

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Assisted Living Federation of America

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="2015"/>		595995.93
(b) Cash on Hand at Beginning of Reporting Period.....	580079.12	
(c) Total Receipts (from Line 19)	7134.78	14029.56
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	587213.90	610025.49
7. Total Disbursements (from Line 31).....	16335.92	39147.51
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	570877.98	570877.98
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:

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. 06/2004)

Write or Type Committee Name

Assisted Living Federation of America

Report Covering the Period: From: / / To: / /

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).....	7134.78	8599.56
(ii) Unitemized	0.00	430.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	7134.78	9029.56
(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)	7134.78	14029.56
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	0.00
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))..... ▶	7134.78	14029.56
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	7134.78	14029.56

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	6555.92	18867.51
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	6555.92	18867.51
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500.00	13000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(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	280.00	280.00
(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)).....	280.00	280.00
29. Other Disbursements	7000.00	7000.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	16335.92	39147.51
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16335.92	39147.51

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	7134.78	14029.56
34. Total Contribution Refunds (from Line 28(d))	280.00	280.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6854.78	13749.56
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	6555.92	18867.51
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	6555.92	18867.51

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA

Transaction ID :

Amendment to correct missing receipt and refund transactions.

Form/Schedule:

Transaction ID:

**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
<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)
Assisted Living Federation of America

A. James Balda
Full Name (Last, First, Middle Initial)

Mailing Address 1650 King St
Ste 602

City Alexandria State VA Zip Code 22314-2747

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

Name of Employer ALFA Occupation President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **652.17**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 01 / 2015

Transaction ID : AA44D0F60E7BB4847A0B

Amount of Each Receipt this Period
217.39

B. Mr. craig wheeler
Full Name (Last, First, Middle Initial)

Mailing Address 24839 SE 278th St

City Maple Valley State WA Zip Code 98038-2019

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

Name of Employer Merrill Gardens Occupation VP of IT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 03 / 2015

Transaction ID : A0C4324A817944545AF0

Amount of Each Receipt this Period
280.00

C. Clarence Porch
Full Name (Last, First, Middle Initial)

Mailing Address 101 Brunswick Dr

City Tyrone State GA Zip Code 30290-1560

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

Name of Employer HD Supply Interior Solutions Occupation National Accounts Manager

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
03 / 04 / 2015

Transaction ID : AAA53FD78A71F426AA95

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... **747.39**

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 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Assisted Living Federation of America

A. Mike Miller
Full Name (Last, First, Middle Initial)

Mailing Address 26205 N 54th Ave

City Phoenix State AZ Zip Code 85083-1217

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

Name of Employer Bild & Co. Occupation Vice President of Sales

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
 03 / 10 / 2015

Transaction ID : A8CAF93773854463EA05

Amount of Each Receipt this Period
 250.00

B. Ms. Vicki R. Clark
Full Name (Last, First, Middle Initial)

Mailing Address 714 1/2 Poinsettia Ave

City Corona Del Mar State CA Zip Code 92625-5525

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

Name of Employer Western seniors housing Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 11 / 2015

Transaction ID : AA5281059EEBF4FB9887

Amount of Each Receipt this Period
 280.00

C. Mr. Rob Day
Full Name (Last, First, Middle Initial)

Mailing Address 61525 Westridge Ave

City Bend State OR Zip Code 97702-1905

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

Name of Employer G5 Occupation National Account Executive

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
 03 / 11 / 2015

Transaction ID : A71D1B0FD66E14194A67

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	780.00
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 10 OF 19
	<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)
Assisted Living Federation of America

A. Erin Hayes
Full Name (Last, First, Middle Initial)

Mailing Address 5600 S Quebec St
Ste 305D

City Greenwood Village State CO Zip Code 80111-2201

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

Name of Employer Enquire Solutions Occupation CIO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
03 / 16 / 2015
Transaction ID : AFC660B40B8D047CAB00

Amount of Each Receipt this Period
250.00

B. Mr. Michael Pokora
Full Name (Last, First, Middle Initial)

Mailing Address 233 S Wacker Dr
Ste 2000

City Chicago State IL Zip Code 60606-6400

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

Name of Employer Willis Occupation Insurance Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt
03 / 17 / 2015
Transaction ID : AD67031E3FBFE46FE825

Amount of Each Receipt this Period
280.00

C. Mark Hemingway
Full Name (Last, First, Middle Initial)

Mailing Address 8905 Compton St

City Denton State TX Zip Code 76207-6735

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

Name of Employer LTC Properties, Inc. Occupation VP - Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
03 / 17 / 2015
Transaction ID : A99117BF72127417CB6A

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 780.00

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 11 OF 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Assisted Living Federation of America

A. Ms. Nancy Hodes
 Full Name (Last, First, Middle Initial)
 Mailing Address 433 State St
 City Albany State NY Zip Code 12203-1003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Hodes & Landy Occupation: Principal
 Receipt For: Primary General Other (specify)

Date of Receipt: 03 / 18 / 2015
Transaction ID : A41B843CBC4064A809CF
 Amount of Each Receipt this Period: 280.00
 Aggregate Year-to-Date: 280.00

B. Michele O'Connor
 Full Name (Last, First, Middle Initial)
 Mailing Address 828 Jay St
 City Albany State NY Zip Code 12203-1625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Hodes & Landy Occupation: Legislative Associate
 Receipt For: Primary General Other (specify)

Date of Receipt: 03 / 18 / 2015
Transaction ID : A1B09675D7F1E41A39D3
 Amount of Each Receipt this Period: 280.00
 Aggregate Year-to-Date: 280.00

C. Ms. Virginia Landy
 Full Name (Last, First, Middle Initial)
 Mailing Address 42 W Bayberry Rd
 City Glenmont State NY Zip Code 12077-3037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Hodes & Landy Occupation: Principal
 Receipt For: Primary General Other (specify)

Date of Receipt: 03 / 18 / 2015
Transaction ID : A0E14B534824842849B9
 Amount of Each Receipt this Period: 280.00
 Aggregate Year-to-Date: 280.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 840.00
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 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Assisted Living Federation of America

A. Mr. Michael Zusman
 Full Name (Last, First, Middle Initial)
 Mailing Address 6160 Peachtree Dunwoody Rd
 Bldg C
 City Atlanta State GA Zip Code 30328-6068
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kwalu Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 560.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 19 / 2015
Transaction ID : A7B14F938E68E4EAC955
 Amount of Each Receipt this Period
 560.00

B. Mr. Jerry Grove
 Full Name (Last, First, Middle Initial)
 Mailing Address 7372 Liberty One Dr
 City Liberty Township State OH Zip Code 45044-8872
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ESCO Technologies, LLC Occupation 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
 03 / 19 / 2015
Transaction ID : A2B0FDEC3E92146EF90D
 Amount of Each Receipt this Period
 250.00

C. Mr. Paul Stegenga
 Full Name (Last, First, Middle Initial)
 Mailing Address 675 Tower Rd NE
 City Marietta State GA Zip Code 30060-6958
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CDH PARTNERS Occupation Architect
 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
 03 / 22 / 2015
Transaction ID : A1637881A25CD460AA91
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1310.00
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 13 OF 19
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Assisted Living Federation of America

Full Name (Last, First, Middle Initial)
A. Mr. Jeffrey S. Frum
 Mailing Address 21492 Montbury Dr
 City State Zip Code
 Lake Forest CA 92630-6551
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Silverado VP
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 03 / 22 / 2015
Transaction ID : A38ED7AEDD5DD421AA17
 Amount of Each Receipt this Period
 100.00

Full Name (Last, First, Middle Initial)
B. Michael Quinn
 Mailing Address 17852 Ayrshire Blvd
 City State Zip Code
 Land O Lakes FL 34638-7968
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ABILITY Network VP Strategic Partner Development
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 03 / 24 / 2015
Transaction ID : A9960BDD4967E4A4393B
 Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
C. Catherine Owens
 Mailing Address 426 S Selwood Ln
 City State Zip Code
 Star ID 83669-5718
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Senior Living Consultant
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 03 / 24 / 2015
Transaction ID : A87743A097AE346FE812
 Amount of Each Receipt this Period
 250.00

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 14 OF 19
	<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	

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NAME OF COMMITTEE (In Full)
Assisted Living Federation of America

A. Matthew Kussman
Full Name (Last, First, Middle Initial)

Mailing Address 7372 Liberty One Dr

City State Zip Code
Liberty Township OH 45044-8872

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

Name of Employer Occupation
ESCO Technologies, LLC Sales Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
03 / 24 / 2015
Transaction ID : **AD5D3CA23B9B44A509DC**

Amount of Each Receipt this Period
250.00

B. Jim Aufderheide
Full Name (Last, First, Middle Initial)

Mailing Address 5325 W 62nd St

City State Zip Code
Edina MN 55436-2660

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

Name of Employer Occupation
Aufderworld Corporation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
03 / 25 / 2015
Transaction ID : **A2CDC3FDC660D40D1BD2**

Amount of Each Receipt this Period
250.00

C. Rich Kortum
Full Name (Last, First, Middle Initial)

Mailing Address 3459 Grainger Pkwy

City State Zip Code
Lincoln NE 68516-4902

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

Name of Employer Occupation
My InnerView by National Research Corp Sr. Director Partner Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
03 / 26 / 2015
Transaction ID : **A18B4F8457C634869A65**

Amount of Each Receipt this Period
250.00

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: PAGE 15 OF 19
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Assisted Living Federation of America

Full Name (Last, First, Middle Initial)
A. Mindy Cheek

Mailing Address 8421 Ram Ridge Rd

City State Zip Code
 Fort Worth TX 76137-5931

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

Name of Employer Occupation
 Greystone Communities. VP Sales and Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 330.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2015

Transaction ID : A6B52BCBF1A334850AD5

Amount of Each Receipt this Period
 330.00

Full Name (Last, First, Middle Initial)
B. Tyler Bury

Mailing Address 3533 W Mineral Butte Dr

City State Zip Code
 Queen Creek AZ 85142-3055

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

Name of Employer Occupation
 Philips National Account Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 280.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2015

Transaction ID : A6F277815E19E4066897

Amount of Each Receipt this Period
 280.00

Full Name (Last, First, Middle Initial)
C.

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	610.00
TOTAL This Period (last page this line number only).....▶	7134.78

**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"/> 24	<input type="checkbox"/> 25	<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)
Assisted Living Federation of America

Full Name (Last, First, Middle Initial)

A. SunTrust Bank

Mailing Address 1445 New York Ave NW

City Washington State DC Zip Code 20005-2134

Purpose of Disbursement
Credit Card Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	31	/	2015

Transaction ID : B98C3A1279F544659A88

Amount of Each Disbursement this Period

217.92

Full Name (Last, First, Middle Initial)

B. Cassidy & Associates

Mailing Address 733 10th St NW Ste 400

City Washington State DC Zip Code 20001-4886

Purpose of Disbursement
PAC Outsourcing Consulting Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	31	/	2015

Transaction ID : B5A7F7CD5EB744B66824

Amount of Each Disbursement this Period

6288.00

Full Name (Last, First, Middle Initial)

C. California Secretary of State Political Reform Div

Mailing Address 1500 11th St Rm 495

City Sacramento State CA Zip Code 95814-5701

Purpose of Disbursement
Registration fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	31	/	2015

Transaction ID : BBCDB428F62F14672ABE

Amount of Each Disbursement this Period

50.00

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

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

6555.92

6555.92

**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"/> 24	<input type="checkbox"/> 25	<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)
Assisted Living Federation of America

Full Name (Last, First, Middle Initial)

A. Tim Scott For Senate

Mailing Address 1405 Ashley River Rd

City Charleston State SC Zip Code 29407-5305

Purpose of Disbursement
Contribution to FED Committee

Candidate Name
Sen. Tim E. Scott

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: SC District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : BF7B8844DBDA54D58BAB

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

2500.00

2500.00

**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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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)
Assisted Living Federation of America

Full Name (Last, First, Middle Initial)

A. Mr. Michael Pokora

Mailing Address 233 S Wacker Dr
Ste 2000

City Chicago State IL Zip Code 60606-6400

Purpose of Disbursement
Refund of 3/17/15 Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
03 / 18 / 2015

Transaction ID : BD9EB995DA5A34C4FB6C

Amount of Each Disbursement this Period

280.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

280.00

280.00

**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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Assisted Living Federation of America

Full Name (Last, First, Middle Initial)

A. CALA PAC

Mailing Address 455 Capitol Mall
Suite 222

City Sacramento State CA Zip Code 95814-4409

Purpose of Disbursement
Contribution to state committee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2015
 Primary General
 Other (specify) ▼
Other2015

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : B4141C3AE87F64D01B7D

Amount of Each Disbursement this Period

7000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

7000.00

7000.00