

# 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 01 01 2011 through 06 30 2011

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 07 26 2011

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)

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

Write or Type Committee Name  
Assisted Living Federation of America

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		242941.13
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period .....	242941.13									
(c) Total Receipts (from Line 19) .....	76948.00	76948.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	319889.13	319889.13								
7. Total Disbursements (from Line 31) .....	61100.00	61100.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	258789.13	258789.13								
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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
Assisted Living Federation of America

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

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) .....	44892.00	44892.00
(ii) Unitemized .....	22056.00	22056.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	66948.00	66948.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	10000.00	10000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	76948.00	76948.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total 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)) .....	76948.00	76948.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	76948.00	76948.00

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	62100.00	62100.00
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) .....	-1000.00	-1000.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	-1000.00	-1000.00
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))..	61100.00	61100.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	61100.00	61100.00

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) .....	76948.00	76948.00
34. Total Contribution Refunds (from Line 28(d)) .....	-1000.00	-1000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	77948.00	77948.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

**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 6 / 54
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Stephanie Anderson		Date of Receipt MM / DD / YYYY 06 / 16 / 2011		
	Mailing Address 3553 Ridgewood Rd		<b>Transaction ID:</b> C1303780		
	City Ottawa Hills	State OH	Zip Code 43606-2646	Amount of Each Receipt this Period 1500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Health Care Reit	Occupation Chief Acquisitions Officer			
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1500.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Michel Augsburgberger		Date of Receipt MM / DD / YYYY 04 / 07 / 2011		
	Mailing Address 903 Vanessa Ct		<b>Transaction ID:</b> C1268153		
	City Windsor	State CA	Zip Code 95492-7924	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Chancellor Health Care Inc	Occupation President/CEO			
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Michel Augsburgberger		Date of Receipt MM / DD / YYYY 04 / 07 / 2011		
	Mailing Address 903 Vanessa Ct		<b>Transaction ID:</b> C1268239		
	City Windsor	State CA	Zip Code 95492-7924	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Chancellor Health Care Inc	Occupation President/CEO			
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2100.00
<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 7 / 54  
(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) Ron Aylor		Date of Receipt MM / DD / YYYY 02 / 21 / 2011
Mailing Address 111 Westwood Pl Ste 400		<b>Transaction ID:</b> C1191243
City Brentwood	State TN	Zip Code 37027-5057
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Brookdale Senior Living	Occupation SVP, Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**B.**

Full Name (Last, First, Middle Initial) Brenda J. Bacon		Date of Receipt MM / DD / YYYY 06 / 07 / 2011
Mailing Address 525 Fellowship Rd Ste 360		<b>Transaction ID:</b> C1312413
City Mount Laurel	State NJ	Zip Code 08054-3406
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 5000.00
Name of Employer Brandywine Senior Living	Occupation President & CEO	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

**C.**

Full Name (Last, First, Middle Initial) Maribeth Bersani		Date of Receipt MM / DD / YYYY 03 / 14 / 2011
Mailing Address 320 S West St Apt 404		<b>Transaction ID:</b> C1254173
City Alexandria	State VA	Zip Code 22314-5943
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Assisted Living Federation of America	Occupation SVP Public Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1051.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>5500.00</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: (check only one)	PAGE 8 / 54
	<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) Maribeth Bersani		Date of Receipt MM / DD / YYYY 03 / 14 / 2011		
	Mailing Address 320 S West St Apt 404		<b>Transaction ID:</b> C1254179		
	City Alexandria	State VA	Zip Code 22314-5943	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Assisted Living Federation of America		Occupation SVP Public Policy		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1051.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Maribeth Bersani		Date of Receipt MM / DD / YYYY 03 / 14 / 2011		
	Mailing Address 320 S West St Apt 404		<b>Transaction ID:</b> C1254181		
	City Alexandria	State VA	Zip Code 22314-5943	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Assisted Living Federation of America		Occupation SVP Public Policy		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1051.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Maribeth Bersani		Date of Receipt MM / DD / YYYY 04 / 03 / 2011		
	Mailing Address 320 S West St Apt 404		<b>Transaction ID:</b> C1285854		
	City Alexandria	State VA	Zip Code 22314-5943	Amount of Each Receipt this Period 1.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Assisted Living Federation of America		Occupation SVP Public Policy		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1051.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	501.00
<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 9 / 54  
(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)  
Maribeth Bersani

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: Assisted Living Federation of America  
Occupation: SVP Public Policy

Receipt For: 2012  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1051.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	7	/	2	0	1	1

**Transaction ID:** C1268177

Amount of Each Receipt this Period  
200.00

**B.**

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

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: Assisted Living Federation of America  
Occupation: SVP Public Policy

Receipt For: 2012  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1051.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	7	/	2	0	1	1

**Transaction ID:** C1268604

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Steve Blazejewski

Mailing Address 4028 Brookside Rd

City State Zip Code  
Ottawa Hills OH 43606-2311

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

Name of Employer: Health Care REIT, Inc.  
Occupation: Vice President - Senior Housing

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
415.00

Date of Receipt  

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

**Transaction ID:** C1258067

Amount of Each Receipt this Period  
315.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **615.00**

**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 / 54  
(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)  
Steve Blazejewski

Mailing Address 4028 Brookside Rd

City State Zip Code  
Ottawa Hills OH 43606-2311

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

Name of Employer Health Care REIT, Inc. Occupation Vice President - Senior Housing

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 415.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 0 7 / 2 0 1 1

**Transaction ID:** C1268661

Amount of Each Receipt this Period  
100.00

**B.**

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

Mailing Address 3809 River Rd

City State Zip Code  
Toledo OH 43614-4333

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

Name of Employer Health Care REIT, Inc. Occupation Senior Vice President - Underwriting &

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 0 7 / 2 0 1 1

**Transaction ID:** C1268163

Amount of Each Receipt this Period  
100.00

**C.**

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

Mailing Address 3809 River Rd

City State Zip Code  
Toledo OH 43614-4333

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

Name of Employer Health Care REIT, Inc. Occupation Senior Vice President - Underwriting &

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 1 9 / 2 0 1 1

**Transaction ID:** C1319928

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1200.00

**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 / 54  
(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)  
Peter Burke

Mailing Address 203 10th St N

City State Zip Code  
Brigantine NJ 08203-3208

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

Name of Employer Occupation  
Brandywine Senior Living CPA

Receipt For: 2012  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	7	/	2	0	1	1

**Transaction ID:** C1268245

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Peter Burke

Mailing Address 203 10th St N

City State Zip Code  
Brigantine NJ 08203-3208

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

Name of Employer Occupation  
Brandywine Senior Living CPA

Receipt For: 2012  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	7	/	2	0	1	1

**Transaction ID:** C1268255

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
William Cephus

Mailing Address PO Box 940206

City State Zip Code  
Plano TX 75094-0206

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

Name of Employer Occupation  
Sodexo Vice President of Sales

Receipt For: 2012  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

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

**Transaction ID:** C1241709

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **550.00**

**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 12 / 54  
(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)  
George L. Chapman

Mailing Address 408 E Broadway St

City Toledo State OH Zip Code 43605-2355

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

Name of Employer Health Care REIT, Inc. Occupation CEO

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3100.00

Date of Receipt: 04 / 07 / 2011  
Transaction ID: C1268243  
Amount of Each Receipt this Period: 100.00

**B.**

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

Mailing Address 408 E Broadway St

City Toledo State OH Zip Code 43605-2355

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

Name of Employer Health Care REIT, Inc. Occupation CEO

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3100.00

Date of Receipt: 06 / 15 / 2011  
Transaction ID: C1303684  
Amount of Each Receipt this Period: 3000.00

**C.**

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

Mailing Address 23 Corporate Plaza Dr Ste 190

City Newport Beach State CA Zip Code 92660-7943

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

Name of Employer Vintage Senior Living Occupation Director

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: 02 / 01 / 2011  
Transaction ID: C1180565  
Amount of Each Receipt this Period: 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3400.00**

**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 / 54  
(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)  
Vicki R. Clark

Mailing Address 23 Corporate Plaza Dr  
Ste 190

City State Zip Code  
Newport Beach CA 92660-7943

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

Name of Employer Occupation  
Vintage Senior Living Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2011

**Transaction ID:** C1253362

Amount of Each Receipt this Period  
300.00

**B.**

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

Mailing Address 23 Corporate Plaza Dr  
Ste 190

City State Zip Code  
Newport Beach CA 92660-7943

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

Name of Employer Occupation  
Vintage Senior Living Director

Receipt For: 2012  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
MM / DD / YYYY  
04 / 07 / 2011

**Transaction ID:** C1268150

Amount of Each Receipt this Period  
100.00

**C.**

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

Mailing Address 23 Corporate Plaza Dr  
Ste 190

City State Zip Code  
Newport Beach CA 92660-7943

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

Name of Employer Occupation  
Vintage Senior Living Director

Receipt For: 2012  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
MM / DD / YYYY  
04 / 07 / 2011

**Transaction ID:** C1268151

Amount of Each Receipt this Period  
100.00

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

**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 / 54  
(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)  
Vicki R. Clark

Mailing Address 23 Corporate Plaza Dr  
Ste 190

City State Zip Code  
Newport Beach CA 92660-7943

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

Name of Employer Occupation  
Vintage Senior Living Director

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
MM / DD / YYYY  
04 / 07 / 2011

**Transaction ID:** C1268247

Amount of Each Receipt this Period  
200.00

**B.**

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

Mailing Address 23 Corporate Plaza Dr  
Ste 190

City State Zip Code  
Newport Beach CA 92660-7943

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

Name of Employer Occupation  
Vintage Senior Living Director

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
MM / DD / YYYY  
04 / 07 / 2011

**Transaction ID:** C1268586

Amount of Each Receipt this Period  
200.00

**C.**

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

Mailing Address 111 Westwood Place  
Suite 109

City State Zip Code  
Brentwood TN 37027

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

Name of Employer Occupation  
American Seniors Foundati-  
on, Inc CEO/President

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
04 / 07 / 2011

**Transaction ID:** C1268181

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **700.00**

**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 / 54

(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)  
Chris Coates

Mailing Address 111 Westwood Place  
Suite 109

City State Zip Code  
Brentwood TN 37027

FEC ID number of contributing federal political committee. C

Name of Employer American Seniors Foundati-  
on, Inc Occupation CEO/President

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt M M / D D / Y Y Y Y  
0 4 / 0 7 / 2 0 1 1

**Transaction ID:** C1268592

Amount of Each Receipt this Period 200.00

**B.**

Full Name (Last, First, Middle Initial)  
Cara D'Angelo

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 Caretel Inns Occupation  
Information Requested

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt M M / D D / Y Y Y Y  
0 4 / 0 7 / 2 0 1 1

**Transaction ID:** C1268647

Amount of Each Receipt this Period 300.00

**C.**

Full Name (Last, First, Middle Initial)  
Josh Davis

Mailing Address 1301 McKinney St  
Ste 2700

City State Zip Code  
Houston TX 77010-3079

FEC ID number of contributing federal political committee. C

Name of Employer Ebanks Taylor Horne Occupation  
Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y  
0 3 / 2 2 / 2 0 1 1

**Transaction ID:** C1258339

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... 750.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 54  
(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)  
Scott Estes

Mailing Address 5026 W Dauber Dr

City State Zip Code  
Ottawa Hills OH 43615-2172

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

Name of Employer Health Care REIT, Inc. Occupation CFO

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

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

Transaction ID: C1308472

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Jerome Finis

Mailing Address 630 Aberdeen Rd

City State Zip Code  
Inverness IL 60067-4310

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

Name of Employer Pathway Senior Living, LLC Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

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

Transaction ID: C1170300

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Jerome Finis

Mailing Address 630 Aberdeen Rd

City State Zip Code  
Inverness IL 60067-4310

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

Name of Employer Pathway Senior Living, LLC Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	8	/	2	0	1	1

Transaction ID: C1259072

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1300.00**

**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 17 / 54  
(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Jerome Finis		Date of Receipt MM / DD / YYYY 04 / 07 / 2011		
	Mailing Address 630 Aberdeen Rd		<b>Transaction ID:</b> C1268663		
	City Inverness	State IL	Zip Code 60067-4310	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Pathway Senior Living, LLC	Occupation CEO			
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) John Getchey		Date of Receipt MM / DD / YYYY 06 / 24 / 2011		
	Mailing Address 4300 Turtle Creek Dr		<b>Transaction ID:</b> C1308619		
	City Perrysburg	State OH	Zip Code 43551-7525	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Health Care REIT	Occupation VP Senior Housing			
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Bob Gose		Date of Receipt MM / DD / YYYY 03 / 28 / 2011		
	Mailing Address 4131 River Chase Dr		<b>Transaction ID:</b> C1258996		
	City Greenville	State NC	Zip Code 27858-8347	Amount of Each Receipt this Period 315.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Stanley Healthcare Solutions	Occupation National Account Manager			
Receipt For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 315.00			

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

715.00

**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 / 54
	<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) Ross Graham	Date of Receipt MM / DD / YYYY 03 / 07 / 2011
	Mailing Address 6401 Seaman Rd	<b>Transaction ID:</b> C1241863
	City State Zip Code Oregon OH 43616-4223	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation TESCO Bus Sales Rep	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Thomas Grape	Date of Receipt MM / DD / YYYY 03 / 14 / 2011
	Mailing Address 180 Highland St	<b>Transaction ID:</b> C1253495
	City State Zip Code Weston MA 02493-1112	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Benchmark Senior Living CEO	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Linda Grimes	Date of Receipt MM / DD / YYYY 01 / 03 / 2011
	Mailing Address 5265 Cozy Glen Ln	<b>Transaction ID:</b> C1269242
	City State Zip Code Alexandria VA 22312-3911	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Information Requested Information Requested	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<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 19 / 54

(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Allison Guthertz		Date of Receipt MM / DD / YYYY 03 / 21 / 2011
	Mailing Address 2 Herrick Dr Apt 2H		<b>Transaction ID:</b> C1258144
	City Lawrence	State NY	Zip Code 11559-1404
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
	Name of Employer Benchmark Senior Living	Occupation VP, Quality Resident Services	
	Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Allison Guthertz		Date of Receipt MM / DD / YYYY 04 / 07 / 2011
	Mailing Address 2 Herrick Dr Apt 2H		<b>Transaction ID:</b> C1268230
	City Lawrence	State NY	Zip Code 11559-1404
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
	Name of Employer Benchmark Senior Living	Occupation VP, Quality Resident Services	
	Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Joshua Hausfeld		Date of Receipt MM / DD / YYYY 03 / 21 / 2011
	Mailing Address 4507 Chestnut St		<b>Transaction ID:</b> C1258078
	City Bethesda	State MD	Zip Code 20814-4740
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Love Funding Corporation	Occupation Mortgage Banker	
	Receipt For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

550.00

**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 20 / 54  
(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)  
Guy Hemond

Mailing Address 8 Park Lane Ave

City Milford State MA Zip Code 01757-2024

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

Name of Employer Benchmark Senior Living Occupation VP- Culinary & Dining Experience

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 24 / 2011  
**Transaction ID: C1258861**  
Amount of Each Receipt this Period 250.00

**B.**

Full Name (Last, First, Middle Initial)  
Charles Herman

Mailing Address 2540 Falmouth Rd

City Ottawa Hills State OH Zip Code 43615-2210

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

Name of Employer Health Care REIT Occupation EVP

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 06 / 15 / 2011  
**Transaction ID: C1303680**  
Amount of Each Receipt this Period 3000.00

**C.**

Full Name (Last, First, Middle Initial)  
Chuck Herman

Mailing Address 2540 Falmouth Rd

City Ottawa Hills State OH Zip Code 43615-2210

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

Name of Employer Health Care REIT, Inc. Occupation EVP & Chief Investment Officer

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 615.00

Date of Receipt 03 / 21 / 2011  
**Transaction ID: C1258057**  
Amount of Each Receipt this Period 315.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3565.00

**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 / 54  
(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)  
Chuck Herman

Mailing Address 2540 Falmouth Rd

City State Zip Code  
Ottawa Hills OH 43615-2210

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

Name of Employer Health Care REIT, Inc. Occupation EVP & Chief Investment Officer

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 615.00

Date of Receipt  
MM / DD / YYYY  
04 / 07 / 2011

**Transaction ID:** C1268148

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
Gordon Holtby

Mailing Address 20 N Martingale Rd  
Ste 180

City State Zip Code  
Schaumburg IL 60173-2423

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

Name of Employer Fidelis SeniorCare Occupation Medicare Advantage Health Plan54

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 28 / 2011

**Transaction ID:** C1259030

Amount of Each Receipt this Period  
300.00

**C.**

Full Name (Last, First, Middle Initial)  
Justin Hutchens

Mailing Address 2801 Western Ave  
Ph2

City State Zip Code  
Seattle WA 98121-1032

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

Name of Employer NHI Occupation Information Requested

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
04 / 07 / 2011

**Transaction ID:** C1268660

Amount of Each Receipt this Period  
500.00

**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 22 / 54  
(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)  
Ted Janeczek  
 Mailing Address 350 Cedar Rd  
 City State Zip Code  
 Hershey PA 17033-9302  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 02 / 2011  
**Transaction ID:** C1241381  
 Amount of Each Receipt this Period  
 250.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer George M. Leader Family Corp.  
 Occupation EVP & CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

**B.** Full Name (Last, First, Middle Initial)  
Ted Janeczek  
 Mailing Address 350 Cedar Rd  
 City State Zip Code  
 Hershey PA 17033-9302  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 07 / 2011  
**Transaction ID:** C1268603  
 Amount of Each Receipt this Period  
 100.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer George M. Leader Family Corp.  
 Occupation EVP & CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

**C.** Full Name (Last, First, Middle Initial)  
Brad Klitsch  
 Mailing Address 222 W. Aster Lane  
 City State Zip Code  
 Mequon WI 53092  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 07 / 2011  
**Transaction ID:** C1268242  
 Amount of Each Receipt this Period  
 300.00  
 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 ▼ 700.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **650.00**  
**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 / 54  
(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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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)  
Brad Klitsch

Mailing Address 222 W. Aster Lane

City State Zip Code  
Mequon WI 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: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
MM / DD / YYYY  
04 / 07 / 2011

**Transaction ID:** C1268585

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Brad Klitsch

Mailing Address 222 W. Aster Lane

City State Zip Code  
Mequon WI 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: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
MM / DD / YYYY  
04 / 07 / 2011

**Transaction ID:** C1285853

Amount of Each Receipt this Period  
300.00

**C.**

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

Mailing Address 47 Sagewood Drive

City State Zip Code  
Malvern PA 19355

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

Name of Employer Brandywine Senior Living Occupation Chief Information Officer

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1899.00

Date of Receipt  
MM / DD / YYYY  
04 / 07 / 2011

**Transaction ID:** C1268235

Amount of Each Receipt this Period  
200.00

**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: PAGE 24 / 54  
(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)  
Daniel Lawson

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: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1899.00

Date of Receipt 06 / 14 / 2011

Transaction ID: C1312438

Amount of Each Receipt this Period 1667.00

**B.**

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

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: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1899.00

Date of Receipt 06 / 23 / 2011

Transaction ID: C1312437

Amount of Each Receipt this Period 32.00

**C.**

Full Name (Last, First, Middle Initial)  
G. Michael Leader

Mailing Address 1070 W. Areba Ave.  
1070 Abrea Ave

City Hershey State PA Zip Code 17033

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

Name of Employer Country Meadows Occupation CEO

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 02 / 15 / 2011

Transaction ID: C1253728

Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2699.00

**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 25 / 54

(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)  
G. Michael Leader

Mailing Address 1070 W. Areba Ave.  
1070 Abrea Ave

City State Zip Code  
Hershey PA 17033

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

Name of Employer Country Meadows  
Occupation CEO

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
1500.00

Date of Receipt

M M / D D / Y Y Y Y  
04 / 07 / 2011

Transaction ID: C1268657

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Glenn Maul

Mailing Address 6737 W Washington St  
Ste 2300

City State Zip Code  
Milwaukee WI 53214-5650

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

Name of Employer Brookdale Senior Living  
Occupation Sr VP, Human Resources

Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
300.00

Date of Receipt

M M / D D / Y Y Y Y  
02 / 15 / 2011

Transaction ID: C1188741

Amount of Each Receipt this Period  
300.00

**C.**

Full Name (Last, First, Middle Initial)  
Dave Mcharg

Mailing Address 6312 Seven Corners Ctr

City State Zip Code  
Falls Church VA 22044-2409

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

Name of Employer Greenfield Senior Living  
Occupation COO

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
300.00

Date of Receipt

M M / D D / Y Y Y Y  
04 / 07 / 2011

Transaction ID: C1268611

Amount of Each Receipt this Period  
100.00

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

900.00

**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 26 / 54  
(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)  
Dave Mcharg

Mailing Address 6312 Seven Corners Ctr

City Falls Church State VA Zip Code 22044-2409

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

Name of Employer Greenfield Senior Living Occupation COO

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 07 / 2011  
**Transaction ID: C1268612**  
 Amount of Each Receipt this Period 200.00

**B.**

Full Name (Last, First, Middle Initial)  
Lin Neff

Mailing Address 837 W 1600 S

City Woods Cross State UT Zip Code 84087-1600

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

Name of Employer Western States Lodging & Management Occupation Executive Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 15 / 2011  
**Transaction ID: C1188661**  
 Amount of Each Receipt this Period 250.00

**C.**

Full Name (Last, First, Middle Initial)  
Allen Nickerson

Mailing Address 960 San Simeon Dr

City Concord State CA Zip Code 94518-2139

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

Name of Employer Carlton Senior Living Occupation VP, Human Resources

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 02 / 2011  
**Transaction ID: C1241348**  
 Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **700.00**

**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 27 / 54  
(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)  
Richard Nix

Mailing Address 720 Goodlette Rd N  
Ste 400

City State Zip Code  
Naples FL 34102-5656

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

Name of Employer Occupation  
AgingCare.com Sales

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 07 / 2011

**Transaction ID:** C1241871

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
Ryan Novaczyk

Mailing Address 100 3rd Ave S  
Unit 1805

City State Zip Code  
Minneapolis MN 55401-2714

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

Name of Employer Occupation  
New Perspective Senior Living Chief Financial Officer

Receipt For: 2012  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
04 / 07 / 2011

**Transaction ID:** C1268651

Amount of Each Receipt this Period  
500.00

**C.**

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

Mailing Address 4920 Lincoln Dr

City State Zip Code  
Edina MN 55436-1071

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

Name of Employer Occupation  
New Perspective Senior Living CEO/Founder

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
02 / 25 / 2011

**Transaction ID:** C1239261

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1050.00**

**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 28 / 54
	<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)  
Todd Novaczyk

Mailing Address 4920 Lincoln Dr

City Edina State MN Zip Code 55436-1071

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

Name of Employer: New Perspective Senior Living Occupation: CEO/Founder

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 04 / 07 / 2011  
**Transaction ID: C1268619**  
 Amount of Each Receipt this Period: 100.00

**B.** Full Name (Last, First, Middle Initial)  
Ray Oborn

Mailing Address 1301 McKinney St Ste 2700

City Houston State TX Zip Code 77010-3079

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

Name of Employer: Silverado Senior Living Occupation: Regional Administrator

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 22 / 2011  
**Transaction ID: C1258341**  
 Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
Keith Phillips

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: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1867.00

Date of Receipt: 04 / 07 / 2011  
**Transaction ID: C1268246**  
 Amount of Each Receipt this Period: 200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 550.00

**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 29 / 54
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Keith Phillips	Date of Receipt MM / DD / YYYY 06 / 10 / 2011
	Mailing Address 177 Rumson Rd	<b>Transaction ID:</b> C1312436
	City State Zip Code Rumson NJ 07760-1030	Amount of Each Receipt this Period 1667.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Brandywine Senior Living Requested	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1867.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Chuck Randall	Date of Receipt MM / DD / YYYY 04 / 07 / 2011
	Mailing Address 300 White Oak	<b>Transaction ID:</b> C1268641
	City State Zip Code Lawton MI 49065	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Randall Residence Information Requested	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Jack Richardson	Date of Receipt MM / DD / YYYY 03 / 16 / 2011
	Mailing Address 6401 Seaman Rd	<b>Transaction ID:</b> C1255961
	City State Zip Code Oregon OH 43616-4223	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation TESCO Sales Representative	
Receipt For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2217.00
<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 30 / 54  
(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)  
David Rudder

Mailing Address 13941 NW Skyline Blvd

City State Zip Code  
Portland OR 97231-2402

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

Name of Employer The Kinetic Group      Occupation Marketing

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      420.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	8	/	2	0	1	1

**Transaction ID:** C1191166

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
David Rudder

Mailing Address 13941 NW Skyline Blvd

City State Zip Code  
Portland OR 97231-2402

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

Name of Employer The Kinetic Group      Occupation Marketing

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      420.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	6	/	2	0	1	1

**Transaction ID:** C1285855

Amount of Each Receipt this Period  
20.00

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

Mailing Address 13941 NW Skyline Blvd

City State Zip Code  
Portland OR 97231-2402

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

Name of Employer The Kinetic Group      Occupation Marketing

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      420.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	7	/	2	0	1	1

**Transaction ID:** C1268616

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **420.00**

**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 31 / 54  
(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) Frank Russo		Date of Receipt MM / DD / YYYY 03 / 22 / 2011
Mailing Address 1301 McKinney St Ste 2700		<b>Transaction ID:</b> C1258340
City Houston	State TX	Zip Code 77010-3079
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Silverado Senior Living	Occupation Risk Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**B.**

Full Name (Last, First, Middle Initial) Shane Salmon		Date of Receipt MM / DD / YYYY 03 / 28 / 2011
Mailing Address 1952 Fort Union Blvd		<b>Transaction ID:</b> C1260438
City Salt Lake City	State UT	Zip Code 84121-6877
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Mountain Land Rehabilitation	Occupation Director of Business Development & Rec	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**C.**

Full Name (Last, First, Middle Initial) Ken Segarnick		Date of Receipt MM / DD / YYYY 04 / 07 / 2011
Mailing Address 510 Benson Ln		<b>Transaction ID:</b> C1268244
City Chester Springs	State PA	Zip Code 19425-3644
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer Brandywine Senior Living	Occupation Information Requested	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1867.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>700.00</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 32 / 54  
(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)  
Ken Segarnick  
 Mailing Address 510 Benson Ln  
 City State Zip Code  
 Chester Springs PA 19425-3644  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 20 / 2011  
**Transaction ID:** C1312439  
 Amount of Each Receipt this Period  
 1667.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Brandywine Senior Living Information Requested  
 Receipt For: 2012  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1867.00

**B.** Full Name (Last, First, Middle Initial)  
Jason Shearer  
 Mailing Address 1550 N 20th Cir  
 City State Zip Code  
 Lincoln NE 68503-1101  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 29 / 2011  
**Transaction ID:** C1260718  
 Amount of Each Receipt this Period  
 250.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Stanley Healthcare Solutions National Accounts Manager  
 Receipt For:  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
Bill Southerland  
 Mailing Address 2729 N Haven Dr  
 City State Zip Code  
 Eagle ID 83616-2331  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 02 / 2011  
**Transaction ID:** C1181215  
 Amount of Each Receipt this Period  
 315.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 ALMSA Inc. CEO  
 Receipt For:  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 315.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2232.00**  
**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 33 / 54

(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)  
Brian Stege

Mailing Address 7925 S 18th St

City State Zip Code  
Lincoln NE 68512-9706

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

Name of Employer Occupation  
Stanley Healthcare Solutions National Accounts

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

Date of Receipt

M M / D D / Y Y Y Y  
03 / 28 / 2011

Transaction ID: C1260439

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
Brent Sullivan

Mailing Address 64 Avondale Rd

City State Zip Code  
Asheville NC 28803-9552

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

Name of Employer Occupation  
S&D Coffee, Inc. National Acct. Mgr.

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

Date of Receipt

M M / D D / Y Y Y Y  
03 / 15 / 2011

Transaction ID: C1255955

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
Donald Thompson

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 CEO

Receipt For: 2012  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2011.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 01 / 2011

Transaction ID: C1293441

Amount of Each Receipt this Period

2011.00

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

2511.00

**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 34 / 54  
(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)  
Tiffany Tomasso

Mailing Address 12834 Parapet Way

City Herndon State VA Zip Code 20171-1736

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

Name of Employer Fountain Square Senior Living Occupation Partner

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 07 / 2011

**Transaction ID: C1268175**

Amount of Each Receipt this Period 100.00

**B.**

Full Name (Last, First, Middle Initial)  
Tiffany Tomasso

Mailing Address 12834 Parapet Way

City Herndon State VA Zip Code 20171-1736

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

Name of Employer Fountain Square Senior Living Occupation Partner

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 07 / 2011

**Transaction ID: C1268180**

Amount of Each Receipt this Period 200.00

**C.**

Full Name (Last, First, Middle Initial)  
Tiffany Tomasso

Mailing Address 12834 Parapet Way

City Herndon State VA Zip Code 20171-1736

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

Name of Employer Fountain Square Senior Living Occupation Partner

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 07 / 2011

**Transaction ID: C1268241**

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **800.00**

**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 35 / 54  
(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)  
Tiffany Tomasso

Mailing Address 12834 Parapet Way

City Herndon State VA Zip Code 20171-1736

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

Name of Employer Fountain Square Senior Living Occupation Partner

Receipt For: 2012  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 07 / 2011  
**Transaction ID: C1268654**  
 Amount of Each Receipt this Period 200.00

**B.** Full Name (Last, First, Middle Initial)  
Randy Tremble

Mailing Address 61 Arpage Dr E

City Shirley State NY Zip Code 11967-3805

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

Name of Employer Ultimate Care Senior Living Management Occupation Vice President Food and Beverage

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt 02 / 13 / 2011  
**Transaction ID: C1188128**  
 Amount of Each Receipt this Period 315.00

**C.** Full Name (Last, First, Middle Initial)  
Jerry Trondle

Mailing Address 6745 Daly Rd

City West Bloomfield State MI Zip Code 48322-3419

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

Name of Employer Crypton Fabric Occupation Account Executive

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 17 / 2011  
**Transaction ID: C1257080**  
 Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **765.00**

**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 36 / 54  
(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)  
Bill Warner

Mailing Address 7461 Elmbury Ct

City Indianapolis State IN Zip Code 46237-8327

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

Name of Employer LG Electronics, Inc, USA Occupation National Account Manager - Long Term

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 12 / 2011

Transaction ID: C1173172

Amount of Each Receipt this Period 250.00

**B.**

Full Name (Last, First, Middle Initial)  
Bill Warner

Mailing Address 7461 Elmbury Ct

City Indianapolis State IN Zip Code 46237-8327

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

Name of Employer LG Electronics, Inc, USA Occupation National Account Manager - Long Term

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 12 / 2011

Transaction ID: C1173231

Amount of Each Receipt this Period 50.00

**C.**

Full Name (Last, First, Middle Initial)  
Barbara Watkins

Mailing Address 33 Hofstra Dr

City Plainview State NY Zip Code 11803-1814

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

Name of Employer Benchmark Senior Living Occupation Sr. VP of Resident Care

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 23 / 2011

Transaction ID: C1258350

Amount of Each Receipt this Period 200.00

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

**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 37 / 54  
(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)  
Barbara Watkins

Mailing Address 33 Hofstra Dr

City State Zip Code  
Plainview NY 11803-1814

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

Name of Employer Occupation  
Benchmark Senior Living Sr. VP of Resident Care

Receipt For: 2012  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	7	/	2	0	1	1

**Transaction ID:** C1268216

Amount of Each Receipt this Period  
100.00

**B.**

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

Mailing Address 7 Webster Pl

City State Zip Code  
Newtown CT 06470-1837

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

Name of Employer Occupation  
Stanley Healthcare Solutions Director of National Accounts

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  

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

**Transaction ID:** C1251177

Amount of Each Receipt this Period  
250.00

**C.**

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

Mailing Address 7 Webster Pl

City State Zip Code  
Newtown CT 06470-1837

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

Name of Employer Occupation  
Stanley Healthcare Solutions Director of National Accounts

Receipt For: 2012  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	7	/	2	0	1	1

**Transaction ID:** C1268203

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **450.00**

**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 38 / 54  
(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)  
Joseph weisenburger  
Mailing Address 4500 Dorr St  
City Toledo State OH Zip Code 43615-4040  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Health Care REIT, Inc Occupation Real Estate  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 03 / 15 / 2011  
Transaction ID: C1254257  
Amount of Each Receipt this Period 250.00

**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: 2012  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 302.00  
Date of Receipt 01 / 14 / 2011  
Transaction ID: C1173904  
Amount of Each Receipt this Period 42.00

**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: 2012  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 302.00  
Date of Receipt 01 / 30 / 2011  
Transaction ID: C1180469  
Amount of Each Receipt this Period 42.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 334.00  
**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 39 / 54

(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)  
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: 2012  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
302.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 1

Transaction ID: C1239290

Amount of Each Receipt this Period

42.00

**B.**

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: 2012  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
302.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 5 / 2 0 1 1

Transaction ID: C1254236

Amount of Each Receipt this Period

42.00

**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: 2012  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
302.00

Date of Receipt

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

Transaction ID: C1269008

Amount of Each Receipt this Period

10.00

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

94.00

**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 40 / 54  
(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: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 302.00

Date of Receipt 04 / 01 / 2011

Transaction ID: C1262128

Amount of Each Receipt this Period 32.00

**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: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 302.00

Date of Receipt 04 / 20 / 2011

Transaction ID: C1270717

Amount of Each Receipt this Period 42.00

**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: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 302.00

Date of Receipt 06 / 15 / 2011

Transaction ID: C1303636

Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 124.00

**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 41 / 54	
	(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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Sarah Work		Date of Receipt																					
	Mailing Address 205 Dale St. SW		<table border="1"> <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>4</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	7		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	4		0	7		2	0	1	1														
	City	State	Zip Code		<b>Transaction ID:</b> C1268218																			
Hutchinson	MN	55350																						
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>		Amount of Each Receipt this Period																				
Name of Employer Welcome Home Management		Occupation Director of Administration		<input type="text" value="300.00"/>																				
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="300.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="44892.00"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 42 / 54
	(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

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)  
Direct Supply Inc. Partners PAC

Mailing Address 6767 N. Industrial Road

City State Zip Code  
Milwaukee WI 53223

FEC ID number of contributing federal political committee. **C** C00409516

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
01 / 18 / 2011

**Transaction ID:** C1176926

Amount of Each Receipt this Period  
5000.00

**B.**

Full Name (Last, First, Middle Initial)  
Senior Care Inc Federal PAC

Mailing Address 9510 Ormsby Station Rd  
Ste. 101

City State Zip Code  
Louisville KY 40223

FEC ID number of contributing federal political committee. **C** C00325720

Name of Employer Occupation

Receipt For: 2012  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
04 / 06 / 2011

**Transaction ID:** C1286860

Amount of Each Receipt this Period  
5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	10000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	10000.00

# 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 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

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) Mr. John Atkinson  Mailing Address 1 E Wacker Dr Ste 1800  City Chicago State IL Zip Code 60601-1900  Purpose of Disbursement Contribution to FED Committee Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D116136 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 1 1  Amount of Each Disbursement this Period 1000.00
B.	Full Name (Last, First, Middle Initial) DIRIGO PAC  Mailing Address PO Box 1355  City Alexandria State VA Zip Code 22313  Purpose of Disbursement Contribution to FED Committee Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D116141 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 1 1  Amount of Each Disbursement this Period 2500.00
C.	Full Name (Last, First, Middle Initial) HELP AMERICA'S LEADERS POLITICAL ACTION COMMITTEE (HALP-AC)  Mailing Address 1155 21st Street NW Suite 300  City Washington State DC Zip Code 20036  Purpose of Disbursement Contribution to fed committee Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D115867 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 1 1  Amount of Each Disbursement this Period 3500.00

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

7000.00

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

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) <b>KINZINGER FOR CONGRESS</b>	<b>Transaction ID:</b> D115850
	Mailing Address PO Box 1050	Date of Disbursement MM / DD / YYYY 03 / 22 / 2011
	City Bourbonnais State IL Zip Code 60914	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement contribution to fed committee	Category/ Type
	Candidate Name Rep. Adam Kinzinger	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: IL District: 11	

B.	Full Name (Last, First, Middle Initial) <b>CHARLIE DENT FOR CONGRESS</b>	<b>Transaction ID:</b> D117276
	Mailing Address PO Box 442	Date of Disbursement MM / DD / YYYY 06 / 15 / 2011
	City Allentown State PA Zip Code 18105	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement FED Committee	Category/ Type
	Candidate Name Rep. Charlie Dent	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: PA District: 15	

C.	Full Name (Last, First, Middle Initial) <b>DAVE CAMP FOR CONGRESS</b>	<b>Transaction ID:</b> D116135
	Mailing Address 5915 Eastman Avenue	Date of Disbursement MM / DD / YYYY 04 / 13 / 2011
	City Midland State MI Zip Code 48640	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Contribution to FED Committee	Category/ Type
	Candidate Name Rep. Dave Camp	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: MI District: 04	

<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)

<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)  
**HAL ROGERS FOR CONGRESS**

Mailing Address P.O. BOX 1214

City State Zip Code  
SOMERSET KY 42502

Purpose of Disbursement  
FEC Committee

Candidate Name  
Rep. Harold Rogers

Office Sought:  House  
 Senate  
 President

State: KY District: 05

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

**Transaction ID:** D117079

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	1	1

Amount of Each Disbursement this Period

2500.00
---------

**B.** Full Name (Last, First, Middle Initial)  
**TEAM EMERSON FOR JO ANN EMERSON**

Mailing Address P.O. Box 822

City State Zip Code  
Cape Girardeau MO 63702

Purpose of Disbursement  
FED Committee

Candidate Name  
Rep. Jo Ann Emerson

Office Sought:  House  
 Senate  
 President

State: MO District: 08

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

**Transaction ID:** D116340

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	3		2	0	1	1

Amount of Each Disbursement this Period

1000.00
---------

**C.** Full Name (Last, First, Middle Initial)  
**KLINE FOR CONGRESS**

Mailing Address 101 W Burnsville Pkwy Suite 104

City State Zip Code  
Burnsville MN 55337

Purpose of Disbursement  
contribution to fed committee

Candidate Name  
Rep. John Kline

Office Sought:  House  
 Senate  
 President

State: MN District: 02

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

**Transaction ID:** D115577

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	5		2	0	1	1

Amount of Each Disbursement this Period

2000.00
---------

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

**5500.00**

**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) JON RUNYAN FOR CONGRESS, INC	Transaction ID: D116344 Date of Disbursement 05 / 12 / 2011
	Mailing Address PO Box 225	Amount of Each Disbursement this Period 1000.00
	City Colonia State NJ Zip Code 07067	
	Purpose of Disbursement FED Committee	Category/ Type
	Candidate Name Rep. Jon Runyan	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: NJ District: 03	

B.	Full Name (Last, First, Middle Initial) SERRANO FOR CONGRESS	Transaction ID: D117530 Date of Disbursement 06 / 27 / 2011
	Mailing Address 1831 BAY STREET, SE	Amount of Each Disbursement this Period 1000.00
	City WASHINGTON State DC Zip Code 20003	
	Purpose of Disbursement FED Committee	Category/ Type
	Candidate Name Rep. Jose E. Serrano	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: NY District: 16	

C.	Full Name (Last, First, Middle Initial) GRAVES FOR CONGRESS	Transaction ID: D115851 Date of Disbursement 02 / 08 / 2011
	Mailing Address 2345 Grand, Suite 2400	Amount of Each Disbursement this Period 2000.00
	City Kansas City State MO Zip Code 64108	
	Purpose of Disbursement contribution to fed committee	Category/ Type
	Candidate Name Rep. Sam Graves	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: MO District: 06	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4000.00
<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)

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<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>LATHAM FOR CONGRESS</b>	<b>Transaction ID:</b> D116160 Date of Disbursement
	Mailing Address P.O. Box 71	<input type="text" value="03"/> / <input type="text" value="16"/> / <input type="text" value="2011"/>
	City Clarion State IA Zip Code 50525	Amount of Each Disbursement this Period
	Purpose of Disbursement contribution to FED committee	<input type="text" value="2000.00"/>
	Candidate Name Rep. Tom Latham	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 04	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) <b>BEN CARDIN FOR CONGRESS</b>	<b>Transaction ID:</b> D115578 Date of Disbursement
	Mailing Address PO BOX 21093	<input type="text" value="03"/> / <input type="text" value="10"/> / <input type="text" value="2011"/>
	City Catonsville State MD Zip Code 21228	Amount of Each Disbursement this Period
	Purpose of Disbursement contribution to FED committee	<input type="text" value="1000.00"/>
	Candidate Name Sen. Benjamin L. Cardin	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 00	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) <b>BOB CASEY FOR SENATE INC</b>	<b>Transaction ID:</b> D110437 Date of Disbursement
	Mailing Address 700 13TH STREET NW SUITE 600	<input type="text" value="01"/> / <input type="text" value="07"/> / <input type="text" value="2011"/>
	City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution to a Fed Comm	<input type="text" value="2500.00"/>
	Candidate Name Sen. Bob Casey	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 00	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="5500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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)  
BOB CORKER FOR SENATE 2012

Mailing Address PO BOX 848

City CHATTANOOGA State TN Zip Code 37401

Purpose of Disbursement contribution to fed committee

Candidate Name Sen. Bob Corker

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify) ▼

State: TN District: 00

Transaction ID: D115847  
Date of Disbursement

03 / 28 / 2011

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
MANCHIN FOR WEST VIRGINIA

Mailing Address PO BOX 5202

City CHARLESTON State WV Zip Code 25361

Purpose of Disbursement contribution to fed committee

Candidate Name Sen. Joe Manchin, III

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify) ▼

State: WV District: 00

Transaction ID: D115849  
Date of Disbursement

03 / 29 / 2011

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
FRIENDS OF KELLY AYOTTE

Mailing Address PO BOX 233

City NASHUA State NH Zip Code 03061

Purpose of Disbursement contribution to fed committee

Candidate Name Sen. Kelly Ayotte

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify) ▼

State: NH District: 00

Transaction ID: D115848  
Date of Disbursement

03 / 28 / 2011

Amount of Each Disbursement this Period

1000.00

**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

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>UDALL FOR COLORADO</b></p> <p>Mailing Address <b>PO BOX 40158</b></p> <p>City <b>DENVER</b> State <b>CO</b> Zip Code <b>80204</b></p> <p>Purpose of Disbursement FED Committee</p> <p>Candidate Name Sen. Mark Udall</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>CO</b> District: <b>00</b></p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D116625 <b>Date of Disbursement</b> 05 / 25 / 2011</p> <p>Amount of Each Disbursement this Period <b>2500.00</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>FRIENDS OF MAX BAUCUS</b></p> <p>Mailing Address <b>PO BOX 586</b></p> <p>City <b>HELENA</b> State <b>MT</b> Zip Code <b>59624</b></p> <p>Purpose of Disbursement contribution to FED committee</p> <p>Candidate Name Sen. Max Baucus</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>MT</b> District: <b>00</b></p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D115580 <b>Date of Disbursement</b> 03 / 01 / 2011</p> <p>Amount of Each Disbursement this Period <b>5000.00</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>MCCONNELL SENATE COMMITTEE '14</b></p> <p>Mailing Address <b>PO BOX 1496</b></p> <p>City <b>LOUISVILLE</b> State <b>KY</b> Zip Code <b>40201</b></p> <p>Purpose of Disbursement contribution to fed committee</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: <b>KY</b> District: <b>00</b></p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D115581 <b>Date of Disbursement</b> 03 / 14 / 2011</p> <p>Amount of Each Disbursement this Period <b>2000.00</b></p>

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

**9500.00**

**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)  
HATCH ELECTION COMMITTEE INC

Mailing Address 175 SOUTH WEST TEMPLE SUITE 650

City State Zip Code  
SALT LAKE CITY UT 84101

Purpose of Disbursement  
FED Committee

Candidate Name  
Sen. Orrin G. Hatch

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: UT District: 00

Transaction ID: D117456  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.** Full Name (Last, First, Middle Initial)  
TOOMEY FOR SENATE COMMITTEE

Mailing Address 2720 JORDAN ROAD

City State Zip Code  
OREFIELD PA 18069

Purpose of Disbursement  
Contribution to FED Committee

Candidate Name  
Sen. Patrick J. Toomey

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: PA District: 00

Transaction ID: D116187  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C.** Full Name (Last, First, Middle Initial)  
MENENDEZ FOR SENATE

Mailing Address ONE GATEWAY CENTER SUITE 520

City State Zip Code  
NEWARK NJ 07102

Purpose of Disbursement  
FED Committee

Candidate Name  
Sen. Robert Menendez

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NJ District: 00

Transaction ID: D116342  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

**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)

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<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

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>WICKER FOR SENATE</b>  Mailing Address PO BOX 64  City JACKSON State MS Zip Code 39205  Purpose of Disbursement contribution to FED committee  Candidate Name Sen. Roger Wicker  Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 00  Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D115579 Date of Disbursement 03 / 01 / 2011  Amount of Each Disbursement this Period 1000.00  Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>WICKER FOR SENATE</b>  Mailing Address PO BOX 64  City JACKSON State MS Zip Code 39205  Purpose of Disbursement Contribution to FED Committee  Candidate Name Sen. Roger Wicker  Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 00  Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D116165 Date of Disbursement 04 / 19 / 2011  Amount of Each Disbursement this Period 1500.00  Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>SCOTT BROWN FOR US SENATE COMMITTEE</b>  Mailing Address P.O. BOX 395  City WRENTHAM State MA Zip Code 02903  Purpose of Disbursement FED Committee  Candidate Name Sen. Scott P. Brown  Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 00  Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D116345 Date of Disbursement 05 / 03 / 2011  Amount of Each Disbursement this Period 5000.00  Category/ Type

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

**7500.00**

**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)

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<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>WHITEHOUSE FOR SENATE</b>	<b>Transaction ID:</b> D117531
	Mailing Address P.O. BOX 40280	Date of Disbursement 06 / 27 / 2011
	City PROVIDENCE State RI Zip Code 02940	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement FED Committee	Category/ Type
	Candidate Name Sen. Sheldon Whitehouse	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 00	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) <b>CITIZENS FOR HARKIN</b>	<b>Transaction ID:</b> D116140
	Mailing Address P O BOX 811	Date of Disbursement 04 / 18 / 2011
	City DES MOINES State IA Zip Code 50304	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Contribution to FED Committee	Category/ Type
	Candidate Name Sen. Tom Harkin	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 00	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) <b>SENATE CONSERVATIVES FUND</b>	<b>Transaction ID:</b> D117403
	Mailing Address 228 S. Washington St., Ste. 115	Date of Disbursement 06 / 22 / 2011
	City Alexandria State VA Zip Code 22314	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement FED Committee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>7000.00</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 53 / 54

<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)  
Sen. Ron Wyden

Transaction ID: D117277  
Date of Disbursement

Mailing Address 230 Dirksen Senate Office Building  
United States Senate

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

City Washington State DC Zip Code 20510

Amount of Each Disbursement this Period

2500.00
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Purpose of Disbursement  
FED Committee

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

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District:

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

2500.00
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TOTAL This Period (last page this line number only) ..... ►

62000.00
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**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input checked="" 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)

Mr. John Atkinson

Mailing Address 1 E Wacker Dr Ste 1800

City Chicago State IL Zip Code 60601-1900

Purpose of Disbursement  
Refund to ALFAPAC

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D117642

Date of Disbursement

06 / 27 / 2011

Amount of Each Disbursement this Period

-1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

-1000.00

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

-1000.00