

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

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

FOR LINE NUMBER: PAGE 9 OF 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

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

A. Erickson, Joanne, E, ,

Mailing Address 911 S Randolph St

City
ArlingtonState
VAZip Code
22204-1564FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
American Health Care AssociationOccupation (for Individual)
Senior Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

526.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 23 / 2019

Transaction ID : C3941360

Amount of Each Receipt this Period

105.26

☐ Memo Item

* Payroll Deduction: \$52.63 bi-weekly

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

B. Estes, Norman, , ,

Mailing Address 931 Fairfax Park

City
TuscaloosaState
ALZip Code
35406-2805FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NHS ManagementOccupation (for Individual)
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 20 / 2019

Transaction ID : C3941356

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

C. Eyet, Teresa, , ,

Mailing Address 10009 Dallas Ave

City
Takoma ParkState
MDZip Code
20901-2240FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
American Health Care AssociationOccupation (for Individual)
Senior Director, Education

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 23 / 2019

Transaction ID : C3941359

Amount of Each Receipt this Period

200.00

☐ Memo Item

* Payroll Deduction: \$100.00 bi-weekly

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

5305.26

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