

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) Alexandria VA 22314

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:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (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 03 / 01 / 2014 through 03 / 31 / 2014

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 04 / 16 / 2014

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

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="2014"/>		445859.32
(b) Cash on Hand at Beginning of Reporting Period.....	418120.63	
(c) Total Receipts (from Line 19)	9191.38	16345.07
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	427312.01	462204.39
7. Total Disbursements (from Line 31).....	10196.27	45088.65
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	417115.74	417115.74
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).....	8725.00	10130.00
(ii) Unitemized	174.00	697.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	8899.00	10827.00
(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)	8899.00	15827.00
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).....	292.38	518.07
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))..... ▶	9191.38	16345.07
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	9191.38	16345.07

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	196.27	488.65
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	196.27	488.65
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.00	44600.00
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	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)) ..	10196.27	45088.65
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10196.27	45088.65

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)	8899.00	15827.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8899.00	15827.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	196.27	488.65
37. Offsets to Operating Expenditures (from Line 15, page 3).....	292.38	518.07
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-96.11	-29.42

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

Form/Schedule: F3XN

Transaction ID :

In regard to the letter from Rosa Lewis (dated January 29, 2014) asking for missing job title information from July and August 2013 FEC reports, I wanted to let you know that the missing information has been located and input into our e-filing system. Please let me know if you have further questions.

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 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)
Assisted Living Federation of America

A. Jim Bradbury
Full Name (Last, First, Middle Initial)

Mailing Address 550 NW Franklin Ave
Ste 200

City Bend State OR Zip Code 97701-2892

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

Name of Employer G5 Occupation Sales Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
03 / 19 / 2014
Transaction ID : C2666496

Amount of Each Receipt this Period
250.00

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

Mailing Address 320 Granite Run Dr

City Lancaster State PA Zip Code 17601-6806

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

Name of Employer Horst Construction Occupation Business Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
285.00

Date of Receipt
03 / 12 / 2014
Transaction ID : C2660449

Amount of Each Receipt this Period
285.00

c. Matt Chutjian
Full Name (Last, First, Middle Initial)

Mailing Address 6160 Peachtree Dunwoody Rd
Bldg C

City Atlanta State GA Zip Code 30328-6068

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

Name of Employer Kwalu Occupation VP National Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
285.00

Date of Receipt
03 / 25 / 2014
Transaction ID : C2669979

Amount of Each Receipt this Period
285.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 820.00

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 8 OF 18
(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. Rob Day

Mailing Address 550 NW Franklin Ave
Ste 200

City Bend State OR Zip Code 97701-2892

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

Name of Employer G5 Occupation Sales Executive

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
 03 / 19 / 2014
Transaction ID : C2666495

Amount of Each Receipt this Period
250.00

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

Mailing Address 630 Aberdeen Rd

City Inverness State IL Zip Code 60067-4310

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

Name of Employer Pathway Senior Living Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
785.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 24 / 2014
Transaction ID : C2669905

Amount of Each Receipt this Period
500.00

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

Mailing Address 425 Market St
FI 26

City San Francisco State CA Zip Code 94105-5401

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

Name of Employer Hanson Bridgett LLP Occupation Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2014
Transaction ID : C2658923

Amount of Each Receipt this Period
3500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 4250.00

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"/> 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. Jerry Grove
Full Name (Last, First, Middle Initial)
Mailing Address 7372 Liberty One Dr
ESCO Technologies, LLC
City Liberty Township State OH Zip Code 45044-8872
FEC ID number of contributing federal political committee. **C**
Name of Employer ESCO Technologies, LLC Occupation President & CEO
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
MM / DD / YYYY
03 / 12 / 2014
Transaction ID : C2660542
Amount of Each Receipt this Period
250.00

B. Lucas Hayes
Full Name (Last, First, Middle Initial)
Mailing Address 4895 Raintree Dr
City Parker State CO Zip Code 80134-5230
FEC ID number of contributing federal political committee. **C**
Name of Employer Enquire Solutions Occupation President & CEO
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
MM / DD / YYYY
03 / 24 / 2014
Transaction ID : C2669931
Amount of Each Receipt this Period
250.00

C. Nick Hayes
Full Name (Last, First, Middle Initial)
Mailing Address 1001 E Bayaud Ave
Apt 1010
City Denver State CO Zip Code 80209-2376
FEC ID number of contributing federal political committee. **C**
Name of Employer Enquire Solutions Occupation CRM Software and Call Center Solutions
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
MM / DD / YYYY
03 / 25 / 2014
Transaction ID : C2670006
Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 18
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Assisted Living Federation of America

A. Nancy Hodes
 Full Name (Last, First, Middle Initial)
 Mailing Address 433 State St
 City Albany State NY Zip Code 12203-1003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hodes & Landy Occupation Partner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.00

Date of Receipt
 03 / 14 / 2014
Transaction ID : C2661480
 Amount of Each Receipt this Period
 250.00

B. Ginger Landy
 Full Name (Last, First, Middle Initial)
 Mailing Address 42 W Bayberry Rd
 City Glenmont State NY Zip Code 12077-3037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hodes & Landy Occupation Partner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.00

Date of Receipt
 03 / 14 / 2014
Transaction ID : C2661400
 Amount of Each Receipt this Period
 250.00

C. Danielle Lavallee
 Full Name (Last, First, Middle Initial)
 Mailing Address 15 Bulkley Rd
 City Sudbury State MA Zip Code 01776-2640
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Model55 Occupation Account Executive
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 285.00

Date of Receipt
 03 / 27 / 2014
Transaction ID : C2670240
 Amount of Each Receipt this Period
 285.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 785.00
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 18
(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. Sharon Macdonald

Mailing Address 15 Bulkley Rd

City State Zip Code
Sudbury MA 01776-2640

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

Name of Employer Occupation
Model55 CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
285.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2014
Transaction ID : C2670239

Amount of Each Receipt this Period
285.00

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

Mailing Address 960 San Simeon Dr

City State Zip Code
Concord CA 94518-2139

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

Name of Employer Occupation
Carlton Senior Living SVP, Organizational Development

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
 03 / 21 / 2014
Transaction ID : C2669698

Amount of Each Receipt this Period
250.00

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

Mailing Address 85 Saw Timber Dr

City State Zip Code
Hilton Head Island SC 29926-1042

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

Name of Employer Occupation
The Arbor COmpany SVP Sales.Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
285.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 28 / 2014
Transaction ID : C2670942

Amount of Each Receipt this Period
285.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 820.00

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 18
(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. Doug Peterson

Mailing Address 1110 Spartan Dr

City State Zip Code
Maumee OH 43537-1725

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

Name of Employer Occupation
Spartan Chemical National Account 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
 03 / 07 / 2014
Transaction ID : C2658930

Amount of Each Receipt this Period
250.00

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

Mailing Address 110 Spartan Drive

City State Zip Code
Maumee OH 43537

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

Name of Employer Occupation
Spartan Chemical VP National Accounts

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
 03 / 07 / 2014
Transaction ID : C2658929

Amount of Each Receipt this Period
250.00

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

Mailing Address 875 E Park Ave

City State Zip Code
Columbiana OH 44408-1449

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

Name of Employer Occupation
Whispering Pines Village, Inc. CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 24 / 2014
Transaction ID : C2669924

Amount of Each Receipt this Period
250.00

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

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

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

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

FOR LINE NUMBER: PAGE 13 OF 18
(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. Robert Schwartz

Mailing Address 875 E Park Ave

City State Zip Code
Columbiana OH 44408-1449

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

Name of Employer Occupation
Whispering Pines Village, Inc. CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 24 / 2014
Transaction ID : C2669925

Amount of Each Receipt this Period
100.00

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

Mailing Address 2729 N Haven Dr

City State Zip Code
Eagle ID 83616-2331

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

Name of Employer Occupation
Yardi Software

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 03 / 2014
Transaction ID : C2656012

Amount of Each Receipt this Period
250.00

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

Mailing Address 2729 N Haven Dr

City State Zip Code
Eagle ID 83616-2331

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

Name of Employer Occupation
Yardi Software

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 24 / 2014
Transaction ID : C2669949

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 450.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (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)
Assisted Living Federation of America

A. Liberty Stansberry
Full Name (Last, First, Middle Initial)

Mailing Address 10031 Wallingford Ave N

City Seattle State WA Zip Code 98133-9438

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

Name of Employer Emeritus Senior Living Occupation Vice President of Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 11 / 2014

Transaction ID : C2659570

Amount of Each Receipt this Period
 100.00

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).....▶	100.00
TOTAL This Period (last page this line number only).....▶	8725.00

**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 18
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
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 ▼
518.07

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 07 / 2014

Transaction ID : C2716070

Amount of Each Receipt this Period
292.38

Reimbursement For Credit Card Fees

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **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).....▶	292.38
TOTAL This Period (last page this line number only).....▶	292.38

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. SunTrust Bank

Mailing Address 1445 New York Ave NW

City Washington State DC Zip Code 20005-2134

Purpose of Disbursement
Credit Card Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2014

Transaction ID : D157573

Amount of Each Disbursement this Period

196.27

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 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) ▼

Category/
Type

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)..... ▶

196.27

196.27

**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. FREEDOM AND SECURITY PAC

Mailing Address 1117 Atwood Ct

City Shakopee State MN Zip Code 55379

Purpose of Disbursement
Contribution to FED Committee

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 25 / 2014

Transaction ID : D157447

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. HAWKEYE PAC, THE

Mailing Address PO Box 7255

City Des Moines State IA Zip Code 50309

Purpose of Disbursement
Contribution to FED Committee

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 12 / 2014

Transaction ID : D154312

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. HAL ROGERS FOR CONGRESS

Mailing Address P.O. BOX 1214

City SOMERSET State KY Zip Code 42502

Purpose of Disbursement
Contribution to FED committee

Candidate Name

Rep. Harold Rogers

Office Sought: House Senate President

State: KY District: 05

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 12 / 2014

Transaction ID : D154311

Amount of Each Disbursement this Period

2500.00

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

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

7500.00

**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)
Assisted Living Federation of America

Full Name (Last, First, Middle Initial)

A. KLINE FOR CONGRESS

Mailing Address 101 W Burnsville Pkwy Suite 104

City Burnsville State MN Zip Code 55337

Purpose of Disbursement
Contribution to FED Committee

Candidate Name
Rep. John Kline

Office Sought: House
 Senate
 President
State: MN District: 02

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
03 / 25 / 2014

Transaction ID : D157446

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
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

C.

Full Name (Last, First, Middle Initial)

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

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

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

2500.00

10000.00