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) PO Box 33079

☐ Check if different than previously reported. (ACC)

Washington | DC | 20033-0079

2. **FEC IDENTIFICATION NUMBER ▼** C C00006080

CITY ▲ | STATE ▲ | ZIP CODE ▲

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)
- ☐ Mar 20 (M3)
- ☐ Apr 20 (M4)
- ☐ May 20 (M5)
- ☐ Jun 20 (M6)
- ☐ Jul 20 (M7)
- ☒ Aug 20 (M8)
- ☐ Sep 20 (M9)
- ☐ Oct 20 (M10)
- ☐ Nov 20 (M11) (Non-Election Year Only)
- ☐ Dec 20 (M12) (Non-Election Year Only)
- ☐ Jan 31 (YE)

(c) 12-Day **PRE**-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R) ☐ Convention (12C) ☐ Special (12S)

Election on M M / D D / Y Y Y Y in the State of

(d) 30-Day **POST**-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on M M / D D / Y Y Y Y in the State of

5. Covering Period 07 / 01 / 2025 through 07 / 31 / 2025

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

Type or Print Name of Treasurer Schumann, Sarah, , ,

Signature of Treasurer *Schumann, Sarah, , ,* Date 08 / 14 / 2025

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

Office Use Only							

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: 07 / 01 / 2025 To: 07 / 31 / 2025

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2025		25974.03
(b) Cash on Hand at Beginning of Reporting Period	65108.68	
(c) Total Receipts (from Line 19)	20729.68	304030.98
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	85838.36	330005.01
7. Total Disbursements (from Line 31)	12960.65	257127.30
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	72877.71	72877.71
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 the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period: From: 07/01/2025 To: 07/31/2025

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)	20601.10	288421.11
(ii) Unitemized	128.58	5609.71
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	20729.68	294030.82
(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) ▶	20729.68	304030.82
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.16
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)) ▶	20729.68	304030.98
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶	20729.68	304030.98

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	460.65	5127.30
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶	460.65	5127.30
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	12500.00	247000.00
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	5000.00
(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	5000.00
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))	12960.65	257127.30
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶	12960.65	257127.30

DETAILED SUMMARY PAGE
of Disbursements

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)	20729.68	304030.82
34. Total Contribution Refunds (from Line 28(d))	0.00	5000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	20729.68	299030.82
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	460.65	5127.30
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ▶	460.65	5127.30

Image# 202508149789471785

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 19

☒ 11a ☐ 11b ☐ 11c ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Schewe, Jill, , ,

Mailing Address 6658 Parkwood Road

City: Edina | State: MN | Zip Code: 55436

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): AHCA/NCAL
Occupation (for Individual): Director of Policy and Regulatory Affa

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt: 07 / 01 / 2025
Transaction ID : 19020193

Amount of Each Receipt this Period: 45.00

☐ Memo Item

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

Mailing Address 4216 NW 147th Street

City: Oklahoma City | State: OK | Zip Code: 73134

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Care Providers Oklahoma
Occupation (for Individual): President/CEO

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 294.00

Date of Receipt: 07 / 03 / 2025
Transaction ID : 19022379

Amount of Each Receipt this Period: 42.00

☐ Memo Item

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

Mailing Address 1105 Windon Drive

City: Wilmington | State: DE | Zip Code: 19803

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Kutz Senior Living Campus
Occupation (for Individual): CEO, NHA

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 07 / 05 / 2025
Transaction ID : 19023327

Amount of Each Receipt this Period: 30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 117.00

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

Image# 202508149789471786

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 19

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Simpkins, Julie, , ,

Mailing Address 4882 North Convent

City: Bourbonnais | State: IL | Zip Code: 60914

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Gardant
Occupation (for Individual): President, Assisted Living

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 2100.00

Date of Receipt: 07 / 06 / 2025
Transaction ID : 19023339

Amount of Each Receipt this Period: 350.00

☐ Memo Item

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

Mailing Address 7 Chase Street

City: West Newbury | State: MA | Zip Code: 01985

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Massachusetts Senior Care Association
Occupation (for Individual): President

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 600.00

Date of Receipt: 07 / 06 / 2025
Transaction ID : 19023340

Amount of Each Receipt this Period: 100.00

☐ Memo Item

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

Mailing Address 18198 Shelley Pond Ct

City: Northville | State: MI | Zip Code: 48168

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Optalis Healthcare
Occupation (for Individual): CEO

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 3000.00

Date of Receipt: 07 / 07 / 2025
Transaction ID : 19023355

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1450.00

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

Image# 202508149789471787

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 19

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Patel, Pinal, , ,

Mailing Address 18198 Shelley Pond Ct

City: Northville | State: MI | Zip Code: 48168

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): N/A
Occupation (for Individual): Homemaker

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 3000.00

Date of Receipt: 07 / 07 / 2025
Transaction ID : 19023356

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

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

Mailing Address 50 Stillwater Circle

City: Somersworth | State: NH | Zip Code: 03878

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): NHHCA
Occupation (for Individual): President/CEO

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 500.00

Date of Receipt: 07 / 09 / 2025
Transaction ID : 19024747

Amount of Each Receipt this Period: 125.00

☐ Memo Item

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

Mailing Address 800 Carlisle Blvd. SE

City: Albuquerque | State: NM | Zip Code: 87106

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): New Mexico Health Care Association
Occupation (for Individual): Executive Director

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 588.00

Date of Receipt: 07 / 15 / 2025
Transaction ID : 19065053

Amount of Each Receipt this Period: 84.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1209.00

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

Image# 202508149789471788

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 19

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gage, John, E., Mr.,

Mailing Address 50 Hartford Pl.

City: Warwick | State: RI | Zip Code: 02888

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): RIHCA
Occupation (for Individual): President & CEO

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 07 / 15 / 2025
Transaction ID : 19065054

Amount of Each Receipt this Period: 250.00

☐ Memo Item

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

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
Occupation (for Individual): SVP

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt: 07 / 16 / 2025
Transaction ID : 19066615

Amount of Each Receipt this Period: 125.00

☐ Memo Item

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

Mailing Address 163 Serrano Heights

City: San Luis Obispo | State: CA | Zip Code: 93405

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Compass Health, Inc.
Occupation (for Individual): Administrator

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 07 / 16 / 2025
Transaction ID : 19066616

Amount of Each Receipt this Period: 50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 425.00

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

Image# 202508149789471789

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 19

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Stuhr, Brian, , ,

Mailing Address 1831 W 22nd Street

City: Wahoo | State: NE | Zip Code: 68066

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Vetter Senior Living
Occupation (for Individual): CFO

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 583.38

Date of Receipt: 07 / 22 / 2025
Transaction ID : 19068479

Amount of Each Receipt this Period: 83.34

☐ Memo Item

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

Mailing Address 3011 Hester Way

City: Salado | State: TX | Zip Code: 76571

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Touchstone Communities
Occupation (for Individual): Chief Operating Officer

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 700.00

Date of Receipt: 07 / 22 / 2025
Transaction ID : 19068480

Amount of Each Receipt this Period: 100.00

☐ Memo Item

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

Mailing Address 335 Cranberry Way

City: Louisville | State: KY | Zip Code: 40245

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Trilogy Health Services
Occupation (for Individual): VP, Gov't Relations

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 375.00

Date of Receipt: 07 / 23 / 2025
Transaction ID : 19068568

Amount of Each Receipt this Period: 125.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 308.34

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

Image# 202508149789471790

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 19

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Russ, Leonard, , ,

Mailing Address 40 Keogh Lane

City: New Rochelle | State: NY | Zip Code: 10805

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Bay Berry Care Center
Occupation (for Individual): Principal Partner

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 3750.00

Date of Receipt: 07 / 23 / 2025
Transaction ID : 19068569

Amount of Each Receipt this Period: 1250.00

☐ Memo Item

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

Mailing Address 40 Keogh Lane

City: New Rochelle | State: NY | Zip Code: 10805

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): N/A
Occupation (for Individual): Homemaker

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 3750.00

Date of Receipt: 07 / 23 / 2025
Transaction ID : 19068570

Amount of Each Receipt this Period: 1250.00

☐ Memo Item

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

Mailing Address 317 State Street

City: Augusta | State: ME | Zip Code: 04330

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Maine Health Care Association
Occupation (for Individual): CEO/President

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 25 / 2025
Transaction ID : 19069398

Amount of Each Receipt this Period: 250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 2750.00

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

Image# 202508149789471791

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 19

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Scalo, Philip, , ,

Mailing Address 100 North County Line Road

City: Jackson | State: NJ | Zip Code: 08527

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Bartley Healthcare
Occupation (for Individual): President & CEO

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 3750.00

Date of Receipt: 07 / 28 / 2025
Transaction ID : 19069819

Amount of Each Receipt this Period: 1250.00

☐ Memo Item

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

Mailing Address 405 Atlantic St.

City: Melbourne Beach | State: FL | Zip Code: 32951

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Capital Funding Group
Occupation (for Individual): President

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 07 / 11 / 2025
Transaction ID : 19081470

Amount of Each Receipt this Period: 5000.00

☐ Memo Item

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

Mailing Address 405 Atlantic St.

City: Melbourne Beach | State: FL | Zip Code: 32951

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Capital Funding Group
Occupation (for Individual): Secretary

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 07 / 11 / 2025
Transaction ID : 19081471

Amount of Each Receipt this Period: 5000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 11250.00

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

Image# 202508149789471792

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 19

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lee, James, Randal, ,

Mailing Address 176 Laurelhurst Ave

City: Columbia | State: SC | Zip Code: 29210-3824

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): South Carolina Health Care Assn
Occupation (for Individual): President

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 1000.00

Date of Receipt: 07 / 30 / 2025
Transaction ID : 19081473

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

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

Mailing Address 7851 Metro parkway

City: bloomington | State: MN | Zip Code: 55425

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Care Providers of Minnesota
Occupation (for Individual): President/CEO

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 500.00

Date of Receipt: 07 / 30 / 2025
Transaction ID : 19081474

Amount of Each Receipt this Period: 500.00

☐ Memo Item

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

Mailing Address 5621 SE Shawnee Heights Rd

City: Tecumseh | State: KS | Zip Code: 66542

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): KHCA/KCAL (Kansas)
Occupation (for Individual): President/CEO

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 500.00

Date of Receipt: 07 / 31 / 2025
Transaction ID : 19081475

Amount of Each Receipt this Period: 500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 2000.00

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

Image# 202508149789471793

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 19

- [X] 11a
- [ ] 11b
- [ ] 11c
- [ ] 12
- [ ] 13
- [ ] 14
- [ ] 15
- [ ] 16
- [ ] 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Porter, Clifton, , ,

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 ▼: 2708.29

Date of Receipt: 07 / 31 / 2025
Transaction ID : PR955197836916

Amount of Each Receipt this Period: 416.66

- [ ] Memo Item

P/R Deduction ($208.33 Bi-Weekly)

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

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): VP, Gov't Affairs

Receipt For:
- [ ] Primary
- [ ] General
- [ ] Other (specify) ▼

Aggregate Year-to-Date ▼: 1190.50

Date of Receipt: 07 / 31 / 2025
Transaction ID : PR955207536916

Amount of Each Receipt this Period: 238.10

- [ ] Memo Item

P/R Deduction ($119.05 Bi-Weekly)

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

Mailing Address 375 Depot Street

City: Sterling | State: NE | Zip Code: 68443

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): American Health Care Association
Occupation (for Individual): Senior Manager, Clinical & Regulatory

Receipt For:
- [ ] Primary
- [ ] General
- [ ] Other (specify)

Aggregate Year-to-Date ▼: 261.90

Date of Receipt: 07 / 31 / 2025
Transaction ID : PR955226236916

Amount of Each Receipt this Period: 52.38

- [ ] Memo Item

P/R Deduction ($26.19 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 707.14

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

Image# 202508149789471794

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 19

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bethea, LaShuan, , ,

Mailing Address 122 C Street, NW
Suite 400

City: Washington | State: DC | Zip Code: 20013

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): National Center for Assisted Living
Occupation (for Individual): Executive Director

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
2692.28

Date of Receipt: 07 / 31 / 2025

Transaction ID : PR955227236916

Amount of Each Receipt this Period
384.62

☐ Memo Item

P/R Deduction ($192.31 Bi-Weekly)

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) ▶ 384.62

TOTAL This Period (last page this line number only) ▶ 20601.10

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)
☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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

A.
Full Name (Last, First, Middle Initial)
Truist Merchant Services
Mailing Address PO Box 200
City: Wilson | State: NC | Zip Code: 27894-0200
Purpose of Disbursement: Credit Card Processing Fees
Candidate Name:
Category/Type: 001
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 15 / 2025
FEC Identification Number: C
Transaction ID : 19081468
Amount of Each Disbursement this Period: 278.64
Credit Card Processing Fees
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
Truist
Mailing Address 1099 New York Ave NW Ste 100
City: Washington | State: DC | Zip Code: 20001-4452
Purpose of Disbursement: Bank Fees
Candidate Name:
Category/Type: 001
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 21 / 2025
FEC Identification Number: C
Transaction ID : 19081469
Amount of Each Disbursement this Period: 153.91
Bank Fees
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City | State | Zip Code
Purpose of Disbursement
Candidate Name
Category/Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
FEC Identification Number: C
Amount of Each Disbursement this Period
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 432.55

TOTAL This Period (last page this line number only) ▶ 432.55

Image# 202508149789471796

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)
21b 22 [X] 23 26 27
28a 28b 28c 29 30b

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

A.
Full Name (Last, First, Middle Initial)
Rebuild America PAC
Mailing Address PO Box 15845
City: Washington | State: DC | Zip Code: 20003
Purpose of Disbursement: Contribution
Candidate Name:
Category/Type: 011
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 07 / 17 / 2025
FEC Identification Number: C C00881698
Transaction ID : 19068034
Amount of Each Disbursement this Period: 2500.00
Contribution
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial)
Mad 4 Pa PAC
Mailing Address P.O. Box 444
City: Glenside | State: PA | Zip Code: 19038
Purpose of Disbursement: Contribution
Candidate Name: Dean, Madeleine, , Rep.,
Category/Type: 011
Office Sought: [X] House [ ] Senate [ ] President
State: PA District: 04
Disbursement For: 2026 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 07 / 17 / 2025
FEC Identification Number: C C00670844
Transaction ID : 19068035
Amount of Each Disbursement this Period: 1000.00
Contribution
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial)
Evans Victory Committee
Mailing Address 4075 Linglestown Road #119
City: Harrisburg | State: PA | Zip Code: 17112
Purpose of Disbursement: Contribution
Candidate Name:
Category/Type: 011
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 07 / 22 / 2025
FEC Identification Number: C
Transaction ID : 19068490
Amount of Each Disbursement this Period: 2500.00
Contribution
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 6000.00

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

Image# 202508149789471797

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)
21b 22 [X] 23 26 27
28a 28b 28c 29 30b

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

A.
Full Name (Last, First, Middle Initial)
Friends Of Jim Clyburn
Mailing Address Post Office Box 12567
City: Columbia | State: SC | Zip Code: 29211
Purpose of Disbursement: Contribution
Candidate Name: Clyburn, James, E., Rep.,
Category/Type: 011
Office Sought: [X] House [ ] Senate [ ] President
State: SC District: 06
Disbursement For: 2026 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 07 / 22 / 2025
FEC Identification Number: C C00255562
Transaction ID : 19068491
Amount of Each Disbursement this Period: 2500.00
Contribution
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial)
Kustoff For Congress
Mailing Address PO Box 58823
City: Nashville | State: TN | Zip Code: 37205
Purpose of Disbursement: Contribution
Candidate Name: Kustoff, David, , Rep.,
Category/Type: 011
Office Sought: [X] House [ ] Senate [ ] President
State: TN District: 08
Disbursement For: 2026 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 07 / 22 / 2025
FEC Identification Number: C C00614826
Transaction ID : 19068492
Amount of Each Disbursement this Period: 2000.00
Contribution
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial)
Adrian Smith For Congress
Mailing Address 1126 Avenue A
Ste 6
City: Scottsbluff | State: NE | Zip Code: 69361-3563
Purpose of Disbursement: Contribution
Candidate Name: Smith, Adrian, , Rep.,
Category/Type: 011
Office Sought: [X] House [ ] Senate [ ] President
State: NE District: 03
Disbursement For: 2026 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 07 / 22 / 2025
FEC Identification Number: C C00412890
Transaction ID : 19068493
Amount of Each Disbursement this Period: 1000.00
Contribution
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 5500.00

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

Image# 202508149789471798

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)
21b 22 [X] 23 26 27
28a 28b 28c 29 30b

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

A.
Full Name (Last, First, Middle Initial)
Messmer For Congress
Mailing Address PO Box 44003
City: Indianapolis | State: IN | Zip Code: 46244
Purpose of Disbursement: Contribution
Category/Type: 011
Candidate Name: Messmer, Mark, , Rep.,
Office Sought: [X] House [ ] Senate [ ] President
State: IN District: 08
Disbursement For: 2026 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 07 / 22 / 2025
FEC Identification Number: C C00867218
Transaction ID : 19068494
Amount of Each Disbursement this Period: 1000.00
Contribution
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial)
Mailing Address
City | State | Zip Code
Purpose of Disbursement
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
FEC Identification Number: C
Amount of Each Disbursement this Period
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City | State | Zip Code
Purpose of Disbursement
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
FEC Identification Number: C
Amount of Each Disbursement this Period
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1000.00

TOTAL This Period (last page this line number only) ▶ 12500.00