

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.
Assisted Living Federation of America

ADDRESS (number and street)

 Check if different than previously reported. (ACC)

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

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

4. TYPE OF REPORT (Choose One)
- (a) Quarterly Reports:
- April 15 Quarterly Report (Q1)
 - July 15 Quarterly Report (Q2)
 - October 15 Quarterly Report (Q3)
 - January 31 Year-End Report (YE)
 - July 31 Mid-Year Report (Non-election Year Only) (MY)
 - Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|---|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input checked="" 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: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
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 / / through / /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ms Maribeth Bersani

Signature of Treasurer Ms Maribeth Bersani [Electronically Filed] Date / /

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)

Page 2

Write or Type Committee Name

Assisted Living Federation of America

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		595995.93
(b) Cash on Hand at Beginning of Reporting Period.....	504924.26	
(c) Total Receipts (from Line 19)	40967.39	92768.68
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	545891.65	688764.61
7. Total Disbursements (from Line 31).....	874.92	143946.15
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	545016.73	544818.46
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Assisted Living Federation of America

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	38217.39	83048.68
(ii) Unitemized	2750.00	5030.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	40967.39	88018.68
(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)	40967.39	93018.68
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	-250.00
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))..... ▶	40967.39	92768.68
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	40967.39	92768.68

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	162.42	26233.65
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	162.42	26233.65
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	35000.00
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	712.50	82712.50
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)) ..	874.92	143946.15
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	874.92	143946.15

DETAILED SUMMARY PAGE
of Disbursements

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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)	40967.39	93018.68
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	40967.39	93018.68
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	162.42	26233.65
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	162.42	26233.65

**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 16
(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

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

Mailing Address 1650 King St
Ste 602

City State Zip Code
Alexandria VA 22314-2747

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

Name of Employer Occupation
ALFA President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2608.68

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2015
Transaction ID : C3077293

Amount of Each Receipt this Period
217.39

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

Mailing Address 4500 Dorr St

City State Zip Code
Toledo OH 43615-4040

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

Name of Employer Occupation
Health Care REIT, Inc. VP - Investments

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 10 / 2015
Transaction ID : C3047423

Amount of Each Receipt this Period
300.00

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

Mailing Address 8730 Oak Hollow

City State Zip Code
Sylvania OH 43560

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

Name of Employer Occupation
Health Care REIT VP Investments

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2015
Transaction ID : C3062767

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1017.39

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

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

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FOR LINE NUMBER: PAGE 7 OF 16
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 11a 11b 11c 12
 13 14 15 16 17

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

A. Christine Contardi Stone
 Full Name (Last, First, Middle Initial)
 Mailing Address 4400 Miner Rd.
 City Ottawa Hills State OH Zip Code 43615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Care REIT Occupation SVP People & Performance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2015
Transaction ID : C3062762
 Amount of Each Receipt this Period
 500.00

B. Tom Derosa
 Full Name (Last, First, Middle Initial)
 Mailing Address 4500 Dorr St
 City Toledo State OH Zip Code 43615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Care REIT Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2015
Transaction ID : C3062755
 Amount of Each Receipt this Period
 5000.00

C. Scott Estes
 Full Name (Last, First, Middle Initial)
 Mailing Address 5026 W Dauber Dr
 City Ottawa Hills State OH Zip Code 43615-2172
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Care REIT, Inc. Occupation CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2015
Transaction ID : C3062751
 Amount of Each Receipt this Period
 4000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 9500.00
TOTAL This Period (last page this line number only)..... ▶

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

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FOR LINE NUMBER: PAGE 8 OF 16
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 11a 11b 11c 12
 13 14 15 16 17

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

A. Jeffrey S. Frum
 Full Name (Last, First, Middle Initial)
 Mailing Address 21492 Montbury Dr
 City State Zip Code
 Lake Forest CA 92630-6551
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Silverado VP
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2015
Transaction ID : C3054410
 Amount of Each Receipt this Period
 1000.00

B. Jeffrey S. Frum
 Full Name (Last, First, Middle Initial)
 Mailing Address 21492 Montbury Dr
 City State Zip Code
 Lake Forest CA 92630-6551
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Silverado VP
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2015
Transaction ID : C3056032
 Amount of Each Receipt this Period
 100.00

C. Daizel Gasperian
 Full Name (Last, First, Middle Initial)
 Mailing Address 6400 Oak Cyn
 Ste 200
 City State Zip Code
 Irvine CA 92618-5233
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Silverado-N/A Regional Vice President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 06 / 2015
Transaction ID : C3043709
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶ 1600.00
TOTAL This Period (last page this line number only).....▶

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

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FOR LINE NUMBER: PAGE 9 OF 16
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 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 4300 Turtle Creek Dr

City State Zip Code
 Perrysburg OH 43551-7525

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

Name of Employer Occupation
 Health Care REIT VP Senior Housing

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 3050.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2015

Transaction ID : C3062780

Amount of Each Receipt this Period
 3000.00

Full Name (Last, First, Middle Initial)
B. Thomas H. Grape

Mailing Address 40 William St
 Ste 350

City State Zip Code
 Wellesley MA 02481-3913

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

Name of Employer Occupation
 Benchmark Senior Living Chairman and CEO

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 24 / 2015

Transaction ID : C3057467

Amount of Each Receipt this Period
 3000.00

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

Mailing Address 6200 Gyers Meadow Lane

City State Zip Code
 Ann Arbor MI 48108

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

Name of Employer Occupation
 Health Care REIT IT Executive

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2015

Transaction ID : C3062766

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 6500.00

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

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

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FOR LINE NUMBER: PAGE 10 OF 16
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 11a 11b 11c 12
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NAME OF COMMITTEE (In Full)
Assisted Living Federation of America

A. Bryan Hickman
 Full Name (Last, First, Middle Initial)
 Mailing Address 3154 Darlington Rd
 City Toledo State OH Zip Code 43606-3162
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Care REIT, Inc. Occupation Analyst
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 29 / 2015
Transaction ID : C3062764
 Amount of Each Receipt this Period 500.00

B. Michelle Kelly
 Full Name (Last, First, Middle Initial)
 Mailing Address 881 W Cornelia Ave Apt 2
 City Chicago State IL Zip Code 60657-1712
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Care REIT, Inc. Occupation Vice President-Relationship Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 07 / 29 / 2015
Transaction ID : C3062765
 Amount of Each Receipt this Period 3000.00

C. Mercedes Kerr
 Full Name (Last, First, Middle Initial)
 Mailing Address 2449 Grivel Pl
 City Tustin State CA Zip Code 92782-1468
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Care REIT Inc Occupation SVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 07 / 29 / 2015
Transaction ID : C3062771
 Amount of Each Receipt this Period 3000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 6500.00
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 OF 16
(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. Jeffrey Miller
 Full Name (Last, First, Middle Initial)
 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 Occupation EVP Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 07 / 29 / 2015
Transaction ID : C3062774
 Amount of Each Receipt this Period 3000.00

B. Lori Muehlbauer
 Full Name (Last, First, Middle Initial)
 Mailing Address 3104 Chicken Coop Rd
 City Sequim State WA Zip Code 98382-7631
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Silverado-Home Office Occupation Sr. Director QA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 02 / 2015
Transaction ID : C3043112
 Amount of Each Receipt this Period 250.00

C. Jason Perry
 Full Name (Last, First, Middle Initial)
 Mailing Address 3622 Deer Creek Drive
 City Maumee State OH Zip Code 43537
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Care REIT Occupation VP - Investments
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 29 / 2015
Transaction ID : C3062754
 Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3550.00
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 OF 16
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Laura Printy

Mailing Address 34041 Callita Dr

City Dana Point State CA Zip Code 92629-2661

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

Name of Employer Silverado-San Juan Capistrano Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 08 / 2015

Transaction ID : C3045213

Amount of Each Receipt this Period
 300.00

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

Mailing Address 2463 Hempstead Road

City Ottawa Hills State OH Zip Code 43606

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

Name of Employer Health Care REIT Occupation Director, Investments

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
 07 / 29 / 2015

Transaction ID : C3062760

Amount of Each Receipt this Period
 250.00

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

Mailing Address 28 Christopher St

City Ladera Ranch State CA Zip Code 92694-1526

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

Name of Employer Silverado Senior Living Occupation VP of Risk Management

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
 07 / 17 / 2015

Transaction ID : C3053957

Amount of Each Receipt this Period
 250.00

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 13 OF 16
(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. Christopher Simon
 Full Name (Last, First, Middle Initial)
 Mailing Address 7547 Wind River Drive
 City State Zip Code
 Sylvania OH 43560
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Health Care REIT Inc Senior Analyst
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2015
Transaction ID : C3062761
 Amount of Each Receipt this Period
 750.00

B. Justin Skiver
 Full Name (Last, First, Middle Initial)
 Mailing Address 2627 Barrington Drive
 City State Zip Code
 Toledo OH 43606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Health Care REIT VP, Investments
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2015
Transaction ID : C3062768
 Amount of Each Receipt this Period
 500.00

C. Christian Sweetser
 Full Name (Last, First, Middle Initial)
 Mailing Address 3472 Brookside Rd.
 City State Zip Code
 Toledo OH 43606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Health Care REIT VP Finance Seniors Housing
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2015
Transaction ID : C3062763
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2250.00
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 OF 16
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Steve Taylor

Mailing Address 6681 Crista Palma Dr

City State Zip Code
Huntington Beach CA 92647-6665

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

Name of Employer Occupation
Silverado Senior Living-Corporate Offi Vice President Purchasing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2015
Transaction ID : C3062714

Amount of Each Receipt this Period
500.00

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

Mailing Address 6400 Oak Cyn
Ste 200

City State Zip Code
Irvine CA 92618-5233

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

Name of Employer Occupation
Silverado-N/A Chief Administrative 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
 07 / 21 / 2015
Transaction ID : C3055906

Amount of Each Receipt this Period
3000.00

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

Mailing Address 26178 Edinborough Circle

City State Zip Code
Perrysburg OH 43551

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

Name of Employer Occupation
Health Care REIT VP, Seniors Housing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2015
Transaction ID : C3062756

Amount of Each Receipt this Period
3000.00

SUBTOTAL of Receipts This Page (optional).....▶	6500.00
TOTAL This Period (last page this line number only).....▶	38217.39

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial)

A. SunTrust Bank

Mailing Address 1445 New York Ave NW

City Washington State DC Zip Code 20005-2134

Purpose of Disbursement
Credit Card Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 20 / 2015

Transaction ID : D167947

Amount of Each Disbursement this Period

162.42

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

162.42

162.42

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Aristotle International

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
PAC Outsourcing Consulting Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 31 / 2015

Transaction ID : D167946

Amount of Each Disbursement this Period

712.50

Category/
Type

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

Category/
Type

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

Category/
Type

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

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

712.50

712.50