 / 28 / 2017
Transaction ID : C3604088
 Amount of Each Receipt this Period 144.00
 Memo Item
 * Payroll Deduction: \$48.00 bi-weekly

C. Goldsmith, Karen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 875
 City Cape Canaveral State FL Zip Code 32920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Goldsmith & Grout, P.A. Occupation (for Individual) Attorney
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 25 / 2017
Transaction ID : C3595274
 Amount of Each Receipt this Period 125.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	389.00
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 9 OF 30
<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. Griffith, William, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1825 7th Street, NW #901
 City Washington State DC Zip Code 20001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Health Care Association Occupation (for Individual) Senior Manager, Political Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 28 / 2017
Transaction ID : C3604089
 Amount of Each Receipt this Period 60.00
 Memo Item
 * Payroll Deduction: \$20.00 bi-weekly

B. Hahs, Jennifer, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12423 Flint Street
 City Overland Park State KS Zip Code 66213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Health Care Association Occupation (for Individual) Senior Director, Political Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 611.16

Date of Receipt 09 / 28 / 2017
Transaction ID : C3604090
 Amount of Each Receipt this Period 166.68
 Memo Item
 * Payroll Deduction: \$55.56 bi-weekly

C. Halvorson, Dana, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 235 2nd St NE
 City Washington State DC Zip Code 20002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Health Care Association Occupation (for Individual) Director, Not For Profit Services
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 09 / 28 / 2017
Transaction ID : C3604091
 Amount of Each Receipt this Period 36.00
 Memo Item
 * Payroll Deduction: \$12.00 bi-weekly

SUBTOTAL of Receipts This Page (optional).....	262.68
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 10 OF 30
<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. Hart, Benjamin, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 115 W. Jefferson St.
Suite 401

City Bloomington State IL Zip Code 61701

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

Name of Employer (for Individual) Heritage Enterprises Inc. Occupation (for Individual) President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 09 / 15 / 2017
Transaction ID : C3593173

Amount of Each Receipt this Period 2500.00

Memo Item

B. Hastings, Kelsey, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 17515 West 9 Mile Rd
Ste 925

City Southfield State MI Zip Code 48075

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

Name of Employer (for Individual) Advantage Management Group Occupation (for Individual) President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 14 / 2017
Transaction ID : C3593152

Amount of Each Receipt this Period 250.00

Memo Item

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

Mailing Address P O Box 1522

City Guthrie State OK Zip Code 73044

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

Name of Employer (for Individual) Companion Health Services Occupation (for Individual) Manager

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 20 / 2017
Transaction ID : C3592304

Amount of Each Receipt this Period 250.00

Memo Item

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 11 OF 30
<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. Jacobs, Dave, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 Lakes Drive
 City Northfield State IL Zip Code 60093
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medline Industries, Inc. Occupation (for Individual) President, Post-Acute Care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.34

Date of Receipt 09 / 02 / 2017
Transaction ID : C3583854
 Amount of Each Receipt this Period 166.67
 Memo Item

B. Jarek, Holly, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 118B Hollis St
 City Groton State MA Zip Code 01450-1355
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Seven Hills Foundation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2875.00

Date of Receipt 09 / 23 / 2017
Transaction ID : C3595139
 Amount of Each Receipt this Period 750.00
 Memo Item

C. Knox, Joanna, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2017 Patricia Dr.
 City Carlsbad State NM Zip Code 88220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lakeview Christian Home of the SW, Inc Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 09 / 27 / 2017
Transaction ID : C3595926
 Amount of Each Receipt this Period 125.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1041.67
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 30
<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. Kylo, David, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4621 28th Road South
 City Arlington State VA Zip Code 22206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Health Care Association Occupation (for Individual) VP, Insurance and Member Programs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 864.00

Date of Receipt 09 / 28 / 2017
Transaction ID : C3604092
 Amount of Each Receipt this Period 144.00
 Memo Item
 * Payroll Deduction: \$48.00 bi-weekly

B. Levering, William, Bruce, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6180 Sparta Road
 City Fredericktown State OH Zip Code 43019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Levering Management Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3600.00

Date of Receipt 09 / 05 / 2017
Transaction ID : C3593132
 Amount of Each Receipt this Period 3000.00
 Memo Item

C. Liistro, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Meadow Brook Lane
 City Westport State CT Zip Code 06880-3929
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Arbors of Hop Brook, LTD Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 06 / 2017
Transaction ID : C3584004
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3644.00
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 13 OF 30
<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. Madel, R. Peter, , , Jr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 108 8th St NW

City Waseca	State MN	Zip Code 56093-1912
----------------	-------------	------------------------

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

Name of Employer (for Individual) Lake Shore Inn Nursing Home	Occupation (for Individual) CEO
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2017

Transaction ID : C3593150

Amount of Each Receipt this Period

350.00

 Memo Item

B. Marshall, Anthony, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 117 Whitestone Dr.

City McDonough	State GA	Zip Code 30253
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Georgia Health Care Association	Occupation (for Individual) President & CEO
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2017

Transaction ID : C3586038

Amount of Each Receipt this Period

100.00

 Memo Item

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

Mailing Address 9217 Kingsbury Drive

City Silver Spring	State MD	Zip Code 20910
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) American Health Care Association	Occupation (for Individual) Vendor Relations Coordinator
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
216.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2017

Transaction ID : C3604093

Amount of Each Receipt this Period

36.00

 Memo Item

* Payroll Deduction: \$12.00 bi-weekly

SUBTOTAL of Receipts This Page (optional).....	486.00
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 30
	<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	<input type="checkbox"/> 17

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

A. McNeill, Ronald, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 102 Magnolia Drive
 City Wilmington State NC Zip Code 28409
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Liberty Healthcare Services Occupation (for Individual) Vice President & CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 09 / 06 / 2017
Transaction ID : C3584034
 Amount of Each Receipt this Period 2500.00
 Memo Item

B. Oxford, Mike, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4460 W 23rd Street Dr
 City Greeley State CO Zip Code 80634-3846
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sava Senior Care Consulting, LLC Occupation (for Individual) Division President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 27 / 2017
Transaction ID : C3595928
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Painter, Julie, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5023 Waple Ln
 City Alexandria State VA Zip Code 22304-7727
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Health Care Association Occupation (for Individual) Vice President of Constituency Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 294.10

Date of Receipt 09 / 28 / 2017
Transaction ID : C3604094
 Amount of Each Receipt this Period 88.23
 Memo Item
 * Payroll Deduction: \$29.41 bi-weekly

SUBTOTAL of Receipts This Page (optional).....	2838.23
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 15 OF 30
	<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. Parks, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1730 Truro Rd
 City Crofton State MD Zip Code 21114-2520
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Health Care Association Occupation (for Individual) Director of IT and Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 28 / 2017
Transaction ID : C3604095
 Amount of Each Receipt this Period 60.00
 Memo Item
 * Payroll Deduction: \$20.00 bi-weekly

B. Polanski, Gail, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5563 Coachmans Ln
 City Hamburg State NY Zip Code 14075-5854
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tara Cares Occupation (for Individual) SVP Clinical Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 07 / 2017
Transaction ID : C3585576
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Ponthie, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 449 Overbrook Court
 City Shreveport State LA Zip Code 71106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southern Administrative Services Occupation (for Individual) Managing Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3750.00

Date of Receipt 09 / 30 / 2017
Transaction ID : C3600059
 Amount of Each Receipt this Period 1250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1810.00
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 30
<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. Porter, Clifton, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3929 Azalea Court
 City Maumees State OH Zip Code 43537
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Health Care Association Occupation (for Individual) SVP Government Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3600.00

Date of Receipt 09 / 28 / 2017
Transaction ID : C3604096
 Amount of Each Receipt this Period 600.00
 Memo Item
 * Payroll Deduction: \$200.00 bi-weekly

B. Preede, Katherine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4482 Shady Point Place
 City Chantilly State VA Zip Code 20151
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Health Care Association Occupation (for Individual) Dir, Membership & Bus Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.06

Date of Receipt 09 / 28 / 2017
Transaction ID : C3604097
 Amount of Each Receipt this Period 42.87
 Memo Item
 * Payroll Deduction: \$14.29 bi-weekly

C. Prince, Jayne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 806 S Street
 City Neligh State NE Zip Code 68756
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Willows Assisted Living Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 23 / 2017
Transaction ID : C3595140
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	692.87
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 30
<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. Romano, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 87 Heritage Dr
 City Whitinsville State MA Zip Code 01588
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Blaire House of Milford Asstd Living Executive Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2017
Transaction ID : C3581697
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Shepard, Laurie, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 355 Columbia Ave W Unit 108
 City Battle Creek State MI Zip Code 49015-3374
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Ingham Regional Assisted Living Managing Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 17 / 2017
Transaction ID : C3589910
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Shimer, Jennifer, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9507 Shelly Krasnow Ln
 City Fairfax State VA Zip Code 22031-4720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 American Health Care Association COO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2017
Transaction ID : C3604098
 Amount of Each Receipt this Period
 120.00
 Memo Item
 * Payroll Deduction: \$40.00 bi-weekly

SUBTOTAL of Receipts This Page (optional).....	620.00
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 18 OF 30
<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. Stott, Martin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15035 Memorial Tower Dr
 City Baton Rouge State LA Zip Code 70810-8398
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Diversified Health Care Occupation (for Individual) Owner/Operator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3750.00

Date of Receipt 09 / 15 / 2017
Transaction ID : C3593172
 Amount of Each Receipt this Period 1250.00
 Memo Item

B. Thies, Joseph, Drew, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1101 L Street NW Apt. 504
 City Washington State DC Zip Code 20005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Health Care Association Occupation (for Individual) Manager, Political and Grassroots
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 28 / 2017
Transaction ID : C3604100
 Amount of Each Receipt this Period 60.00
 Memo Item
 * Payroll Deduction: \$20.00 bi-weekly

C. Vinson, John, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 329 Townepark Circle
 City Louisville State KY Zip Code 40243
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Systems of Kentucky Occupation (for Individual) President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 09 / 12 / 2017
Transaction ID : C3593151
 Amount of Each Receipt this Period 2500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3810.00
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 19 OF 30
<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. Whorton, Tammy, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 417961 E 1218

City Eufaula	State OK	Zip Code 74432
-----------------	-------------	-------------------

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

Name of Employer (for Individual) IHS Management	Occupation (for Individual) 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
09		08		2017

Transaction ID : C3585723

Amount of Each Receipt this Period
250.00

Memo Item

B. LAG Associates LP Managers
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8028 Ritchie Hwy Ste 210

City Pasadena	State MD	Zip Code 21122-1075
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2017

Transaction ID : C3603331

Amount of Each Receipt this Period
2500.00

Memo Item

PARTNERSHIP--partners below if itemized

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

Mailing Address 8028 Ritchie Highway

City Pasadena	State MD	Zip Code 21122-1069
------------------	-------------	------------------------

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

Name of Employer (for Individual) LAG Associates LP Managers	Occupation (for Individual) Owner
---	--------------------------------------

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
09		28		2017

Transaction ID : C3603332

Amount of Each Receipt this Period
2500.00

Memo Item

*

SUBTOTAL of Receipts This Page (optional).....	2750.00
TOTAL This Period (last page this line number only).....	26987.82

**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"/> 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. American Express		Date of Disbursement MM / DD / YYYY 09 / 05 / 2017	
Mailing Address PO Box 53773		FEC Identification Number C [REDACTED] Transaction ID : D180951 Amount of Each Disbursement this Period 407.15	
City Phoenix	State AZ	Zip Code 85072-3773	Category/ Type
Purpose of Disbursement Credit Card Processing Fees			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. BB&T Merchant Services		Date of Disbursement MM / DD / YYYY 09 / 15 / 2017	
Mailing Address PO Box 200		FEC Identification Number C [REDACTED] Transaction ID : D180952 Amount of Each Disbursement this Period 217.05	
City Wilson	State NC	Zip Code 27894-0200	Category/ Type
Purpose of Disbursement Credit Card Processing Fees			
Candidate Name		Memo Item <input type="checkbox"/>	
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. BB&T		Date of Disbursement MM / DD / YYYY 09 / 21 / 2017	
Mailing Address 1099 New York Ave NW Ste 100		FEC Identification Number C [REDACTED] Transaction ID : D180953 Amount of Each Disbursement this Period 170.80	
City Washington	State DC	Zip Code 20001-4452	Category/ Type
Purpose of Disbursement Bank Fees			
Candidate Name		Memo Item <input type="checkbox"/>	
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).....▶	795.00
TOTAL This Period (last page this line number only).....▶	795.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. ALL FOR OUR COUNTRY LEADERSHIP PAC

Mailing Address 611 PENNSYLVANIA AVE
SUITE 143

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2017

FEC Identification Number

C C00629212

Transaction ID : D180702

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. BUDDY PAC

Mailing Address 824 S MILLEDGE AVE
SUITE 101

City ATHENS State GA Zip Code 30605

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2017

FEC Identification Number

C C00597062

Transaction ID : D180458

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. DARREN SOTO FOR CONGRESS

Mailing Address 338 N MAGNOLIA AVENUE
SUITE D

City ORLANDO State FL Zip Code 32801

Purpose of Disbursement
Contribution

Candidate Name
Soto, Darren, , ,

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

Disbursement For: 2018 Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2017

FEC Identification Number

C C00581074

Transaction ID : D180466

Amount of Each Disbursement this Period

1000.00

Memo Item

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

8500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. DEBBIE DINGELL FOR CONGRESS

Mailing Address 19855 W. OUTER DR.
STE 103 AE

City DEARBORN State MI Zip Code 48124

Purpose of Disbursement
Contribution

Candidate Name
Dingell, Debbie, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: MI District: 12

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2017

FEC Identification Number

C C00558213

Transaction ID : D180701

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. DENALI LEADERSHIP PAC

Mailing Address 16158 ESSEX PARK DRIVE

City ANCHORAGE State AK Zip Code 99516

Purpose of Disbursement
Contribution

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2017

FEC Identification Number

C C00438291

Transaction ID : D180705

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. DIANA DEGETTE FOR CONGRESS

Mailing Address PO Box 61337

City Denver State CO Zip Code 80206

Purpose of Disbursement
Contribution

Candidate Name
DeGette, Diana, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: CO District: 01

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2017

FEC Identification Number

C C00311639

Transaction ID : D180461

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

4500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Dwight Evans for Congress

Mailing Address PO Box 6578

City Philadelphia State PA Zip Code 19138

Purpose of Disbursement Contribution

Candidate Name
Evans, Dwight, , Rep.,

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

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2017

FEC Identification Number

C C00591065

Transaction ID : D180475

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. FILEMON VELA FOR CONGRESS

Mailing Address 10715 GULFDAL ST
STE 235

City SAN ANTONIO State TX Zip Code 78216

Purpose of Disbursement Contribution

Candidate Name
Vela, Filemon, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: TX District: 34

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2017

FEC Identification Number

C C00513531

Transaction ID : D180468

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. HOYER'S MAJORITY FUND

Mailing Address 700 13TH STREET NW
SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement Contribution

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2017

FEC Identification Number

C C00513002

Transaction ID : D180457

Amount of Each Disbursement this Period

1500.00

Memo Item

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

3500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. KAINE VICTORY FUND

Mailing Address 1751 POTOMAC GREENS DR

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2017

FEC Identification Number

C C00629378

Transaction ID : D180463

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Kathleen Rice for Congress

Mailing Address 410 Jericho Turnpike Suite 200

City Jericho State NY Zip Code 11753

Purpose of Disbursement Contribution

Candidate Name

Rice, Kathleen, , Rep.,

Office Sought: House Senate President
State: NY District: 04

Disbursement For: 2018 Primary General Other (specify)

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2017

FEC Identification Number

C C00555813

Transaction ID : D180459

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. LOEBSACK FOR CONGRESS

Mailing Address PO Box 3013

City Iowa City State IA Zip Code 52244

Purpose of Disbursement Contribution

Candidate Name

Loebsack, Dave, , Rep.,

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

Disbursement For: 2018 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2017

FEC Identification Number

C C00414318

Transaction ID : D180703

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. New Democrat Coalition

Mailing Address 700 13TH STREET, NW
SUITE 600

City
WASHINGTON

State
DC

Zip Code
20005

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		2	6		2	0	1	7		

FEC Identification Number

C C00409730

Transaction ID : D180707

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. LATTA FOR CONGRESS

Mailing Address PO BOX 106

City
BOWLING GREEN

State
OH

Zip Code
43402

Purpose of Disbursement
Contribution

Candidate Name

Latta, Bob, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: OH District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		1	2		2	0	1	7		

FEC Identification Number

C C00438697

Transaction ID : D180473

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. CITIZENS FOR RUSH

Mailing Address P. O. BOX 7292

City
CHICAGO

State
IL

Zip Code
60680

Purpose of Disbursement
Contribution

Candidate Name

RUSH, BOBBY, L., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: IL District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		1	2		2	0	1	7		

FEC Identification Number

C C00257121

Transaction ID : D180460

Amount of Each Disbursement this Period

1000.00

Memo Item

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

7000.00

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

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

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FOR LINE NUMBER:
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. CARLOS CURBELO CONGRESS

Mailing Address 8770 SUNSET DRIVE #355

City MIAMI State FL Zip Code 33173

Purpose of Disbursement Contribution

Candidate Name
Curbelo, Carlos, , Rep.,

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

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2017

FEC Identification Number

C C00546846

Transaction ID : D180711

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. PALLONE FOR CONGRESS

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement Contribution

Candidate Name
Pallone, Frank, , Rep., Jr.

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

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2017

FEC Identification Number

C C00226928

Transaction ID : D180471

Amount of Each Disbursement this Period

4000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. LANGEVIN FOR CONGRESS

Mailing Address 181A Knight Street

City Warwick State RI Zip Code 02886

Purpose of Disbursement Contribution

Candidate Name
Langevin, James, R., Rep.,

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

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2017

FEC Identification Number

C C00344697

Transaction ID : D180465

Amount of Each Disbursement this Period

2500.00

Memo Item

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

7500.00

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

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

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

FOR LINE NUMBER:
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. KURT SCHRADER FOR CONGRESS

Mailing Address PO Box 3314

City Oregon City State OR Zip Code 97045

Purpose of Disbursement Contribution

Candidate Name
Schrader, Kurt, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: OR District: 05

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2017

FEC Identification Number

C C00446906

Transaction ID : D180474

Amount of Each Disbursement this Period

3000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. BUCSHON FOR CONGRESS

Mailing Address PO BOX 250

City NEWBURGH State IN Zip Code 47629

Purpose of Disbursement Contribution

Candidate Name
Bucshon, Larry, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: IN District: 08

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2017

FEC Identification Number

C C00468256

Transaction ID : D180464

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. MICHAEL BURGESS FOR CONGRESS

Mailing Address PO Box 2334

City Denton State TX Zip Code 76202

Purpose of Disbursement Contribution

Candidate Name
Burgess, Michael, C., Rep.,

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

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2017

FEC Identification Number

C C00372532

Transaction ID : D180469

Amount of Each Disbursement this Period

2500.00

Memo Item

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

8000.00

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

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

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

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

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

A. PETE AGUILAR FOR CONGRESS

Full Name (Last, First, Middle Initial)
PETE AGUILAR FOR CONGRESS

Date of Disbursement: MM / DD / YYYY
09 / 12 / 2017

Mailing Address PO BOX 10954

City: SAN BERNARDINO State: CA Zip Code: 92423

Purpose of Disbursement: Contribution

Candidate Name: Aguilar, Pete, , Rep.,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: CA District: 31

FEC Identification Number: C00510461
Transaction ID: D180470
Amount of Each Disbursement this Period: 1000.00

Memo Item

B. WELCH FOR CONGRESS

Full Name (Last, First, Middle Initial)
WELCH FOR CONGRESS

Date of Disbursement: MM / DD / YYYY
09 / 26 / 2017

Mailing Address PO BOX 1682

City: BURLINGTON State: VT Zip Code: 05402

Purpose of Disbursement: Contribution

Candidate Name: Welch, Peter, , Rep.,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: VT District: 01

FEC Identification Number: C00413179
Transaction ID: D180706
Amount of Each Disbursement this Period: 1000.00

Memo Item

C. GALLEGO FOR ARIZONA

Full Name (Last, First, Middle Initial)
GALLEGO FOR ARIZONA

Date of Disbursement: MM / DD / YYYY
09 / 12 / 2017

Mailing Address PO BOX 1710

City: PHOENIX State: AZ Zip Code: 85001

Purpose of Disbursement: Contribution

Candidate Name: Gallego, Ruben, , Rep.,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: AZ District: 07

FEC Identification Number: C00558627
Transaction ID: D180467
Amount of Each Disbursement this Period: 1000.00

Memo Item

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

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

3000.00

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

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FOR LINE NUMBER:
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. BEN CARDIN FOR SENATE, INC.

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 21093

City CATONSVILLE State MD Zip Code 21228

Purpose of Disbursement Contribution

Candidate Name **Cardin, Benjamin, L., Sen.,**

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: MD District:

Date of Disbursement: 09 / 26 / 2017

FEC Identification Number: C00411587
Transaction ID : D180708
Amount of Each Disbursement this Period: 5000.00

Memo Item

B. DONNELLY FOR INDIANA

Full Name (Last, First, Middle Initial)
Mailing Address 1050 17TH ST NW STE 590

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement Contribution

Candidate Name **Donnelly, Joe, , Sen.,**

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: IN District:

Date of Disbursement: 09 / 26 / 2017

FEC Identification Number: C00496232
Transaction ID : D180704
Amount of Each Disbursement this Period: 2500.00

Memo Item

C. FRIENDS OF JOHN BARRASSO

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 52008

City CASPER State WY Zip Code 82605

Purpose of Disbursement Contribution

Candidate Name **Barrasso, John, , Sen.,**

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: WY District:

Date of Disbursement: 09 / 26 / 2017

FEC Identification Number: C00436386
Transaction ID : D180709
Amount of Each Disbursement this Period: 4000.00

Memo Item

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

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

11500.00

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

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FOR LINE NUMBER:
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. FRIENDS OF JOHN BARRASSO

Mailing Address PO BOX 52008

City
CASPER

State
WY

Zip Code
82605

Purpose of Disbursement
Contribution

Candidate Name

Barrasso, John, , Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: WY District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	1	7

FEC Identification Number

C C00436386

Transaction ID : D180710

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Tom O'Halleran for Congress

Mailing Address PO Box 20375

City
Sedona

State
AZ

Zip Code
86341

Purpose of Disbursement
Contribution

Candidate Name

O'Halleran, Tom, ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: AZ District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	2		2	0	1	7

FEC Identification Number

C C00582890

Transaction ID : D180472

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. WALDEN VICTORY FUND

Mailing Address 228 S WASHINGTON ST
SUITE 115

City
ALEXANDRIA

State
VA

Zip Code
22314

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	2		2	0	1	7

FEC Identification Number

C C00542787

Transaction ID : D180462

Amount of Each Disbursement this Period

5000.00

Memo Item

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

7000.00

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

63500.00