

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

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

American Seniors Housing Association (Seniors Housing PAC)

ADDRESS (number and street) 5225 Wisconsin Ave., NW

▼ Suite 502

Check if different than previously reported. (ACC) Washington DC 20015

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

C C00325332 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

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

(c) 12-Day PRE-Election Report for the:

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12S)	

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

(d) 30-Day POST-Election Report for the:

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
--	---------------------------------------	--

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

5. Covering Period [M M] / [D D] / [Y Y Y Y Y] through [M M] / [D D] / [Y Y Y Y Y]

04 / 01 / 2015 through 04 / 30 / 2015

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 David Schless

Signature of Treasurer David Schless [Electronically Filed] Date [M M] / [D D] / [Y Y Y Y Y]

05 / 19 / 2015

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Seniors Housing Association (Seniors Housing PAC)

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		851520.26
(b) Cash on Hand at Beginning of Reporting Period.....	912570.26	
(c) Total Receipts (from Line 19)	65405.00	152455.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	977975.26	1003975.26
7. Total Disbursements (from Line 31).....	25024.00	51024.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	952951.26	952951.26
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American Seniors Housing Association (Seniors Housing PAC)

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	58700.00	140700.00
(ii) Unitemized	6705.00	6755.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	65405.00	147455.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	65405.00	152455.00
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 Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	65405.00	152455.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	65405.00	152455.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	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.....	25000.00	51000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	24.00	24.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	25024.00	51024.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	25024.00	51024.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	65405.00	152455.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	65405.00	152455.00
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:	PAGE 6 OF 18
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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)
American Seniors Housing Association (Seniors Housing PAC)

A. Wendy L. Simpson
Full Name (Last, First, Middle Initial)

Mailing Address 2829 Townsgate Rd.
Suite 350

City Westlake Village State CA Zip Code 91361-3019

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

Name of Employer LTC Properties, Inc. Occupation Chairman and CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 06 / 2015
Transaction ID : 65128073

Amount of Each Receipt this Period
2000.00

B. Frank W. Rees Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 1025 N. Stemmons Freeway
Suite 737

City Dallas State TX Zip Code 75207-3741

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

Name of Employer Rees Associates, Inc. Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 06 / 2015
Transaction ID : 65128074

Amount of Each Receipt this Period
2000.00

C. David J. Hegarty
Full Name (Last, First, Middle Initial)

Mailing Address 400 Centre Street

City Newton State MA Zip Code 02458-2094

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

Name of Employer Senior Housing Properties Trust Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 06 / 2015
Transaction ID : 65128075

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 9000.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 18
	<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)
American Seniors Housing Association (Seniors Housing PAC)

Full Name (Last, First, Middle Initial) A. Susan L. Alley		Date of Receipt
Mailing Address 6 Camargo Canyon		M M M / D D D / Y Y Y Y Y Y 04 / 06 / 2015
City	State	Zip Code
Cincinnati	OH	45243-2945
FEC ID number of contributing federal political committee.		Transaction ID : 65128091
C		Amount of Each Receipt this Period
		400.00
Name of Employer	Occupation	
Senior Star	Dining Room Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	400.00	

Full Name (Last, First, Middle Initial) B. Gregory A. Goins		Date of Receipt
Mailing Address 1516 South Boston Ave. Suite 301		M M M / D D D / Y Y Y Y Y Y 04 / 07 / 2015
City	State	Zip Code
Tulsa	OK	74119-4019
FEC ID number of contributing federal political committee.		Transaction ID : 65132748
C		Amount of Each Receipt this Period
		500.00
Name of Employer	Occupation	
Senior Star	VP of Development	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	500.00	

Full Name (Last, First, Middle Initial) C. Issac Losh		Date of Receipt
Mailing Address 14629 Juventos St.		M M M / D D D / Y Y Y Y Y Y 04 / 07 / 2015
City	State	Zip Code
Charlotte	NC	28277-4117
FEC ID number of contributing federal political committee.		Transaction ID : 65132762
C		Amount of Each Receipt this Period
		275.00
Name of Employer	Occupation	
Senior Star	VP	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	275.00	

SUBTOTAL of Receipts This Page (optional).....▶	1175.00
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 8 OF 18
<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)
American Seniors Housing Association (Seniors Housing PAC)

A. David M. Boitano
Full Name (Last, First, Middle Initial)

Mailing Address 1019 Regents Blvd.
Suite 201

City Fircrest State WA Zip Code 98466-6037

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

Name of Employer Ventas Healthcare Properties Occupation VP, Senior Investment Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 13 / 2015
Transaction ID : 65184692

Amount of Each Receipt this Period
3000.00

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

Mailing Address 975 F St. NW
9th Floor

City Washington State DC Zip Code 20004-1405

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

Name of Employer Capitol Seniors Housing Occupation Managing Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 13 / 2015
Transaction ID : 65185852

Amount of Each Receipt this Period
5000.00

C. Raymond J. Lewis
Full Name (Last, First, Middle Initial)

Mailing Address 353 North Clark St.
Suite 3300

City Chicago State IL Zip Code 60654-4708

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

Name of Employer Ventas Healthcare Properties, Inc. Occupation EVP & Chief Invesmtent Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 14 / 2015
Transaction ID : 65187358

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional).....▶	13000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 18
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Seniors Housing Association (Seniors Housing PAC)

A. Manisha B. Bathija
 Full Name (Last, First, Middle Initial)
 Mailing Address 353 North Clark St.
 Suite 3300
 City Chicago State IL Zip Code 60654-4708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ventas Healthcare Properties, Inc. Occupation Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **3000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 14 / 2015
Transaction ID : 65187359
 Amount of Each Receipt this Period
3000.00

B. Philip J. Kayden
 Full Name (Last, First, Middle Initial)
 Mailing Address 303 W. Madison
 Suite 2400
 City Chicago State IL Zip Code 60606-3335
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ventas Healthcare Properties Inc. Occupation Senior Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **3000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 14 / 2015
Transaction ID : 65187360
 Amount of Each Receipt this Period
3000.00

C. Tim A. Doman
 Full Name (Last, First, Middle Initial)
 Mailing Address 353 North Clark St.
 Suite 3300
 City Chicago State IL Zip Code 60654-4708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ventas Healthcare Properties Inc. Occupation SVP & Chief Portfolio Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **3000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 14 / 2015
Transaction ID : 65187361
 Amount of Each Receipt this Period
3000.00

SUBTOTAL of Receipts This Page (optional).....	9000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 18
<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)
American Seniors Housing Association (Seniors Housing PAC)

A. Kevin M. Geraghty
 Full Name (Last, First, Middle Initial)
 Mailing Address 353 N. Clark St.
 Suite 3300
 City Chicago State IL Zip Code 60654-4708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ventas Healthcare Properties Inc. Occupation Executive VP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **800.00**

Date of Receipt **04 / 14 / 2015**
Transaction ID : 65187362
 Amount of Each Receipt this Period **800.00**

B. Mary Ann Baxter
 Full Name (Last, First, Middle Initial)
 Mailing Address 353 N. Clark St.
 Suite 3300
 City Chicago State IL Zip Code 60654-4708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ventas Healthcare Properties Inc. Occupation SVP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **750.00**

Date of Receipt **04 / 14 / 2015**
Transaction ID : 65187363
 Amount of Each Receipt this Period **750.00**

C. Brian G. Fry
 Full Name (Last, First, Middle Initial)
 Mailing Address 353 North Clark St.
 Suite 3300
 City Chicago State IL Zip Code 60654-4708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ventas Healthcare Properties Inc. Occupation Manager Construction
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 14 / 2015**
Transaction ID : 65187365
 Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional).....	2050.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 18
	<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)
American Seniors Housing Association (Seniors Housing PAC)

A. Costa A. Lallas
 Full Name (Last, First, Middle Initial)
 Mailing Address 353 North Clark St.
 Suite 3300
 City Chicago State IL Zip Code 60654-4708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ventas Healthcare Properties, Inc. Occupation Asset Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 14 / 2015
Transaction ID : 65187366
 Amount of Each Receipt this Period
 375.00

B. Sandra B. Chamberlain
 Full Name (Last, First, Middle Initial)
 Mailing Address 8412 Lacevine Place
 City Louisville State KY Zip Code 40220-5608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ventas Healthcare Properties Inc. Occupation Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 14 / 2015
Transaction ID : 65187367
 Amount of Each Receipt this Period
 250.00

C. Brandi L. Healey
 Full Name (Last, First, Middle Initial)
 Mailing Address 1714 S. Hanover St.
 City Baltimore State MD Zip Code 21230-4814
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ventas Healthcare Properties Inc. Occupation VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 14 / 2015
Transaction ID : 65187370
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 875.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 18
<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)
American Seniors Housing Association (Seniors Housing PAC)

A. Julie Robinson
Full Name (Last, First, Middle Initial)

Mailing Address 353 N. Clark St.
Suite 3300

City Chicago State IL Zip Code 60654-4708

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

Name of Employer Ventas Healthcare Properties Inc. Occupation VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
04 / 14 / 2015
Transaction ID : 65187371

Amount of Each Receipt this Period
2000.00

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

Mailing Address 10350 Ormsby Park Place
Suite 300

City Louisville State KY Zip Code 40223-6177

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

Name of Employer Ventas Healthcare Properties Inc. Occupation Asset Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
04 / 14 / 2015
Transaction ID : 65187372

Amount of Each Receipt this Period
250.00

C. Dave L. Liu
Full Name (Last, First, Middle Initial)

Mailing Address 353 N. Clark St.
Suite 3300

City Chicago State IL Zip Code 60654-4708

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

Name of Employer Ventas Healthcare Properties, Inc. Occupation Manager, Acquisitions

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
850.00

Date of Receipt
04 / 14 / 2015
Transaction ID : 65187861

Amount of Each Receipt this Period
850.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 18
	<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)
American Seniors Housing Association (Seniors Housing PAC)

A. Kevin G. Christenson
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 MidAmerica Plaza
 Suite 710
 City State Zip Code
 Oakbrook Terrace IL 60181-4717
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Christenson Advisors LLC Principal
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 14 / 2015
Transaction ID : 65187863
 Amount of Each Receipt this Period
 5000.00

B. Jonathan A. Boba
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 Mid America Plaza
 Suite 710
 City State Zip Code
 Oakbrook Terrace IL 60181-4717
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Christenson Advisors LLC Principal
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 14 / 2015
Transaction ID : 65187864
 Amount of Each Receipt this Period
 5000.00

C. Matthew P. Clifton
 Full Name (Last, First, Middle Initial)
 Mailing Address 1516 S. Boston Ave.
 Suite 301
 City State Zip Code
 Tulsa OK 74119-4019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Senior Star CFO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 14 / 2015
Transaction ID : 65187867
 Amount of Each Receipt this Period
 2000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 12000.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 18
<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)
American Seniors Housing Association (Seniors Housing PAC)

A. Shondel H. Bennett
 Full Name (Last, First, Middle Initial)
 Mailing Address 3901 W. El Paso St.
 City Broken Arrow State OK Zip Code 74012-4556
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Senior Star Occupation Executive Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 15 / 2015
Transaction ID : 65324751
 Amount of Each Receipt this Period
 250.00

B. Don L. Detrich
 Full Name (Last, First, Middle Initial)
 Mailing Address 1516 S. Boston Ave. Suite 301
 City Tulsa State OK Zip Code 74119-4019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Senior Star Occupation SVP-General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 16 / 2015
Transaction ID : 65326633
 Amount of Each Receipt this Period
 500.00

C. Letitia A. Jackson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1516 South Boston Avenue Suite 301
 City Tulsa State OK Zip Code 74119-4003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Senior Star Occupation VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 16 / 2015
Transaction ID : 65326660
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 18
	<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)
American Seniors Housing Association (Seniors Housing PAC)

A. Joe F. McElwee
Full Name (Last, First, Middle Initial)
Mailing Address 115 Carnoustie Way
City State Zip Code
Media PA 19063-1858
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Capitol Seniors Housing Principal
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 16 / 2015
Transaction ID : 65326666
Amount of Each Receipt this Period
500.00

B. Jacob D. Gehl
Full Name (Last, First, Middle Initial)
Mailing Address 200 North LaSalle Street
Suite 1850
City State Zip Code
Chicago IL 60601-1048
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Blueprint Healthcare Real Estate Advis Managing Director
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 23 / 2015
Transaction ID : 65403601
Amount of Each Receipt this Period
2000.00

C. Jerome E. Finis
Full Name (Last, First, Middle Initial)
Mailing Address 701 Lee St.
Suite 500
City State Zip Code
Des Plaines IL 60016-4539
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Pathway Senior Living, LLC Chief Executive Officer
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
3000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 23 / 2015
Transaction ID : 65403602
Amount of Each Receipt this Period
3000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 5500.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 OF 18
(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)
American Seniors Housing Association (Seniors Housing PAC)

A. Ginger L. Petroff
Full Name (Last, First, Middle Initial)

Mailing Address 77 West Wacker Drive
11th Floor

City Chicago State IL Zip Code 60601-1713

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

Name of Employer Capital One Commercial Banking Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 23 / 2015

Transaction ID : 65403603

Amount of Each Receipt this Period
2000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	58700.00

**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

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NAME OF COMMITTEE (In Full)

American Seniors Housing Association (Seniors Housing PAC)

Full Name (Last, First, Middle Initial)

A. Brady For Congress

Mailing Address 3323 N. Washington Blvd.

City State Zip Code
Arlington VA 22201

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Kevin Brady

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TX District: 08

Date of Disbursement

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

Transaction ID : 65325982

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Responsibility and Freedom Work PAC

Mailing Address 20 F St. NW
Suite 500

City State Zip Code
Washington, DC 20001

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : 65329433

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Lynn Jenkins For Congress

Mailing Address 104 Hume Ave.

City State Zip Code
Alexandria VA 22301

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Lynn Jenkins

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: KS District: 02

Date of Disbursement

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

Transaction ID : 65392586

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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)

American Seniors Housing Association (Seniors Housing PAC)

Full Name (Last, First, Middle Initial)

A. Dirigo PAC

Mailing Address PO Box 1355

City Alexandria State VA Zip Code 22313

Purpose of Disbursement

011

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 27 / 2015

Transaction ID : 65414659

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Stivers For Congress

Mailing Address 217 Third St., S.E.

City Washington State DC Zip Code 20005

Purpose of Disbursement

011

Candidate Name

Rep. Steve Stivers

Category/
Type

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: OH District: 15

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 28 / 2015

Transaction ID : 65419983

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

10000.00

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

25000.00