

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

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

FOR LINE NUMBER: PAGE 8 OF 24

(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. Ciolek, Daniel, , ,

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 ▼

777.77

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 26 / 2019

Transaction ID : C3929406

Amount of Each Receipt this Period

222.22

☐ Memo Item

* Payroll Deduction: \$111.11 bi-weekly

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

B. Coplin, Beth, , ,

Mailing Address 106 Shawnee Cir.

City
West Monroe

State
LA

Zip Code
71291

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Landmark Nursing & Rehab Center

Occupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2019

Transaction ID : C3929377

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Erickson, Joanne, E, ,

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 ▼

421.04

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 26 / 2019

Transaction ID : C3929404

Amount of Each Receipt this Period

105.26

☐ Memo Item

* Payroll Deduction: \$52.63 bi-weekly

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

827.48

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