

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**
American Health Care Association Political Action Committee

ADDRESS (number and street) 1201 L Street, NW
Washington DC 20005
Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00006080 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on [MM] / [DD] / [YYYY] in the State of []
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [05] / [01] / [2018] through [05] / [31] / [2018]

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Fogg, Phil, , Mr., Jr.
Type or Print Name of Treasurer

Signature of Treasurer *Fogg, Phil, , Mr., Jr.* [Electronically Filed] Date [06] / [20] / [2018]

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="2018"/>	<input type="text" value="49158.07"/>	<input type="text" value="49158.07"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="117059.04"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="18392.02"/>	<input type="text" value="336498.39"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="135451.06"/>	<input type="text" value="385656.46"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="76225.69"/>	<input type="text" value="326431.09"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="59225.37"/>	<input type="text" value="59225.37"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
05 / 01 / 2018 To: M M / D D / Y Y Y Y Y Y
05 / 31 / 2018

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).....	16803.88	318064.36
(ii) Unitemized	1588.14	12434.03
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	18392.02	330498.39
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	18392.02	335498.39
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	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)).....▶	18392.02	336498.39
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	18392.02	336498.39

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	725.69	6181.09
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	725.69	6181.09
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	75500.00	314000.00
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	6250.00
(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	6250.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
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)) ..	76225.69	326431.09
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	76225.69	326431.09

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	18392.02	335498.39
34. Total Contribution Refunds (from Line 28(d))	0.00	6250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	18392.02	329248.39
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	725.69	6181.09
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	725.69	6181.09

**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 27
<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 7151 Whispering Oak Drive

City Sylvania	State OH	Zip Code 43560
------------------	-------------	-------------------

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

Name of Employer (for Individual) HCR ManorCare	Occupation (for Individual) VP of Reimbursement
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2018

Transaction ID : C3710150

Amount of Each Receipt this Period
200.00

Memo Item

B. Barraclough, Brent, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 854 Highland View Loop

City Redmond	State OR	Zip Code 97756
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Select..JDL Inc.	Occupation (for Individual) Owner
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		08		2018

Transaction ID : C3712923

Amount of Each Receipt this Period
250.00

Memo Item

C. Boddy, Heath, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4615 Union Hill Road

City Lincoln	State NE	Zip Code 68516
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		12		2018

Transaction ID : C3714912

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	550.00
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 7 OF 27
<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. Chase, Phil, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3075 E Thousand Oaks Blvd
 City Thousand Oaks State CA Zip Code 91362-3402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Chase Group Occupation (for Individual) Nursing Home Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 05 / 17 / 2018
Transaction ID : C3721243
 Amount of Each Receipt this Period 2500.00
 Memo Item

B. Chies, Steven, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1557 Coon Rapids Blvd NW #201
 City Coon Rapids State MN Zip Code 55433
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) North Cities Health Care, Inc. Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 17 / 2018
Transaction ID : C3718165
 Amount of Each Receipt this Period 250.00
 Memo Item

C. 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 ▼ 608.72

Date of Receipt 05 / 24 / 2018
Transaction ID : C3721298
 Amount of Each Receipt this Period 173.92
 Memo Item
 * Payroll Deduction: \$86.96 bi-weekly

SUBTOTAL of Receipts This Page (optional).....	2923.92
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 27
	<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. Cline, Lara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2705 Faxon Dr
 City Plano State TX Zip Code 75025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cantex CCN Occupation (for Individual) Nurse Practitioner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 15 / 2018
Transaction ID : C3716356
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Daily, Kenneth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3608 Bethany Ct.
 City Dayton State OH Zip Code 45415
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Elder Care Systems Group Occupation (for Individual) Long Term Care Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 17 / 2018
Transaction ID : C3718167
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Daniel, Kenneth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2243 Kilchurn Drive
 City Marion State OH Zip Code 43302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Church Homes, Inc. Occupation (for Individual) President & CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 18 / 2018
Transaction ID : C3721246
 Amount of Each Receipt this Period 250.00
 Memo Item

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: (check only one)	PAGE 9 OF 27
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Dixon, Dave, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1611 West Lakes Parkway
 City West Des Moines State IA Zip Code 50266
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Care Initiatives Occupation (for Individual) VP/CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 05 / 31 / 2018
Transaction ID : C3721163
 Amount of Each Receipt this Period 500.00
 Memo Item

B. 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 ▼ 238.10

Date of Receipt 05 / 24 / 2018
Transaction ID : C3721296
 Amount of Each Receipt this Period 95.24
 Memo Item
 * Payroll Deduction: \$47.62 bi-weekly

C. Eyt, Teresa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10009 Dallas Ave
 City Takoma Park State MD Zip Code 20901-2240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Health Care Association Occupation (for Individual) Senior Director, Education
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.06

Date of Receipt 05 / 24 / 2018
Transaction ID : C3721295
 Amount of Each Receipt this Period 107.16
 Memo Item
 * Payroll Deduction: \$53.58 bi-weekly

SUBTOTAL of Receipts This Page (optional).....	702.40
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 27
<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. Gifford, David, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 81 Kenyon Ave.

City East Greenwich	State RI	Zip Code 02818-2905
------------------------	-------------	------------------------

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

Name of Employer (for Individual) American Health Care Association	Occupation (for Individual) Sr Vp, Quality & Regulatory Affairs
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	10	/	2018

Transaction ID : C3713580

Amount of Each Receipt this Period
1000.00

Memo Item

B. Goux, Ronald, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2045 Highway 59
PO Box 1429

City Mandeville	State LA	Zip Code 70448-1909
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Gulf South Medical Enterprises	Occupation (for Individual) President
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1167.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	17	/	2018

Transaction ID : C3718168

Amount of Each Receipt this Period
125.00

Memo Item

C. 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
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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
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
272.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	24	/	2018

Transaction ID : C3721302

Amount of Each Receipt this Period
90.90

Memo Item

* Payroll Deduction: \$45.45 bi-weekly

SUBTOTAL of Receipts This Page (optional).....	1215.90
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 27
<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. Hatlestad, Steve, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18705 West 153rd Terrace
 City Olathe State KS Zip Code 66062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Americare Systems, Inc. Occupation (for Individual) VP, Operation Skilled Division
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 17 / 2018
Transaction ID : C3718174
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Kylo, David, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4621 28th Road South
 City Arlington State VA Zip Code 22206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Health Care Association Occupation (for Individual) VP, Insurance and Member Programs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 24 / 2018
Transaction ID : C3721299
 Amount of Each Receipt this Period
 100.00
 Memo Item
 * Payroll Deduction: \$50.00 bi-weekly

C. Lee, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 517 Overdale Road
 City Baltimore State MD Zip Code 21229-2413
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nexion Health Management, Inc. Occupation (for Individual) 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
 05 / 17 / 2018
Transaction ID : C3718171
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	600.00
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 27
	<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. 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 ▼ 3000.00

Date of Receipt 05 / 23 / 2018
Transaction ID : C3721254
 Amount of Each Receipt this Period 1500.00
 Memo Item

B. 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 05 / 17 / 2018
Transaction ID : C3718169
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Mariam, Brad, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 955 Brand Ln
 City Deerfield State IL Zip Code 60015-3403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medline Industries Occupation (for Individual) Sales Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 17 / 2018
Transaction ID : C3721244
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2250.00
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 27
<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. Marshall, Anthony, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 117 Whitestone Dr.

City McDonough	State GA	Zip Code 30253
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		12		2018

Transaction ID : C3714913

Amount of Each Receipt this Period
100.00

Memo Item

B. McClung, David, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7598 Sunset Dr

City Avalon	State NJ	Zip Code 08202
----------------	-------------	-------------------

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

Name of Employer (for Individual) Nexion Health	Occupation (for Individual) CFO
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		08		2018

Transaction ID : C3718163

Amount of Each Receipt this Period
500.00

Memo Item

C. Mendlen, Jill, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6155 Cornerstone Center East Suite 220

City San Diego	State CA	Zip Code 92121-4737
-------------------	-------------	------------------------

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

Name of Employer (for Individual) LightBridge Hospice & Palliative Care	Occupation (for Individual) President/CEO
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		17		2018

Transaction ID : C3718170

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	850.00
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 27
<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 1814 Carpenter Rd
 City Alexandria State VA Zip Code 22314
 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 ▼ 1666.64

Date of Receipt 05 / 24 / 2018
Transaction ID : C3721300
 Amount of Each Receipt this Period 416.66
 Memo Item
 * Payroll Deduction: \$208.33 bi-weekly

B. Rapp, Sally, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3308 Ocean Blvd
 City Corona del Mar State CA Zip Code 92625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sr Administrative Services Inc. Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 05 / 17 / 2018
Transaction ID : C3718173
 Amount of Each Receipt this Period 5000.00
 Memo Item

C. Roberts, Tara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 269 Harders Crossing Blvd
 City Shreveport State LA Zip Code 71106-8526
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nexion Health Management, Inc. Occupation (for Individual) VP, Rehab and Wound Care Services
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 02 / 2018
Transaction ID : C3710151
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	5666.66
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 27
<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. Sharp-Herle, Christina, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1644 Mount Eagle Pl
 City Alexandria State VA Zip Code 22302-2121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Health Care Association Occupation (for Individual) Senior Director, Member Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 24 / 2018
Transaction ID : C3721307
 Amount of Each Receipt this Period 60.00
 Memo Item
 * Payroll Deduction: \$30.00 bi-weekly

B. Thomas, Tina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2918 W. Trilby Ave
 City Tampa State FL Zip Code 33611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mission Health Communities Occupation (for Individual) Senior VP of Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 05 / 29 / 2018
Transaction ID : C3720940
 Amount of Each Receipt this Period 65.00
 Memo Item

C. Williams, Julianne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2523 20th Avenue
 City Kingsburg State CA Zip Code 93631
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Dycora Transitional Health & Living Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 05 / 19 / 2018
Transaction ID : C3719345
 Amount of Each Receipt this Period 420.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	545.00
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 16 OF 27
(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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wylie, Michael, , ,

Mailing Address 205 Fairview Rd

City Clarks Green	State PA	Zip Code 18411-1207
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Genesis Healthcare	Occupation (for Individual) VP Development
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		25		2018

Transaction ID : C3721263

Amount of Each Receipt this Period
750.00

Memo Item

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	16803.88

**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 05 / 07 / 2018	
Mailing Address PO Box 53773		FEC Identification Number C [] Transaction ID : D183705 Amount of Each Disbursement this Period [] 233.44	
City Phoenix	State AZ	Zip Code 85072-3773	Category/ Type []
Purpose of Disbursement Credit Card Processing Fees		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. BB&T Merchant Services		Date of Disbursement MM / DD / YYYY 05 / 15 / 2018	
Mailing Address PO Box 200		FEC Identification Number C [] Transaction ID : D183706 Amount of Each Disbursement this Period [] 388.23	
City Wilson	State NC	Zip Code 27894-0200	Category/ Type []
Purpose of Disbursement Credit Card Processing Fees		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. BB&T		Date of Disbursement MM / DD / YYYY 05 / 21 / 2018	
Mailing Address 1099 New York Ave NW Ste 100		FEC Identification Number C [] Transaction ID : D183707 Amount of Each Disbursement this Period [] 104.02	
City Washington	State DC	Zip Code 20001-4452	Category/ Type []
Purpose of Disbursement Bank Fees		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 725.69
TOTAL This Period (last page this line number only).....▶	[] 725.69

**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. AMERIPAC: THE FUND FOR A GREATER AMERICA

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

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 21 / 2018

FEC Identification Number

C C00271338

Transaction ID : D183485

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. BLUE HEN PAC

Mailing Address PO BOX 15293

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
05 / 30 / 2018

FEC Identification Number

C C00493700

Transaction ID : D183552

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. 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

MM / DD / YYYY
05 / 15 / 2018

FEC Identification Number

C C00399196

Transaction ID : D183443

Amount of Each Disbursement this Period

5000.00

Memo Item

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

15000.00

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. FIRST STATE PAC

Mailing Address P.O. Box 3006

City: **Wilmington** State: **DE** Zip Code: **19804**

Purpose of Disbursement: **Contribution**

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : D183551

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Future Forum PAC

Mailing Address PO Box 83142

City: **Gaithersburg** State: **MD** Zip Code: **20883**

Purpose of Disbursement: **Contribution**

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : D183307

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. JIM BANKS FOR CONGRESS, INC.

Mailing Address P.O. BOX 11431

City: **FORT WAYNE** State: **IN** Zip Code: **46858**

Purpose of Disbursement: **Contribution**

Candidate Name
Banks, Jim, , ,

Office Sought: House Senate President
State: **IN** District: **03**

Disbursement For: 2018 Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : D183488

Amount of Each Disbursement this Period

Memo Item

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

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

A. JUDY CHU FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address 16633 VENTURA BLVD # 1008

City ENCINO State CA Zip Code 91436

Purpose of Disbursement Contribution

Candidate Name
Chu, Judy, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: CA District: 27

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 30 / 2018

FEC Identification Number

C C00458125

Transaction ID : D183553

Amount of Each Disbursement this Period

1000.00

Memo Item

B. LAHOOD FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 10735

City PEORIA State IL Zip Code 61612

Purpose of Disbursement Contribution

Candidate Name
LaHood, Darin, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: IL District: 18

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 21 / 2018

FEC Identification Number

C C00575050

Transaction ID : D183486

Amount of Each Disbursement this Period

1000.00

Memo Item

C. LOIS FRANKEL FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 812421

City Boca Raton State FL Zip Code 33481

Purpose of Disbursement Contribution

Candidate Name
Frankel, Lois, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: FL District: 22

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 15 / 2018

FEC Identification Number

C C00494856

Transaction ID : D183441

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

3000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. NORMA TORRES FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address 728 W EDNA PLACE

City COVINA State CA Zip Code 91722

Purpose of Disbursement Contribution

Candidate Name
Torres, Norma, J., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: CA District: 35

Date of Disbursement

MM / DD / YYYY
05 / 30 / 2018

FEC Identification Number

C C00557652

Transaction ID : D183543

Amount of Each Disbursement this Period

1000.00

Memo Item

B. ANNA ESHOO FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address 555 Capitol Mall, Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement Contribution

Candidate Name
Eshoo, Anna, G., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: CA District: 18

Date of Disbursement

MM / DD / YYYY
05 / 15 / 2018

FEC Identification Number

C C00258475

Transaction ID : D183436

Amount of Each Disbursement this Period

1000.00

Memo Item

C. FRIENDS OF CHERI BUSTOS

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 77

City EAST MOLINE State IL Zip Code 61244

Purpose of Disbursement Contribution

Candidate Name
Bustos, Cheri, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: IL District: 17

Date of Disbursement

MM / DD / YYYY
05 / 15 / 2018

FEC Identification Number

C C00498568

Transaction ID : D183439

Amount of Each Disbursement this Period

2500.00

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. MATSUI FOR CONGRESS		Date of Disbursement MM / DD / YYYY 05 / 15 / 2018
Mailing Address PO BOX 1738 2nd Floor		FEC Identification Number C00409219 Transaction ID : D183440
City SACRAMENTO	State CA	Zip Code 95812
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 2500.00
Candidate Name Matsui, Doris, , Rep.,		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 06	

Full Name (Last, First, Middle Initial) B. BUDDY CARTER FOR CONGRESS		Date of Disbursement MM / DD / YYYY 05 / 04 / 2018
Mailing Address 200 E ST JULIAN ST SUITE 603		FEC Identification Number C00543967 Transaction ID : D183308
City SAVANNAH	State GA	Zip Code 31401
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 5000.00
Candidate Name Carter, Earl, L., Rep.,		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA	District: 01	

Full Name (Last, First, Middle Initial) C. KURT SCHRADER FOR CONGRESS		Date of Disbursement MM / DD / YYYY 05 / 30 / 2018
Mailing Address PO Box 3314		FEC Identification Number C00446906 Transaction ID : D183547
City Oregon City	State OR	Zip Code 97045
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 2500.00
Candidate Name Schrader, Kurt, , Rep.,		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OR	District: 05	

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

10000.00

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

A. COMMITTEE TO RE-ELECT LINDA SANCHEZ

Full Name (Last, First, Middle Initial)
Mailing Address 410 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement Contribution

Candidate Name Sanchez, Linda, T., Rep.,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: CA District: 38

Date of Disbursement: 05 / 04 / 2018

FEC Identification Number: C00384057
Transaction ID : D183306
Amount of Each Disbursement this Period: 1000.00

Memo Item

B. NANCY PELOSI FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address 700 13TH STREET, NW SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement Contribution

Candidate Name PELOSI, NANCY, , Rep.,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: CA District: 12

Date of Disbursement: 05 / 15 / 2018

FEC Identification Number: C00213512
Transaction ID : D183438
Amount of Each Disbursement this Period: 2500.00

Memo Item

C. PETE AGUILAR FOR CONGRESS

Full Name (Last, First, Middle Initial)
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

Date of Disbursement: 05 / 15 / 2018

FEC Identification Number: C00510461
Transaction ID : D183442
Amount of Each Disbursement this Period: 1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. GRAVES FOR CONGRESS

Mailing Address PO BOX 701

City **GAINESVILLE** State **GA** Zip Code **30503**

Purpose of Disbursement
Contribution

Candidate Name
GRAVES, JOHN THOMAS, , Rep., JR.

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: **GA** District: **14**

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : D183487

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. HELLER FOR SENATE

Mailing Address PO BOX 371907

City **LAS VEGAS** State **NV** Zip Code **89137**

Purpose of Disbursement
Contribution

Candidate Name
Heller, Dean, , Sen.,

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : D183554

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. MANCHIN FOR WEST VIRGINIA

Mailing Address PO Box 5202

City **Charleston** State **WV** Zip Code **25361-0202**

Purpose of Disbursement
Contribution

Candidate Name
Manchin, Joe, , Sen., III

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : D183305

Amount of Each Disbursement this Period

Memo Item

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

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

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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. MONTANANS FOR TESTER

Mailing Address PO BOX 1135

City HELENA State MT Zip Code 59624

Purpose of Disbursement
Contribution

Candidate Name
Tester, Jon, , Sen.,

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

State: MT District:

Date of Disbursement

MM / DD / YYYY
05 / 30 / 2018

FEC Identification Number

C C00412304

Transaction ID : D183544

Amount of Each Disbursement this Period

4000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. MENENDEZ FOR SENATE

Mailing Address ONE GATEWAY CENTER SUITE 520

City NEWARK State NJ Zip Code 07102

Purpose of Disbursement
Contribution

Candidate Name
Menendez, Robert, , Sen.,

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

State: NJ District:

Date of Disbursement

MM / DD / YYYY
05 / 30 / 2018

FEC Identification Number

C C00264564

Transaction ID : D183549

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. CARPER FOR SENATE

Mailing Address 19 EAST COMMONS BLVD SECOND FLOOR

City NEW CASTLE State DE Zip Code 19720

Purpose of Disbursement
Contribution

Candidate Name
Carper, Thomas, R., Sen.,

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

State: DE District:

Date of Disbursement

MM / DD / YYYY
05 / 30 / 2018

FEC Identification Number

C C00349217

Transaction ID : D183550

Amount of Each Disbursement this Period

4000.00

Memo Item

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

13000.00

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

A. SUSIE LEE FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address 5130 S Fort Apache Rd

City Las Vegas State NV Zip Code 89148-1719

Purpose of Disbursement Contribution

Candidate Name **LEE, SUSIE, , ,**

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: NV District: 03

Date of Disbursement: 05 / 30 / 2018

FEC Identification Number: **C00655613**
Transaction ID : **D183548**
Amount of Each Disbursement this Period: 2500.00

Memo Item

B. Tom O'Halleran for Congress

Full Name (Last, First, Middle Initial)
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: 05 / 30 / 2018

FEC Identification Number: **C00582890**
Transaction ID : **D183545**
Amount of Each Disbursement this Period: 1000.00

Memo Item

C. Tom O'Halleran for Congress

Full Name (Last, First, Middle Initial)
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: 05 / 30 / 2018

FEC Identification Number: **C00582890**
Transaction ID : **D183546**
Amount of Each Disbursement this Period: 1500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 5000.00

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

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

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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. TREY FOR CONGRESS		Date of Disbursement MM / DD / YYYY 05 / 21 / 2018
Mailing Address PO BOX 421		FEC Identification Number C00590463 Transaction ID : D183489
City JEFFERSONVILLE	State IN	Zip Code 47130
Purpose of Disbursement Contribution	Category/Type	Amount of Each Disbursement this Period 1000.00
Candidate Name Hollingsworth, Trey, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
State: IN District: 09	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. VAQUERO PAC		Date of Disbursement MM / DD / YYYY 05 / 15 / 2018
Mailing Address 1150 N LOOP 1604 W		FEC Identification Number C00570622 Transaction ID : D183444
City SAN ANTONIO	State TX	Zip Code 78248
Purpose of Disbursement Contribution	Category/Type	Amount of Each Disbursement this Period 5000.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. VICTORY IN NOVEMBER ELECTION PAC (VINEPAC)		Date of Disbursement MM / DD / YYYY 05 / 15 / 2018
Mailing Address 227 Massachusetts Ave. NE		FEC Identification Number C00378695 Transaction ID : D183437
City Washington	State DC	Zip Code 20002
Purpose of Disbursement Contribution	Category/Type	Amount of Each Disbursement this Period 2000.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional).....▶	8000.00
TOTAL This Period (last page this line number only).....▶	75500.00