

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
Assisted Living Federation of America

ADDRESS (number and street) 1650 King Street  
Suite 602  
 Check if different than previously reported. (ACC)  
Alexandria VA 22314

2. **FEC IDENTIFICATION NUMBER** C00338020  
**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 Quarterly 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 (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 07 01 2009 through 12 31 2009

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 Ms Maribeth Bersani

Signature of Treasurer Electronically Filed by Ms Maribeth Bersani Date 02 22 2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

A. Form/Schedule : **F3XN**

Transaction ID :

Assisted Living Federation of America 2009 Year-End Report. Note: We're terribly sorry that this is late and that we missed the deadline. The two consecutive blizzards combined with planned staff travel to create a situation that prevented us from filing until today. We will work to ensure that all subsequent reports are filed in a timely manner.

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Assisted Living Federation of America

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		109775.00
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	128312.02									
(c) Total Receipts (from Line 19) .....	57008.85	86045.87								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	185320.87	195820.87								
7. Total Disbursements (from Line 31) .....	13213.17	23713.17								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	172107.70	172107.70								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
Assisted Living Federation of America

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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) .....	47300.00	60756.00
(ii) Unitemized .....	5492.82	18073.84
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	52792.82	78829.84
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	3800.00	6800.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	56592.82	85629.84
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) .....	416.03	416.03
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 Transfer (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)) .....	57008.85	86045.87
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	57008.85	86045.87

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared 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.....	1213.17	1213.17
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1213.17	1213.17
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12000.00	22500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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 .....	0.00	0.00
(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	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	13213.17	23713.17
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13213.17	23713.17

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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) .....	56592.82	85629.84
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	56592.82	85629.84
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1213.17	1213.17
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	416.03	416.03
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	797.14	797.14

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 32  
(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

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.**

Full Name (Last, First, Middle Initial) Budgie Amparo		Date of Receipt <table border="1" style="font-size: small; text-align: center;"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		3	0		2	0	0	9													
Mailing Address 737 Olive Way Apt 2800		<b>Transaction ID:</b> C798677																				
City State Zip Code Seattle WA 98101-3754	Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"><tr><td>500.00</td></tr></table>		500.00																			
500.00																						
FEC ID number of contributing federal political committee. <table border="1" style="width: 100%; text-align: center;"><tr><td>C</td></tr></table>	C																					
C																						
Name of Employer Emeritus Senior Living	Occupation SVP, Quality & Risk Mgt.																					
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"><tr><td>500.00</td></tr></table>		500.00																			
500.00																						

**B.**

Full Name (Last, First, Middle Initial) Michel Augsburgger		Date of Receipt <table border="1" style="font-size: small; text-align: center;"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		0	3		2	0	0	9													
Mailing Address 903 Vanessa Ct		<b>Transaction ID:</b> C781818																				
City State Zip Code Windsor CA 95492-7924	Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"><tr><td>1000.00</td></tr></table>		1000.00																			
1000.00																						
FEC ID number of contributing federal political committee. <table border="1" style="width: 100%; text-align: center;"><tr><td>C</td></tr></table>	C																					
C																						
Name of Employer Chancellor Health Care Inc	Occupation President/CEO																					
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"><tr><td>1300.00</td></tr></table>		1300.00																			
1300.00																						

**C.**

Full Name (Last, First, Middle Initial) Brenda J. Bacon		Date of Receipt <table border="1" style="font-size: small; text-align: center;"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
1	2		0	2		2	0	0	9													
Mailing Address 525 Fellowship Rd Ste 360		<b>Transaction ID:</b> C811748																				
City State Zip Code Mount Laurel NJ 08054-3406	Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"><tr><td>2000.00</td></tr></table>		2000.00																			
2000.00																						
FEC ID number of contributing federal political committee. <table border="1" style="width: 100%; text-align: center;"><tr><td>C</td></tr></table>	C																					
C																						
Name of Employer Brandywine Senior Living	Occupation President & CEO																					
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"><tr><td>2200.00</td></tr></table>		2200.00																			
2200.00																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<table border="1" style="width: 100%; text-align: center;"><tr><td>3500.00</td></tr></table>	3500.00
3500.00		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1" style="width: 100%; height: 20px;"></table>	

# 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 / 32
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Thomas W. Baker		Date of Receipt
	Mailing Address 830 Cherry Dr		<input type="text" value="10"/> / <input type="text" value="19"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Hershey	PA	17033-2007
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> C794272
Name of Employer Country Meadows		Occupation VP Sales & Marketing	Amount of Each Receipt this Period
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="500.00"/>
		<input type="text" value="500.00"/>	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dan Baty		Date of Receipt
	Mailing Address 3131 Elliott Ave Ste 500		<input type="text" value="11"/> / <input type="text" value="11"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Seattle	WA	98121-1032
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> C803365
Name of Employer Emeritus		Occupation Chairman & Co-CEO	Amount of Each Receipt this Period
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="5000.00"/>
		<input type="text" value="5000.00"/>	

<b>C.</b>	Full Name (Last, First, Middle Initial) Christopher Belford		Date of Receipt
	Mailing Address 5700 Texas Trl		<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Colleyville	TX	76034-3443
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> C800765
Name of Employer Emeritus Corp		Occupation VP of Operations	Amount of Each Receipt this Period
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="350.00"/>
		<input type="text" value="350.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="5850.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 32  
(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)  
Assisted Living Federation of America

**A.**

Full Name (Last, First, Middle Initial)  
Stephen Benjamin

Mailing Address 14779 San Marsala  
14779 San Marsala

City Tampa State FL Zip Code 33626

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

Name of Employer Horizon Bay Retirement Communities Occupation COO

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2700.00

Date of Receipt MM / DD / YYYY  
12 / 03 / 2009

Transaction ID: C811749

Amount of Each Receipt this Period 2500.00

**B.**

Full Name (Last, First, Middle Initial)  
Maribeth Bersani

Mailing Address 315 S. Fayette Street  
315 S. Fayette St.

City Alexandria State VA Zip Code 22314-2747

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

Name of Employer Assisted Living Federation of America Occupation Senior Vice President and Dir of Publi

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY  
08 / 26 / 2009

Transaction ID: C770889

Amount of Each Receipt this Period 100.00

**C.**

Full Name (Last, First, Middle Initial)  
Raymond Brandstrom

Mailing Address 3131 Elliott Ave  
Ste 500

City Seattle State WA Zip Code 98121-1032

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

Name of Employer Emeritus Senior Living Occupation Sr VP Finance and CFO

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY  
11 / 09 / 2009

Transaction ID: C801830

Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **3600.00**

**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 10 / 32  
(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)  
Assisted Living Federation of America

**A.**

Full Name (Last, First, Middle Initial)  
Gennaro Cataldo

Mailing Address 35 Augustus St

City State Zip Code  
Revere MA 02151-1807

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

Name of Employer Occupation  
Benchmark Assisted Living Senior Vice President

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 0 / 2 0 0 9

**Transaction ID: C802148**

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
John Cincotta

Mailing Address 22315 6th Ave S  
B-304

City State Zip Code  
Des Moines WA 98198-6859

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

Name of Employer Occupation  
Emeritus SVP of Sales

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 5 / 2 0 0 9

**Transaction ID: C809671**

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Granger Cobb

Mailing Address 1950 Alaskan Way  
Apt 137

City State Zip Code  
Seattle WA 98101-1076

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

Name of Employer Occupation  
Emeritus Assisted Living Co-CEO and President

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 5 / 2 0 0 9

**Transaction ID: C801541**

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6000.00**

**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 11 / 32

(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)  
Assisted Living Federation of America

**A.**

Full Name (Last, First, Middle Initial)  
Gesile Dixon

Mailing Address 103 Brookside Cir

City State Zip Code  
Honea Path SC 29654-2159

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

Name of Employer Occupation  
Emeritus VPQS Nurse

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	6		2	0	0	9

Transaction ID: C805527

Amount of Each Receipt this Period

250.00
--------

**B.**

Full Name (Last, First, Middle Initial)  
Michelle Egerer

Mailing Address 350 W Bay St

City State Zip Code  
Costa Mesa CA 92627-2020

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

Name of Employer Occupation  
Silverado Senior Living Newport Mesa Administrator

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	0	9

Transaction ID: C781815

Amount of Each Receipt this Period

500.00
--------

**C.**

Full Name (Last, First, Middle Initial)  
Anne Ellett

Mailing Address 27123 Calle Arroyo

City State Zip Code  
San Juan Capistran CA 92675-2763

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

Name of Employer Occupation  
Silverado Senior Living Inc Vice President Health Services

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	0	9

Transaction ID: C781816

Amount of Each Receipt this Period

500.00
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**SUBTOTAL** of Receipts This Page (optional) .....

1250.00
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**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 12 / 32  
(check only one)  
 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)  
Assisted Living Federation of America

**A.** Full Name (Last, First, Middle Initial)  
Sue Farrow

Mailing Address 3520 Ridgecrest Dr

City Carlsbad State CA Zip Code 92008-2033

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

Name of Employer Integral Senior Living Occupation Pres/CEO

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2100.00

Date of Receipt 11 / 12 / 2009  
**Transaction ID: C803463**  
 Amount of Each Receipt this Period 2000.00

**B.** Full Name (Last, First, Middle Initial)  
Lisa Fordyce

Mailing Address 21944 Boord Rd

City Marysville State OH Zip Code 43040-9666

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

Name of Employer Emeritus Senior Living In-c. Occupation VPO

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 22 / 2009  
**Transaction ID: C795634**  
 Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Thomas Grape

Mailing Address 180 Highland St

City Weston State MA Zip Code 02493-1112

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

Name of Employer Benchmark Assisted Living Occupation CEO

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 21 / 2009  
**Transaction ID: C794366**  
 Amount of Each Receipt this Period 2000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4250.00

**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 / 32  
(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)  
Assisted Living Federation of America

**A.**

Full Name (Last, First, Middle Initial)  
Pat Grider

Mailing Address 601 Retoma Park

City State Zip Code  
Robinson TX 76706-7188

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

Name of Employer Occupation  
Emeritus Senior Living VPQS

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
11 / 13 / 2009

**Transaction ID: C804862**

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Rick Grimes

Mailing Address 5265 Cozy Glen Ln

City State Zip Code  
Alexandria VA 22312-3911

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

Name of Employer Occupation  
Assisted Living Federation of America President/CEO

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
12 / 02 / 2009

**Transaction ID: C810553**

Amount of Each Receipt this Period  
900.00

**C.**

Full Name (Last, First, Middle Initial)  
Christopher Guay

Mailing Address 6 Springfield Cir

City State Zip Code  
Merrimack NH 03054-3831

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

Name of Employer Occupation  
Emeritus Senior Living VP Operations Northeast Division

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
10 / 22 / 2009

**Transaction ID: C795369**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1400.00**

**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 14 / 32  
(check only one)  
 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)  
Assisted Living Federation of America

**A.** Full Name (Last, First, Middle Initial)  
Allison Guthertz

Mailing Address 2 Herrick Dr  
Apt 2H

City State Zip Code  
Lawrence NY 11559-1404

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

Name of Employer Occupation  
Benchmark Assisted Living VP of Quality Resident Services

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	0	/	2	0	0	9

**Transaction ID:** C798616

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Michelle Hamilton

Mailing Address 830 Cherry Dr

City State Zip Code  
Hershey PA 17033-2007

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

Name of Employer Occupation  
Country Meadows Vice President of Operations

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	0	/	2	0	0	9

**Transaction ID:** C796837

Amount of Each Receipt this Period  
600.00

**C.** Full Name (Last, First, Middle Initial)  
Stephanie Handelson

Mailing Address 12251 Main Campus Dr

City State Zip Code  
Lexington MA 02421-8639

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

Name of Employer Occupation  
Benchmark Assisted Living COO

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	9	/	2	0	0	9

**Transaction ID:** C801809

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1100.00**

**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 / 32  
(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)  
Assisted Living Federation of America

**A.**

Full Name (Last, First, Middle Initial)  
Jim Hanson

Mailing Address 714 Bellevue Ave E  
Apt 601

City State Zip Code  
Seattle WA 98102-5990

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

Name of Employer Occupation  
Emeritus Senior Living Senior VP & Controller

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
10 / 21 / 2009

**Transaction ID:** C794380

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Angela Hilleshiem

Mailing Address 1450 E Watertower St  
Ste 130

City State Zip Code  
Meridian ID 83642-4683

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

Name of Employer Occupation  
Emeritus Sr. Living VP Quality Services Mountain Division

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
11 / 06 / 2009

**Transaction ID:** C801784

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Chris Hyatt

Mailing Address 8234 SE 26th St

City State Zip Code  
Mercer Island WA 98040-2203

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

Name of Employer Occupation  
Emeritus SVP of Operations

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
11 / 12 / 2009

**Transaction ID:** C803456

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

**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 / 32  
(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

**A.** Full Name (Last, First, Middle Initial)  
Paul Klaassen

Mailing Address 100 S Pointe Dr  
Apt 3803

City Miami Beach State FL Zip Code 33139-7375

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

Name of Employer Sunrise Senior Living Occupation Chairman

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt MM / DD / YYYY  
12 / 20 / 2009

**Transaction ID: C818944**

Amount of Each Receipt this Period 2500.00

**B.** Full Name (Last, First, Middle Initial)  
Jerry Le

Mailing Address 847 Bogie Lane  
847 Bogie Lane

City Carolina Shores State NC Zip Code 28467

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

Name of Employer Assisted Living Federation of America Occupation SVP

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt MM / DD / YYYY  
09 / 02 / 2009

**Transaction ID: C781820**

Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
David C. Leader

Mailing Address 830 Cherry Dr

City Hershey State PA Zip Code 17033-2007

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

Name of Employer Country Meadows Occupation Chief Operating Officer

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt MM / DD / YYYY  
11 / 02 / 2009

**Transaction ID: C800862**

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3250.00

**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 17 / 32
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) G. Michael Leader		Date of Receipt	
	Mailing Address 1070 W. Areba Ave. 1070 Abrea Ave		M M / D D / Y Y Y Y 08 / 30 / 2009	
	City State Zip Code Hershey PA 17033		<b>Transaction ID:</b> C781821	
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 3500.00	
	Name of Employer Country Meadows Occupation CEO			
	Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 4500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Janet McKinnon		Date of Receipt	
	Mailing Address 1900 Alaskan Way Apt 416		M M / D D / Y Y Y Y 10 / 30 / 2009	
	City State Zip Code Seattle WA 98101-1068		<b>Transaction ID:</b> C798621	
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00	
	Name of Employer Emeritus Corporation Occupation VP of Legal Affairs			
	Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Eric Mendelsohn		Date of Receipt	
	Mailing Address 3131 Elliott Ave Ste 500		M M / D D / Y Y Y Y 10 / 26 / 2009	
	City State Zip Code Seattle WA 98121-1032		<b>Transaction ID:</b> C803367	
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00	
	Name of Employer Emeritus Senior Living Occupation Vice President Corporate Development			
	Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>4250.00</b>
<b>TOTAL</b> 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 18 / 32  
(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

**A.** Full Name (Last, First, Middle Initial)  
Vincent Mizak  
 Mailing Address 23 Southview Cir  
 City Elizabethtown State PA Zip Code 17022-1358  
 Date of Receipt 10 / 20 / 2009  
**Transaction ID: C794080**  
 Amount of Each Receipt this Period 225.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Information Requested Occupation Information Requested  
 Receipt For: 2010  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

**B.** Full Name (Last, First, Middle Initial)  
Mark Ohlendorf  
 Mailing Address 6737 W Washington St Ste 2300  
 City West Allis State WI Zip Code 53214-5650  
 Date of Receipt 12 / 03 / 2009  
**Transaction ID: C811750**  
 Amount of Each Receipt this Period 2000.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Brookdale Senior Living, Inc. Occupation Co-President  
 Receipt For: 2010  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

**C.** Full Name (Last, First, Middle Initial)  
Suzanne Owens  
 Mailing Address 830 Cherry Dr  
 City Hershey State PA Zip Code 17033-2007  
 Date of Receipt 10 / 20 / 2009  
**Transaction ID: C796836**  
 Amount of Each Receipt this Period 500.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Country Meadows Occupation Vice President of Operations  
 Receipt For: 2010  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2725.00  
**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 19 / 32
	<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)  
Assisted Living Federation of America

<b>A.</b>	Full Name (Last, First, Middle Initial) Jayne Sallerson		Date of Receipt MM / DD / YYYY 11 / 06 / 2009		
	Mailing Address 3907 SW Orchard St		<b>Transaction ID:</b> C801671		
	City Seattle	State WA	Zip Code 98136-1937	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Emeritus Senior Living		Occupation SVP Marketing		
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) William Sivill		Date of Receipt MM / DD / YYYY 11 / 12 / 2009		
	Mailing Address 2800 Elliott Ave Apt 1014		<b>Transaction ID:</b> C804546		
	City Seattle	State WA	Zip Code 98121-1191	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Emeritus Senior Living		Occupation VP IT		
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Tiffany Tomasso		Date of Receipt MM / DD / YYYY 12 / 01 / 2009		
	Mailing Address 12834 Parapet Way		<b>Transaction ID:</b> C810504		
	City Herndon	State VA	Zip Code 20171-1736	Amount of Each Receipt this Period 2500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Sunrise Senior Living Inc		Occupation Chief Operating Officer		
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2500.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3250.00
<b>TOTAL</b> 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 20 / 32  
(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)  
Assisted Living Federation of America

**A.**

Full Name (Last, First, Middle Initial)  
Dina Tonielli

Mailing Address 201 S 25th St  
Apt 307

City Philadelphia State PA Zip Code 19103-6005

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

Name of Employer Emeritus Senior Living Occupation Vice President of Sales and Marketing

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 26 / 2009  
Transaction ID: C796810  
Amount of Each Receipt this Period 250.00

**B.**

Full Name (Last, First, Middle Initial)  
Dawn S. Usher

Mailing Address 27123 Calle Arroyo

City San Juan Capistran State CA Zip Code 92675-2763

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

Name of Employer Silverado Senior Living Inc Occupation VP/Chief Administrative Officer

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 08 / 26 / 2009  
Transaction ID: C781817  
Amount of Each Receipt this Period 500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dawn S. Usher

Mailing Address 27123 Calle Arroyo

City San Juan Capistran State CA Zip Code 92675-2763

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

Name of Employer Silverado Senior Living Inc Occupation VP/Chief Administrative Officer

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 09 / 04 / 2009  
Transaction ID: C781810  
Amount of Each Receipt this Period 2500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3250.00

**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 21 / 32  
(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)  
Assisted Living Federation of America

**A.**

Full Name (Last, First, Middle Initial)  
Steven L. Vick

Mailing Address 4232 San Carlos St

City State Zip Code  
Dallas TX 75205-2050

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

Name of Employer Occupation  
Signature Senior Living, LLC Chief Executive Officer

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: C840963

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Melanie Werdel

Mailing Address 3131 Elliott Ave Ste 500

City State Zip Code  
Seattle WA 98121-1032

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

Name of Employer Occupation  
Emeritus Senior Living Executive Vice President Administratio

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 1100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: C804867

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Paul J. Williams

Mailing Address 613 Walnut Grove Rd

City State Zip Code  
Essex MD 21221-6091

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

Name of Employer Occupation  
ALFA Association Executive

Receipt For: 2009  
 Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 7 / 2 0 0 9

Transaction ID: C771923

Amount of Each Receipt this Period  
25.00

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

2025.00

**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 22 / 32  
(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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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.**

Full Name (Last, First, Middle Initial)  
Paul J. Williams

Mailing Address 613 Walnut Grove Rd

City Essex State MD Zip Code 21221-6091

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

Name of Employer ALFA Occupation Association Executive

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 14 / 2009

Transaction ID: C778528

Amount of Each Receipt this Period 50.00

**B.**

Full Name (Last, First, Middle Initial)  
Paul J. Williams

Mailing Address 613 Walnut Grove Rd

City Essex State MD Zip Code 21221-6091

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

Name of Employer ALFA Occupation Association Executive

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 30 / 2009

Transaction ID: C785549

Amount of Each Receipt this Period 50.00

**C.**

Full Name (Last, First, Middle Initial)  
Paul J. Williams

Mailing Address 613 Walnut Grove Rd

City Essex State MD Zip Code 21221-6091

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

Name of Employer ALFA Occupation Association Executive

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 21 / 2009

Transaction ID: C794211

Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 150.00

**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 23 / 32  
(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

**A.** Full Name (Last, First, Middle Initial)  
Paul J. Williams

Mailing Address 613 Walnut Grove Rd

City Essex State MD Zip Code 21221-6091

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

Name of Employer ALFA Occupation Association Executive

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 30 / 2009  
**Transaction ID: C798614**  
 Amount of Each Receipt this Period 50.00

**B.** Full Name (Last, First, Middle Initial)  
Paul J. Williams

Mailing Address 613 Walnut Grove Rd

City Essex State MD Zip Code 21221-6091

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

Name of Employer ALFA Occupation Association Executive

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 11 / 17 / 2009  
**Transaction ID: C805612**  
 Amount of Each Receipt this Period 50.00

**C.** Full Name (Last, First, Middle Initial)  
Paul J. Williams

Mailing Address 613 Walnut Grove Rd

City Essex State MD Zip Code 21221-6091

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

Name of Employer ALFA Occupation Association Executive

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 11 / 30 / 2009  
**Transaction ID: C809745**  
 Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 200.00

**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 24 / 32	
	(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"/> 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)  
Assisted Living Federation of America

A.

Full Name (Last, First, Middle Initial) Granger Cobb		Date of Receipt	
Mailing Address 1950 Alaskan Way Apt 137		M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 9	
City Seattle	State WA	Zip Code 98101-1076	Transaction ID: C810507
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period -200.00	
Name of Employer Emeritus Assisted Living	Occupation Co-CEO and President		
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

**[MEMO ITEM]**  
\* Reassigned 5/07/09 contribution to Ms. Tina Cobb (wife).

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	47300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 25 / 32	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<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.**

Full Name (Last, First, Middle Initial) Senior Care Inc Federal PAC		Date of Receipt
Mailing Address 9510 Ormsby Station Rd Ste. 101		<input type="text" value="11"/> / <input type="text" value="16"/> / <input type="text" value="2009"/>
City	State	Zip Code
Louisville	KY	40223
FEC ID number of contributing federal political committee.		Transaction ID: C805482
<input type="text" value="C"/> <input type="text" value="C00325720"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text" value="3800.00"/>
Occupation		
Receipt For: 2010	Aggregate Year-to-Date ▼	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="3800.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="3800.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="3800.00"/>

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

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

FOR LINE NUMBER: PAGE 26 / 32

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" 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.**

Full Name (Last, First, Middle Initial)  
Assisted Living Federation of America

Mailing Address 1650 King St  
Ste 602

City State Zip Code  
Alexandria VA 22314-2747

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
416.03

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	9

Transaction ID: C877301

Amount of Each Receipt this Period

245.24
--------

Reimbursement Bank-Transfer for Credit Card Fees

**B.**

Full Name (Last, First, Middle Initial)  
Assisted Living Federation of America

Mailing Address 1650 King St  
Ste 602

City State Zip Code  
Alexandria VA 22314-2747

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
416.03

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: C877302

Amount of Each Receipt this Period

170.79
--------

Reimbursement Bank-Transfer for Credit Card Fees

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

416.03
--------

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

416.03
--------

**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)

PAGE 27 / 32

<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

A.	Full Name (Last, First, Middle Initial) SunTrust Bank	Transaction ID: D92646 Date of Disbursement 07 / 31 / 2009
	Mailing Address 1445 New York Ave NW	Amount of Each Disbursement this Period 40.00
	City Washington State DC Zip Code 20005-2134	
	Purpose of Disbursement Credit Card Fee Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) SunTrust Bank	Transaction ID: D92647 Date of Disbursement 08 / 31 / 2009
	Mailing Address 1445 New York Ave NW	Amount of Each Disbursement this Period 66.78
	City Washington State DC Zip Code 20005-2134	
	Purpose of Disbursement Credit Card Fee Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) SunTrust Bank	Transaction ID: D92648 Date of Disbursement 09 / 30 / 2009
	Mailing Address 1445 New York Ave NW	Amount of Each Disbursement this Period 43.85
	City Washington State DC Zip Code 20005-2134	
	Purpose of Disbursement Credit Card Fee Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	150.63
<b>TOTAL</b> 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 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

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.	Full Name (Last, First, Middle Initial) SunTrust Bank	Transaction ID: D92649 Date of Disbursement 10 / 31 / 2009
	Mailing Address 1445 New York Ave NW	Amount of Each Disbursement this Period 43.17
	City Washington State DC Zip Code 20005-2134	
	Purpose of Disbursement Credit Card Fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) SunTrust Bank	Transaction ID: D92650 Date of Disbursement 10 / 31 / 2009
	Mailing Address 1445 New York Ave NW	Amount of Each Disbursement this Period 51.44
	City Washington State DC Zip Code 20005-2134	
	Purpose of Disbursement Check Order	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) SunTrust Bank	Transaction ID: D92651 Date of Disbursement 11 / 30 / 2009
	Mailing Address 1445 New York Ave NW	Amount of Each Disbursement this Period 170.79
	City Washington State DC Zip Code 20005-2134	
	Purpose of Disbursement Credit Card Fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	265.40
<b>TOTAL</b> 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)

PAGE 29 / 32

<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

A.

Full Name (Last, First, Middle Initial)  
SunTrust Bank

Transaction ID: D92652

Date of Disbursement

Mailing Address 1445 New York Ave NW

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	9

City Washington State DC Zip Code 20005-2134

Amount of Each Disbursement this Period

797.14
--------

Purpose of Disbursement  
Credit Card Fee

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

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

797.14
--------

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

1213.17
---------

**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

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>CONTINUING A MAJORITY PARTY ACTION COMMITTEE</b></p> <p>Mailing Address 5915 Eastman Avenue Suite 100</p> <p>City Midland State MI Zip Code 48640</p> <p>Purpose of Disbursement Contribution for Primary 2010</p> <p>Candidate Name <b>CONTINUING A MAJORITY PARTY ACTION COMMITTEE</b></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> D88093 <b>Date of Disbursement</b> 07 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>LONGHORN PAC</b></p> <p>Mailing Address 7315 Wisconsin Avenue Suite 310 East</p> <p>City Bethesda State MD Zip Code 20814</p> <p>Purpose of Disbursement 2010 Contribution</p> <p>Candidate Name <b>LONGHORN PAC</b></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> D88946 <b>Date of Disbursement</b> 09 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>RE-ELECT MCGOVERN COMMITTEE</b></p> <p>Mailing Address PO Box 60405</p> <p>City Worcester State MA Zip Code 01606</p> <p>Purpose of Disbursement Primary Contribution</p> <p>Candidate Name Rep. James P. McGovern</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: MA District: 03</p>	<p><b>Transaction ID:</b> D92627 <b>Date of Disbursement</b> 11 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

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

3000.00

**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"/> 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

A.	Full Name (Last, First, Middle Initial) <b>TEAM EMERSON FOR JO ANN EMERSON</b>	<b>Transaction ID: D88947</b>
	Mailing Address <b>PO BOX 822</b>	Date of Disbursement 10 / 06 / 2009
	City <b>CAPE GIRARDEAU</b> State <b>MO</b> Zip Code <b>63702</b>	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement 2010 Contribution	Category/ Type
	Candidate Name Rep. Jo Ann Emerson	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>MO</b> District: <b>08</b>	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) <b>FRIENDS OF BARBARA BOXER</b>	<b>Transaction ID: D88945</b>
	Mailing Address <b>PO BOX 641751</b>	Date of Disbursement 09 / 18 / 2009
	City <b>LOS ANGELES</b> State <b>CA</b> Zip Code <b>90064</b>	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement 2010 Contribution	Category/ Type
	Candidate Name Sen. Barbara Boxer	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>CA</b> District: <b>00</b>	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) <b>FRIENDS OF CHRIS DODD</b>	<b>Transaction ID: D92625</b>
	Mailing Address <b>PO BOX 270701</b>	Date of Disbursement 09 / 25 / 2009
	City <b>WEST HARTFORD</b> State <b>CT</b> Zip Code <b>06127</b>	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Primary Contribution	Category/ Type
	Candidate Name Sen. Christopher J. Dodd	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>CT</b> District: <b>00</b>	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4500.00</b>
<b>TOTAL</b> 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)

PAGE 32 / 32

<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) GEORGIANS FOR ISAKSON</p> <p>Mailing Address POST OFFICE BOX 250116</p> <p>City ATLANTA State GA Zip Code 30325</p> <p>Purpose of Disbursement Contribution for Primary 2010</p> <p>Candidate Name Sen. Johnny Isakson</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D87848 <b>Date of Disbursement</b> 07 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) MCCONNELL SENATE COMMITTEE '08</p> <p>Mailing Address PO BOX 1496</p> <p>City LOUISVILLE State KY Zip Code 40201</p> <p>Purpose of Disbursement Primary Contribution</p> <p>Candidate Name Sen. Mitch McConnell</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D92626 <b>Date of Disbursement</b> 10 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

4500.00

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

12000.00