

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. 12FE4M5

Assisted Living Federation of America

ADDRESS (number and street) 1650 King Street

Check if different than previously reported. (ACC) Suite 602

Alexandria VA 22314

2. **FEC IDENTIFICATION NUMBER ▼** C00338020 **CITY ▲** **STATE ▲** **ZIP CODE ▲**

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|---|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input checked="" type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day **PRE-Election** Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

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

- (d) 30-Day **POST-Election** Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

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

5. Covering Period M M M / D D D / Y Y Y Y Y Y 04 / 01 / 2013 through M M M / D D D / Y Y Y Y Y Y 04 / 30 / 2013

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 Ms Maribeth Bersani *[Electronically Filed]* Date M M M / D D D / Y Y Y Y Y Y 05 / 17 / 2013

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									
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**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="2013"/>		338882.41
(b) Cash on Hand at Beginning of Reporting Period.....	346100.76	
(c) Total Receipts (from Line 19)	57135.11	104035.01
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	403235.87	442917.42
7. Total Disbursements (from Line 31).....	3628.20	43309.75
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	399607.67	399607.67
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).....	48228.10	81578.10
(ii) Unitemized	3727.56	6347.34
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	51955.66	87925.44
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	10000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	56955.66	97925.44
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).....	179.45	1109.57
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	5000.00
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))..... ▶	57135.11	104035.01
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	57135.11	104035.01

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	528.20	1209.75
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	528.20	1209.75
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500.00	41500.00
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	600.00	600.00
(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)).....	600.00	600.00
29. Other Disbursements	0.00	0.00
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)) ..	3628.20	43309.75
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3628.20	43309.75

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)	56955.66	97925.44
34. Total Contribution Refunds (from Line 28(d))	600.00	600.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	56355.66	97325.44
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	528.20	1209.75
37. Offsets to Operating Expenditures (from Line 15, page 3).....	179.45	1109.57
38. Net Operating Expenditures (subtract Line 37 from Line 36)	348.75	100.18

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. russell aaronson
 Full Name (Last, First, Middle Initial)
 Mailing Address 154 Atsion Rd
 City Medford State NJ Zip Code 08055-1311
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self Occupation Investigations
 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
 04 / 30 / 2013
Transaction ID : C2321972
 Amount of Each Receipt this Period
 500.00

B. JIM ALLBAUGH
 Full Name (Last, First, Middle Initial)
 Mailing Address 600 S Cherry St Ste 400
 City Denver State CO Zip Code 80246-1700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Strategic Programs Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 18 / 2013
Transaction ID : C2314888
 Amount of Each Receipt this Period
 300.00

C. Brenda J. Bacon
 Full Name (Last, First, Middle Initial)
 Mailing Address 14 Stead Ct
 City Voorhees State NJ Zip Code 08043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Brandywine Senior Living Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 25 / 2013
Transaction ID : C2317311
 Amount of Each Receipt this Period
 5000.00

SUBTOTAL of Receipts This Page (optional).....▶	5800.00
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 7 OF 31
	<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. Andy Baxter
Full Name (Last, First, Middle Initial)

Mailing Address 84 Long Creek Dr.

City State Zip Code
Stevensville MD 21666

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

Name of Employer Occupation
Surface Logic LLC-N/A CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 16 / 2013
Transaction ID : C2313693

Amount of Each Receipt this Period
2000.00

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

Mailing Address 320 S West St
Apt 404

City State Zip Code
Alexandria VA 22314-5943

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

Name of Employer Occupation
ALFA SVP Public Policy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
503.10

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 15 / 2013
Transaction ID : C2332313

Amount of Each Receipt this Period
3.10

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

Mailing Address 320 S West St
Apt 404

City State Zip Code
Alexandria VA 22314-5943

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

Name of Employer Occupation
ALFA SVP Public Policy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
503.10

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 29 / 2013
Transaction ID : C2317850

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2503.10

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 31
	<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

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

Mailing Address 20918 Arcadia Dr

City Bristol State IN Zip Code 46507-8517

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

Name of Employer Turtle Top Occupation Bus Manufacturer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 30 / 2013
Transaction ID : C2322163

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. Scott Brinker

Mailing Address 2563 Underhill

City Toledo State OH Zip Code 43615

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

Name of Employer Health Care REIT Occupation Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 17 / 2013
Transaction ID : C2314304

Amount of Each Receipt this Period
 3000.00

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

Mailing Address 414 N Huron Cir

City Hazleton State PA Zip Code 18202-3409

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

Name of Employer VCPI Occupation Regional Sales Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 26 / 2013
Transaction ID : C2317685

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3500.00

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 9 OF 31
	<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

Full Name (Last, First, Middle Initial)
A. George L. Chapman

Mailing Address 408 E Broadway St

City State Zip Code
Maumee OH 43537

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

Name of Employer Occupation
Health Care REIT, Inc. CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 17 / 2013

Transaction ID : C2314314

Amount of Each Receipt this Period
2000.00

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

Mailing Address 1521 2nd Avenue #3602

City State Zip Code
Seattle WA 98101

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

Name of Employer Occupation
Emeritus Senior Living-N/A CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 16 / 2013

Transaction ID : C2311523

Amount of Each Receipt this Period
3000.00

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

Mailing Address 1031 Via Del Pozo

City State Zip Code
Los Altos CA 94022-1040

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

Name of Employer Occupation
Caring.com CEO

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
04 / 10 / 2013

Transaction ID : C2300856

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 5500.00

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 31
	<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. John Getchey
Full Name (Last, First, Middle Initial)

Mailing Address 4300 Turtle Creek Dr

City Perrysburg State OH Zip Code 43551-7525

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

Name of Employer Health Care REIT Occupation VP Senior Housing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 17 / 2013
Transaction ID : C2325291

Amount of Each Receipt this Period
 100.00

B. Ross Graham
Full Name (Last, First, Middle Initial)

Mailing Address 157 Pineview Dr

City Oregon State OH Zip Code 43616-2638

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

Name of Employer TESCO Occupation Sales Rep

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
 04 / 19 / 2013
Transaction ID : C2315364

Amount of Each Receipt this Period
 250.00

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

Mailing Address 492 Beacon St Unit 15

City Boston State MA Zip Code 02115-1002

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

Name of Employer Benchmark Senior Living LLC Occupation VP, Quality Resident Services

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
 04 / 25 / 2013
Transaction ID : C2317310

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 12 OF 31
	<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. Gail Harmon
Full Name (Last, First, Middle Initial)

Mailing Address 13223 Broadmeade Ave

City Austin State TX Zip Code 78729-2819

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

Name of Employer Texas Assisted Living Association Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
04 / 03 / 2013
Transaction ID : C2297202

Amount of Each Receipt this Period
250.00

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

Mailing Address 4895 Raintree Dr

City Parker State CO Zip Code 80134-5230

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

Name of Employer Enquire Solutions Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
04 / 07 / 2013
Transaction ID : C2298227

Amount of Each Receipt this Period
250.00

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

Mailing Address 4895 Raintree Dr

City Parker State CO Zip Code 80134-5230

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

Name of Employer Enquire Solutions Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
04 / 07 / 2013
Transaction ID : C2298228

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: (check only one)	PAGE 13 OF 31
	<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

Full Name (Last, First, Middle Initial)
A. Michael Healy

Mailing Address 6200 Gyers Meadow Lane

City Ann Arbor State MI Zip Code 48108

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

Name of Employer Health Care REIT Occupation IT Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 17 / 2013

Transaction ID : C2314258

Amount of Each Receipt this Period
375.00

Full Name (Last, First, Middle Initial)
B. Daniel Hirschfeld

Mailing Address 1 Sunset Knoll Court

City Timonium State MD Zip Code 21093-4775

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

Name of Employer Genesis HealthCare Corp Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 16 / 2013

Transaction ID : C2313695

Amount of Each Receipt this Period
2500.00

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

Mailing Address 550 NW Franklin Ave Ste 220

City Bend State OR Zip Code 97701-2892

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

Name of Employer G5 Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 11 / 2013

Transaction ID : C2301029

Amount of Each Receipt this Period
800.00

SUBTOTAL of Receipts This Page (optional).....▶	3675.00
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 31
	<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. Robert Howdeshell
Full Name (Last, First, Middle Initial)

Mailing Address 2813 SE Bingham Dr

City Lees Summit State MO Zip Code 64063-2478

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

Name of Employer McKesson Occupation Corporate 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
 04 / 26 / 2013

Transaction ID : C2317751

Amount of Each Receipt this Period
 250.00

B. Ken Jaeger
Full Name (Last, First, Middle Initial)

Mailing Address 1950 S Dayton St

City Denver State CO Zip Code 80247-3452

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

Name of Employer MorningStar Senior Living Occupation Senior Living

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
 04 / 19 / 2013

Transaction ID : C2314963

Amount of Each Receipt this Period
 250.00

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

Mailing Address 201 E Ohio St

City Chicago State IL Zip Code 60611-3629

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

Name of Employer Kandu Capital/Bloomfield Senior Living Occupation Principal

Receipt For: 2014
 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
 04 / 08 / 2013

Transaction ID : C2300602

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: (check only one)	PAGE 15 OF 31
	<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. Michelle Kelly
Full Name (Last, First, Middle Initial)

Mailing Address 881 W Cornelia Ave., Apt 2

City Chicago State IL Zip Code 60657

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

Name of Employer Health Care REIT, Inc. Occupation Vice President-Relationship Manager

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
04 / 17 / 2013

Transaction ID : C2314192

Amount of Each Receipt this Period
400.00

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

Mailing Address 881 W Cornelia Ave., Apt 2

City Chicago State IL Zip Code 60657

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

Name of Employer Health Care REIT, Inc. Occupation Vice President-Relationship Manager

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
04 / 17 / 2013

Transaction ID : C2314193

Amount of Each Receipt this Period
100.00

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

Mailing Address 38 Harmony

City Irvine State CA Zip Code 92602-0920

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

Name of Employer Healthcare REIT Occupation SVP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 17 / 2013

Transaction ID : C2314190

Amount of Each Receipt this Period
100.00

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 16 OF 31
	<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. Mercedes Kerr
Full Name (Last, First, Middle Initial)
Mailing Address 38 Harmony
City Irvine State CA Zip Code 92602-0920
FEC ID number of contributing federal political committee. **C**
Name of Employer Healthcare REIT Occupation SVP
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **2000.00**

Date of Receipt **04 / 17 / 2013**
Transaction ID : C2314191
Amount of Each Receipt this Period **1900.00**

B. Daniel Klein
Full Name (Last, First, Middle Initial)
Mailing Address 4626 Farmington Rd
City Toledo State OH Zip Code 43623
FEC ID number of contributing federal political committee. **C**
Name of Employer Health Care REIT Occupation REgional Director of Operations
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 17 / 2013**
Transaction ID : C2314312
Amount of Each Receipt this Period **250.00**

C. Brad Klitsch
Full Name (Last, First, Middle Initial)
Mailing Address 222 W. Aster Lane
City Mequon State WI Zip Code 53092
FEC ID number of contributing federal political committee. **C**
Name of Employer Direct Supply Inc. Occupation Senior Vice President of Market Develo
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1250.00**

Date of Receipt **04 / 11 / 2013**
Transaction ID : C2301024
Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional)..... **2650.00**
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 OF 31
	<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. Brad Klitsch
Full Name (Last, First, Middle Initial)

Mailing Address 222 W. Aster Lane

City Mequon State WI Zip Code 53092

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

Name of Employer Direct Supply Inc. Occupation Senior Vice President of Market Develo

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 16 / 2013

Transaction ID : C2310865

Amount of Each Receipt this Period
 250.00

B. Daniel Lawson
Full Name (Last, First, Middle Initial)

Mailing Address 47 Sagewood Drive

City Malvern State PA Zip Code 19355

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

Name of Employer Brandywine Senior Living Occupation Chief Information Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 25 / 2013

Transaction ID : C2317313

Amount of Each Receipt this Period
 1500.00

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

Mailing Address 14333 Kilbourne Ave

City Midlothian State IL Zip Code 60445-2624

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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 01 / 2013

Transaction ID : C2296127

Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional).....▶	2050.00
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 18 OF 31
	<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. Steve Martin
Full Name (Last, First, Middle Initial)
Mailing Address 120 Lake Park Ct
City Sharsburg State GA Zip Code 30277-2163
FEC ID number of contributing federal political committee. **C**
Name of Employer Brookdale Occupation RVP
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 22 / 2013
Transaction ID : C2316310
Amount of Each Receipt this Period
250.00

B. Jeffrey Miller
Full Name (Last, First, Middle Initial)
Mailing Address 3472 Section Rd.
City Lambertville State MI Zip Code 48144
FEC ID number of contributing federal political committee. **C**
Name of Employer Health Care REIT Occupation EVP Operations
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 17 / 2013
Transaction ID : C2314273
Amount of Each Receipt this Period
2000.00

C. Jay Morgan
Full Name (Last, First, Middle Initial)
Mailing Address 7529 Rymoor Ct.
City Sylvania State OH Zip Code 43560
FEC ID number of contributing federal political committee. **C**
Name of Employer Health Care REIT Occupation Information Requested
Receipt For: 2014 Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 17 / 2013
Transaction ID : C2314276
Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2750.00
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 OF 31
	<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. Allen Nickerson
Full Name (Last, First, Middle Initial)

Mailing Address 960 San Simeon Dr

City State Zip Code
Concord CA 94518-2139

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

Name of Employer Occupation
Carlton Senior Living Executive VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 26 / 2013
Transaction ID : C2317689

Amount of Each Receipt this Period
250.00

B. Todd Novaczyk
Full Name (Last, First, Middle Initial)

Mailing Address 7625 Golden Triangle Dr
Ste T

City State Zip Code
Eden Prairie MN 55344-3700

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

Name of Employer Occupation
New Perspective Senior Living CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 12 / 2013
Transaction ID : C2304865

Amount of Each Receipt this Period
200.00

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

Mailing Address 7625 Golden Triangle Dr
Ste T

City State Zip Code
Eden Prairie MN 55344-3700

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

Name of Employer Occupation
New Perspective Senior Living CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 15 / 2013
Transaction ID : C2305739

Amount of Each Receipt this Period
900.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1350.00

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 20 OF 31
	<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. Keith Phillips
Full Name (Last, First, Middle Initial)

Mailing Address 177 Rumson Rd

City Rumson State NJ Zip Code 07760-1030

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

Name of Employer Brandywine Senior Living Occupation Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
04 / 25 / 2013
Transaction ID : C2317314

Amount of Each Receipt this Period
2000.00

B. Matthew Pierre
Full Name (Last, First, Middle Initial)

Mailing Address 6737 W Washington St Ste 2300

City Milwaukee State WI Zip Code 53214-5650

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

Name of Employer Brookdale Senior Living Occupation Senior Living

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
04 / 02 / 2013
Transaction ID : C2296403

Amount of Each Receipt this Period
250.00

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

Mailing Address 3416 White Eagle Dr

City Naperville State IL Zip Code 60564-4621

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 ▼
300.00

Date of Receipt
04 / 01 / 2013
Transaction ID : C2296116

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional).....▶	2550.00
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 21 OF 31
	<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. Rodney Roberson
Full Name (Last, First, Middle Initial)

Mailing Address 910 S Washington Ave

City State Zip Code
Royal Oak MI 48067-3216

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

Name of Employer Occupation
Caretel Inns of America Information Requested

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
04 / 09 / 2013
Transaction ID : C2300579

Amount of Each Receipt this Period
250.00

B. Larry Rouvelas
Full Name (Last, First, Middle Initial)

Mailing Address 6612 Orland St.

City State Zip Code
Falls Church VA 22043

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

Name of Employer Occupation
Senior Housing Analytics Principle

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
04 / 01 / 2013
Transaction ID : C2296137

Amount of Each Receipt this Period
500.00

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

Mailing Address 910 S Washington Ave

City State Zip Code
Royal Oak MI 48067-3216

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

Name of Employer Occupation
Caretel Inns of America Information Requested

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
04 / 09 / 2013
Transaction ID : C2300580

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
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 22 OF 31
	<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. Steven Schroeder
Full Name (Last, First, Middle Initial)

Mailing Address 1733 Crossfields Road

City Perrysburg State OH Zip Code 43551

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

Name of Employer Health Care REIT Occupation VP Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 17 / 2013
Transaction ID : C2314260

Amount of Each Receipt this Period
 500.00

B. Ken Segarnick
Full Name (Last, First, Middle Initial)

Mailing Address 510 Benson Ln

City Chester Springs State PA Zip Code 19425-3644

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

Name of Employer Brandywine Senior Living Occupation Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 25 / 2013
Transaction ID : C2317312

Amount of Each Receipt this Period
 2000.00

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

Mailing Address 7547 Wind River Drive

City Sylvania State OH Zip Code 43560

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

Name of Employer Health Care REIT Inc Occupation Senior Analyst

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 17 / 2013
Transaction ID : C2314243

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
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 23 OF 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

A. Mike Stephen
 Full Name (Last, First, Middle Initial)
 Mailing Address 2569 Wisteria Street
 City Sarasota State FL Zip Code 34239
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Care REIT Occupation SVP Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 17 / 2013
Transaction ID : C2314196
 Amount of Each Receipt this Period
 2400.00

B. Mike Stephen
 Full Name (Last, First, Middle Initial)
 Mailing Address 2569 Wisteria Street
 City Sarasota State FL Zip Code 34239
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Care REIT Occupation SVP Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 17 / 2013
Transaction ID : C2314197
 Amount of Each Receipt this Period
 100.00

C. Jay Stowers
 Full Name (Last, First, Middle Initial)
 Mailing Address 29 Fireside Dr
 City Rockwall State TX Zip Code 75032-6824
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Senior Risk Occupation Risk Management Consultant
 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
 04 / 26 / 2013
Transaction ID : C2317701
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	2750.00
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 24 OF 31
	<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. Christian Sweetser
Full Name (Last, First, Middle Initial)

Mailing Address 3472 Brookside Rd.

City Toledo State OH Zip Code 43606

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

Name of Employer Health Care REIT Occupation VP Finance Seniors Housing

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
 04 / 17 / 2013

Transaction ID : C2314238

Amount of Each Receipt this Period
 250.00

B. Ronald Tamol
Full Name (Last, First, Middle Initial)

Mailing Address 901 Kenyon Ct

City Charlotte State NC Zip Code 28211-5689

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

Name of Employer COMS LLC Occupation Vice President Business Development

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
 04 / 25 / 2013

Transaction ID : C2317288

Amount of Each Receipt this Period
 500.00

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

Mailing Address 245 Causeway St

City Medfield State MA Zip Code 02052-2900

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

Name of Employer Benchmark Senior Living LLC Occupation General Counsel

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
 04 / 25 / 2013

Transaction ID : C2317309

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
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 25 OF 31
	<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. Donald Thompson
Full Name (Last, First, Middle Initial)

Mailing Address 3 Marsh Creek Rd

City State Zip Code
Amelia Island FL 32034-6413

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

Name of Employer Occupation
Senior Living Communities, LLC Healthcare executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 26 / 2013
Transaction ID : C2317662

Amount of Each Receipt this Period
1000.00

B. Rudy Trebels
Full Name (Last, First, Middle Initial)

Mailing Address 343 Country Ln

City State Zip Code
Glenview IL 60025-5104

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

Name of Employer Occupation
Wedgewood Investment Group LLC .

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 15 / 2013
Transaction ID : C2308807

Amount of Each Receipt this Period
500.00

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

Mailing Address 26178 Edinborough Circle

City State Zip Code
Perrysburg OH 43551

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

Name of Employer Occupation
Health Care REIT Real Estate Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 17 / 2013
Transaction ID : C2314186

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	1600.00
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 26 OF 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

A. Joe Weisenburger
 Full Name (Last, First, Middle Initial)
 Mailing Address 26178 Edinborough Circle
 City Perrysburg State OH Zip Code 43551
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Care REIT Occupation Real Estate Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 17 / 2013
Transaction ID : C2314187
 Amount of Each Receipt this Period
 900.00

B. Mark Woodka
 Full Name (Last, First, Middle Initial)
 Mailing Address 1621 Euclid Ave Ste 1500
 City Cleveland State OH Zip Code 44115-2192
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OnShift Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 15 / 2013
Transaction ID : C2305762
 Amount of Each Receipt this Period
 300.00

C. Michael Zusman
 Full Name (Last, First, Middle Initial)
 Mailing Address 4777 Rebel Trl NW
 City Atlanta State GA Zip Code 30327-4640
 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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 22 / 2013
Transaction ID : C2316308
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2200.00
TOTAL This Period (last page this line number only).....▶	48228.10

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

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

FOR LINE NUMBER: PAGE 27 OF 31
(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"/> 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. Senior Care Inc Federal PAC
Full Name (Last, First, Middle Initial)
Mailing Address 9510 Ormsby Station Rd
Ste. 101
City Louisville State KY Zip Code 40223
FEC ID number of contributing federal political committee. **C** C00325720
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 03 / 2013
Transaction ID : C2297325
Amount of Each Receipt this Period
5000.00

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

C.
Full Name (Last, First, Middle Initial)
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).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	5000.00

**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 28 OF 31
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)
Assisted Living Federation of America

Mailing Address 1650 King St
Ste 602

City Alexandria State VA Zip Code 22314-2747

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /
Transaction ID : C2332251

Amount of Each Receipt this Period

Reimbursement For Credit Card Fees

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="179.45"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="179.45"/>

**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) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 30 / 2013

Transaction ID : D145679

Amount of Each Disbursement this Period

528.20

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)..... ▶

528.20

528.20

**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. ALEXANDER FOR SENATE 2014 INC

Mailing Address 228 S WASHINGTON STREET SUITE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
Contribution To FED Committee

Candidate Name
Sen. Lamar Alexander

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: TN District: 00

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 08 / 2013

Transaction ID : D144943

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. Keven Bennema

Mailing Address 111 E Wacker Drive, Ste, 2200

City Chicago State IL Zip Code 60601

Purpose of Disbursement
Refunded Contribution dated 03/20/2013

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 Y
04 / 05 / 2013

Transaction ID : D144937

Amount of Each Disbursement this Period

300.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. Jon DeLuca

Mailing Address 550 W Grant Pl

City Chicago State IL Zip Code 60614

Purpose of Disbursement
Refunded Contribution dated 03/23/2013

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 Y
04 / 05 / 2013

Transaction ID : D144938

Amount of Each Disbursement this Period

300.00

Category/
Type

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) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

Category/
Type

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

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

600.00

600.00