

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 52
(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. Raymond Calhoun

Mailing Address 583 Horizon Drive

City State Zip Code
 Brockway PA 15824

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Guardian Elder Care

Occupation
 Chairman of the Board

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 30 / 2013

Transaction ID : C2437491

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Gregory Chambery

Mailing Address 100 Daniel Dr

City State Zip Code
 Webster NY 14580-2912

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Maplewood Nursing Home, Inc.

Occupation
 Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 05 / 2013

Transaction ID : C2418597

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Donald Chensvold

Mailing Address 4080 1st Ave NE

City State Zip Code
 Cedar Rapids IA 52402-3160

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Healthcare of Iowa, Inc.

Occupation
 President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 25 / 2013

Transaction ID : C2436300

Amount of Each Receipt this Period

400.00

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

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

1650.00