

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

Assisted Living Federation of America

ADDRESS (number and street) 1650 King Street

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

Alexandria VA 22314

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

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

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

- (b) Monthly Report Due On:
- |                                      |                                      |                                       |  |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input 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 Y in the State of  

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

Election on 11 / 06 / 2012 in the State of DC

5. Covering Period 10 / 18 / 2012 through 11 / 26 / 2012

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 11 / 27 / 2012

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

Office Use Only									
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Assisted Living Federation of America**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		293019.97
(b) Cash on Hand at Beginning of Reporting Period.....	307962.49	
(c) Total Receipts (from Line 19) .....	30625.36	192937.86
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	338587.85	485957.83
7. Total Disbursements (from Line 31).....	4331.10	151701.08
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	334256.75	334256.75
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**Assisted Living Federation of America**

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 18 / 2012 To: M M / D D / Y Y Y Y 11 / 26 / 2012

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).....	26319.26	154161.08
(ii) Unitemized .....	3975.00	26368.52
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	30294.26	180529.60
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	10000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	30294.26	190529.60
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).....	331.10	2408.26
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))..... ▶	30625.36	192937.86
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	30625.36	192937.86

**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 .....	331.10	6951.08
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	331.10	6951.08
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4000.00	144500.00
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	250.00
(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	250.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	4331.10	151701.08
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4331.10	151701.08

**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) .....	30294.26	190529.60
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	30294.26	190279.60
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	331.10	6951.08
37. Offsets to Operating Expenditures (from Line 15, page 3).....	331.10	2408.26
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	4542.82

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XN  
Transaction ID :

Some disbursements have been redesignated, since election designation in previous report was attributed erroneously

Form/Schedule:  
Transaction ID:

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

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

FOR LINE NUMBER: PAGE 7 OF 22  
(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. Donna Lynne Aldrige**

Mailing Address 2493 N 450 W

City Ogden State UT Zip Code 84414

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

Name of Employer Emeritus Senior Living Occupation Regional Director of Quality Services

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**11 / 15 / 2012**

**Transaction ID : C1868524**

Amount of Each Receipt this Period  
**400.00**

Full Name (Last, First, Middle Initial)  
**B. Joshua Allen**

Mailing Address 25220 Hancock Avenue Suite 420

City Murrieta State CA Zip Code 92562

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

Name of Employer Care and Compliance Group-n/a Occupation RN

Receipt For: 2012  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**11 / 15 / 2012**

**Transaction ID : C1868732**

Amount of Each Receipt this Period  
**1500.00**

Full Name (Last, First, Middle Initial)  
**C. Budgie Amparo**

Mailing Address 737 Olive Way, Apt 2800

City Seattle State WA Zip Code 98101-3754

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

Name of Employer Emeritus Senior Living Occupation EVP, Quality & Risk Management

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **966.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**11 / 15 / 2012**

**Transaction ID : C1868525**

Amount of Each Receipt this Period  
**96.60**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **1636.60**

**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 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Rick Barker**  
Full Name (Last, First, Middle Initial)  
Mailing Address 13819 Apache  
City Tustin State CA Zip Code 92782  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Silverado Senior Living Occupation VP of IT  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **400.00**

Date of Receipt  
**10 / 26 / 2012**  
**Transaction ID : C1860054**  
Amount of Each Receipt this Period  
**400.00**

**B. Barton Bolt**  
Full Name (Last, First, Middle Initial)  
Mailing Address 400 Centre Street  
City Newton State MA Zip Code 02458  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Five Star Senior Living-N/A Occupation Division Vice President  
Receipt For: 2012  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt  
**10 / 26 / 2012**  
**Transaction ID : C1859650**  
Amount of Each Receipt this Period  
**250.00**

**C. Andy Cohen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1031 Via Del Pozo  
City Los Altos State CA Zip Code 94022-1040  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Caring.com Occupation Information Requested  
Receipt For: 2012  Primary  General  Other (specify)  Aggregate Year-to-Date **2000.00**

Date of Receipt  
**11 / 26 / 2012**  
**Transaction ID : C1872482**  
Amount of Each Receipt this Period  
**2000.00**

**SUBTOTAL** of Receipts This Page (optional)..... **2650.00**  
**TOTAL** This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 9 OF 22  
(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. Nancy Convertito**

Mailing Address 9142 Night Beacon Point Dr

City Spring State TX Zip Code 77379

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

Name of Employer Silverado Senior Living Occupation Director of Large Account 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  
 10 / 26 / 2012  
**Transaction ID : C1860059**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**B. Randall Cyphers**

Mailing Address 14591 SE Hemmen Ave

City Clackamas State OR Zip Code 97015

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

Name of Employer Emeritus Senior Living Occupation Vice President of Operations

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  
 11 / 15 / 2012  
**Transaction ID : C1868533**

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**C. Ana de la Cerda**

Mailing Address 8420 SE 39th St

City Mercer Island State WA Zip Code 98040-3623

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

Name of Employer Emeritus Senior Living Occupation Director of Policy and Compliance

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 708.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 15 / 2012  
**Transaction ID : C1868534**

Amount of Each Receipt this Period  
 40.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 790.00

**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 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Chris Gorciak**  
Full Name (Last, First, Middle Initial)

Mailing Address 20485 Via Dulcinea

City Yorba Linda State CA Zip Code 92886-4509

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

Name of Employer Silverado Senior Living Occupation VP of Marketing & Communications

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2012  
**Transaction ID : C1860057**

Amount of Each Receipt this Period  
 400.00

**B. Richard Grimes**  
Full Name (Last, First, Middle Initial)

Mailing Address 5265 Cozy Glen Ln

City Alexandria State VA Zip Code 22312-3911

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2012  
**Transaction ID : C1861180**

Amount of Each Receipt this Period  
 2000.00

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

Mailing Address 1218 Wetherby Street

City Simi Valley State CA Zip Code 93065

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

Name of Employer Five Star Senior Living Occupation SVP & Chief Operating Officer

Receipt For: 2012  
 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  
 11 / 13 / 2012  
**Transaction ID : C1866124**

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2900.00

**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 22  
(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. Chris Hollister**

Mailing Address 10160 Gaywood Drive

City State Zip Code  
 Dallas TX 75229

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

Name of Employer Occupation  
 Retired Retired

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2012

**Transaction ID : C1851503**

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**B. Chris Hollister**

Mailing Address 10160 Gaywood Drive

City State Zip Code  
 Dallas TX 75229

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

Name of Employer Occupation  
 Retired Retired

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 26 / 2012

**Transaction ID : C1872481**

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**c. Chris Hyatt**

Mailing Address 3131 Elliott Ave STE500

City State Zip Code  
 Seattle WA 98121

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

Name of Employer Occupation  
 Emeritus Senior Living-N/A EVP & Chief Operating Officer

Receipt For: 2012  
 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  
 11 / 14 / 2012

**Transaction ID : C1868494**

Amount of Each Receipt this Period  
 2000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3000.00

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

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

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

FOR LINE NUMBER: PAGE 12 OF 22  
(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. Whitney Jackson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9323 Positano Lane  
 City Germantown State TN Zip Code 38138  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Emeritus Senior Living Occupation Information Requested  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 15 / 2012  
**Transaction ID : C1868540**  
 Amount of Each Receipt this Period 500.00

**B. Theodore Janeczek**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 350 Cedar Rd  
 City Hershey State PA Zip Code 17033-9302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Country Meadows Retirement Communities Occupation Information Requested  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 05 / 2012  
**Transaction ID : C1861871**  
 Amount of Each Receipt this Period 500.00

**C. Stephen Johnson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2700 Lawndale Dr.  
 City Plano State TX Zip Code 75023  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Five Star Senior Living-N/A Occupation Divisional Vice President  
 Receipt For: 2012  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 06 / 2012  
**Transaction ID : C1862161**  
 Amount of Each Receipt this Period 500.00

**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 13 OF 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Sean Kell**  
Full Name (Last, First, Middle Initial)

Mailing Address 14033 SE 92nd Street

City Newcastle State WA Zip Code 98059

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

Name of Employer A Place For Mom, Inc. Occupation CEO

Receipt For: 2012  
 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  
 10 / 29 / 2012

**Transaction ID : C1860196**

Amount of Each Receipt this Period  
 2000.00

**B. Sue Kruse**  
Full Name (Last, First, Middle Initial)

Mailing Address 23444 Scooter Way

City Murrieta State CA Zip Code 92562

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

Name of Employer Silverado Senior Living Occupation Senior Director of Clinical Education

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  
 10 / 26 / 2012

**Transaction ID : C1860056**

Amount of Each Receipt this Period  
 300.00

**C. Bruce Mackey**  
Full Name (Last, First, Middle Initial)

Mailing Address 400 Centre St.

City Newton State MA Zip Code 02458

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

Name of Employer Five Star Quality Care, Inc. Occupation CEO

Receipt For: 2012  
 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  
 11 / 21 / 2012

**Transaction ID : C1869967**

Amount of Each Receipt this Period  
 2000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4300.00
<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 14 OF 22  
(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. Carl Bear Mahon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 37 Jasmine Way  
 City Dallas State GA Zip Code 30132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Emeritus Senior Living Occupation Regional Director of Operations  
 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  
 11 / 15 / 2012  
**Transaction ID : C1868544**  
 Amount of Each Receipt this Period  
 500.00

**B. Kellie Murray**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1315 7th Street W  
 City Kirkland State WA Zip Code 98033  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Emeritus Senior Living Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 15 / 2012  
**Transaction ID : C1868546**  
 Amount of Each Receipt this Period  
 40.00

**C. Tracy Newcomer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 115 Summit Drive  
 City Pine Grove State PA Zip Code 17963  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Country Meadows-NA Occupation VP of HR  
 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  
 11 / 05 / 2012  
**Transaction ID : C1861870**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 790.00  
**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 OF 22  
(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. Todd Novaczyk**  
 Mailing Address 6371 Pleasant View Cove  
 City State Zip Code  
 Chanhassen MN 55317-9264  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 New Perspective Senior Living President & CEO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2012  
**Transaction ID : C1859186**  
 Amount of Each Receipt this Period  
 2000.00

Full Name (Last, First, Middle Initial)  
**B. Katherine Potter**  
 Mailing Address 300 Commercial Street #413  
 City State Zip Code  
 Boston MA 02109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Five Star Quality Care, Inc.-N/A VP & General Counsel  
 Receipt For: 2012  
 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  
 11 / 07 / 2012  
**Transaction ID : C1863964**  
 Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**C. Jyl Pruss**  
 Mailing Address 845 Sanctuary Drive, Apt 104A  
 City State Zip Code  
 Lake Villa IL 60046  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Emeritus Senior Living-Corporate HR professional  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 15 / 2012  
**Transaction ID : C1868550**  
 Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2520.00  
**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 22  
(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**

Full Name (Last, First, Middle Initial)  
**A. Martin Roffe**

Mailing Address 2256 Day Island Blvd West

City	State	Zip Code
University Place	WA	98466

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

Name of Employer	Occupation
Emeritus Senior Living	SVP Financial Planning

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
416.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 15 / 2012

**Transaction ID : C1868551**

Amount of Each Receipt this Period  
41.66

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

Mailing Address 2400 Plum Grove Rd

City	State	Zip Code
Palatine	IL	60067-7422

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

Name of Employer	Occupation
Addus HealthCare	Information Requested

Receipt For: 2012  
 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  
 10 / 26 / 2012

**Transaction ID : C1859651**

Amount of Each Receipt this Period  
2000.00

Full Name (Last, First, Middle Initial)  
**C. Elizabeth Skerry-Hastings**

Mailing Address 612 East Mountain Road

City	State	Zip Code
Westfield	MA	01085

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

Name of Employer	Occupation
Benchmark Senior Living	Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
391.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2012

**Transaction ID : C1861861**

Amount of Each Receipt this Period  
291.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2332.66
<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 17 OF 22  
(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. Rachel Tackett**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1733 Union Ave #901  
 City Memphis State TN Zip Code 38104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Emeritus Senior Living Occupation Regional Director of Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 15 / 2012  
**Transaction ID : C1868555**  
 Amount of Each Receipt this Period 500.00

**B. Charles E Trefzger Jr**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 29 37th Ave NW  
 City Hickory State NC Zip Code 28601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Meridian Senior Living Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 11 / 05 / 2012  
**Transaction ID : C1861181**  
 Amount of Each Receipt this Period 2000.00

**C. Melanie Werdel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7350 West Mercer Way  
 City Mercer Island State WA Zip Code 98040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Emeritus Senior Living Occupation Executive Vice President Administratio  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 11 / 15 / 2012  
**Transaction ID : C1868557**  
 Amount of Each Receipt this Period 300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2350.00  
**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 18 OF 22  
(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. Mark Woodka**  
Full Name (Last, First, Middle Initial)

Mailing Address 3035 Huntington Rd

City Shaker Heights State OH Zip Code 44120-2473

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

Name of Employer OnShift Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2325.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 06 / 2012

**Transaction ID : C1861998**

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	26319.26

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

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

FOR LINE NUMBER: PAGE 19 OF 22  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Assisted Living Federation of America**

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

Mailing Address 1650 King St  
Ste 602

City Alexandria State VA Zip Code 22314-2747

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2408.26

Date of Receipt  
M M / D D / Y Y Y Y Y  
11 / 14 / 2012

**Transaction ID : C1873210**

Amount of Each Receipt this Period  
331.10

**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

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

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	331.10
<b>TOTAL</b> This Period (last page this line number only).....▶	331.10

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

### A. SunTrust Bank

Mailing Address 1445 New York Ave NW

City Washington State DC Zip Code 20005-2134

Purpose of Disbursement  
Credit Card Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2012

Transaction ID : D139432

Amount of Each Disbursement this Period

331.10
--------

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 M	/	D 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) ▼

Date of Disbursement

M M M	/	D 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)..... ▶

331.10
--------

331.10
--------

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. PEOPLE FOR PATTY MURRAY**

Mailing Address PO BOX 3662

City SEATTLE State WA Zip Code 98124

Purpose of Disbursement  
Contribution to FED Committee

Candidate Name  
**Sen. Patty Murray**

Office Sought:  House  
 Senate  
 President  
State: WA District: 00

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2012			

Transaction ID : D138732

Amount of Each Disbursement this Period

4000.00
---------

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF JOE PITTS**

Mailing Address PO BOX 775

City UNIONVILLE State PA Zip Code 19375

Purpose of Disbursement  
Redesignation of Disbursement

Candidate Name  
**Rep. Joe Pitts**

Office Sought:  House  
 Senate  
 President  
State: PA District: 16

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			24			2012			

Transaction ID : D138582

Amount of Each Disbursement this Period

-2500.00
----------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF JOE PITTS**

Mailing Address PO BOX 775

City UNIONVILLE State PA Zip Code 19375

Purpose of Disbursement  
Redesignation of Disbursement

Candidate Name  
**Rep. Joe Pitts**

Office Sought:  House  
 Senate  
 President  
State: PA District: 16

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			24			2012			

Transaction ID : D138583

Amount of Each Disbursement this Period

2500.00
---------

[MEMO ITEM]

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

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

4000.00
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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)

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

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

Full Name (Last, First, Middle Initial)

**A. MCCONNELL SENATE COMMITTEE '14**

Mailing Address PO BOX 1496

City LOUISVILLE State KY Zip Code 40201

Purpose of Disbursement  
Redesignation of Disbursement

Candidate Name  
**Sen. Mitch McConnell**

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			24			2012			

Transaction ID : D138585

Amount of Each Disbursement this Period

-4000.00
----------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. MCCONNELL SENATE COMMITTEE '14**

Mailing Address PO BOX 1496

City LOUISVILLE State KY Zip Code 40201

Purpose of Disbursement  
Redesignation of Disbursement

Candidate Name  
**Sen. Mitch McConnell**

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			24			2012			

Transaction ID : D138586

Amount of Each Disbursement this Period

4000.00
---------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

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

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

0.00
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4000.00
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