



**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="2012"/>		<input type="text" value="293019.97"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="271682.98"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="17637.00"/>	<input type="text" value="40613.14"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="289319.98"/>	<input type="text" value="333633.11"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="4193.82"/>	<input type="text" value="48506.95"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="285126.16"/>	<input type="text" value="285126.16"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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).....	15367.00	29599.00
(ii) Unitemized .....	2270.00	4524.52
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	17637.00	34123.52
(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) .....	17637.00	39123.52
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	1489.62
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))..... ▶	17637.00	40613.14
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	17637.00	40613.14

**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 .....	3943.82	5756.95
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	3943.82	5756.95
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	42500.00
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 .....	250.00	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)).....	250.00	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)) ..	4193.82	48506.95
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4193.82	48506.95

**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) .....	17637.00	39123.52
34. Total Contribution Refunds (from Line 28(d)) .....	250.00	250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	17387.00	38873.52
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	3943.82	5756.95
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	1489.62
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	3943.82	4267.33

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 19
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

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

Mailing Address 24096 Brillante Dr

City Wildomar	State CA	Zip Code 92595-7877
------------------	-------------	------------------------

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

Name of Employer Care and Compliance Group	Occupation Registered Nurse
---	--------------------------------

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  
 05 / 30 / 2012

**Transaction ID : C1757785**

Amount of Each Receipt this Period  
500.00

**B. maribeth bersani**  
Full Name (Last, First, Middle Initial)

Mailing Address 320 S West St  
Apt 404

City Alexandria	State VA	Zip Code 22314-5943
--------------------	-------------	------------------------

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

Name of Employer ALFA	Occupation SVP Public Policy
--------------------------	---------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1075.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2012

**Transaction ID : C1757429**

Amount of Each Receipt this Period  
750.00

**C. Jeff Brook**  
Full Name (Last, First, Middle Initial)

Mailing Address 7 Carnegie Plz

City Cherry Hill	State NJ	Zip Code 08003-1000
---------------------	-------------	------------------------

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

Name of Employer Fox Rehabilitation	Occupation Area Director of Operations
--	---

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  
 05 / 07 / 2012

**Transaction ID : C1654628**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 OF 19
	(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

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

Full Name (Last, First, Middle Initial)  
**A. Anthony Buccafurni**

Mailing Address 7 Carnegie Plz

City State Zip Code  
Cherry Hill NJ 08003-1000

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

Name of Employer Occupation  
Fox Rehabilitation Director of Clinical Operations

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  
05 / 07 / 2012

**Transaction ID : C1654629**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. Tim Buchanan**

Mailing Address 816 Terradyne Circle 733-1215

City State Zip Code  
Andover KS 67002

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

Name of Employer Occupation  
Legend Senior Living CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 30 / 2012

**Transaction ID : C1757428**

Amount of Each Receipt this Period  
1100.00

Full Name (Last, First, Middle Initial)  
**C. Tyler Bury**

Mailing Address 3533 W Mineral Butte Dr

City State Zip Code  
San Tan Valley AZ 85142-3055

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

Name of Employer Occupation  
Philips National Acct Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 14 / 2012

**Transaction ID : C1663508**

Amount of Each Receipt this Period  
75.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1425.00
<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: (check only one)	PAGE 8 OF 19
<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) <b>A. Vicki R. clark</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 30 / 2012 <b>Transaction ID : C1757788</b>
Mailing Address 23 Corporate Plaza Dr Ste 190		Amount of Each Receipt this Period 950.00
City Newport Beach	State CA	Zip Code 92660-7943
FEC ID number of contributing federal political committee. C		
Name of Employer Vintage Senior Living	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2275.00	

Full Name (Last, First, Middle Initial) <b>B. Cara D'Angelo</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 30 / 2012 <b>Transaction ID : C1757780</b>
Mailing Address 910 S Washington Ave		Amount of Each Receipt this Period 725.00
City Royal Oak	State MI	Zip Code 48067-3216
FEC ID number of contributing federal political committee. C		
Name of Employer Caretel Inns	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 725.00	

Full Name (Last, First, Middle Initial) <b>C. Patricia Foran</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 30 / 2012 <b>Transaction ID : C1758183</b>
Mailing Address 111 East Wacker Drive Suite 2200		Amount of Each Receipt this Period 450.00
City Chicago	State IL	Zip Code 60601
FEC ID number of contributing federal political committee. C		
Name of Employer Senior Lifestyle Corp	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2125.00
<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: (check only one)	PAGE 9 OF 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mark Fusetti**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7 Carnegie Plz  
 City State Zip Code  
 Cherry Hill NJ 08003-1000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Fox Rehabilitation Area of Director of Operations  
 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  
 05 / 07 / 2012  
**Transaction ID : C1654634**  
 Amount of Each Receipt this Period  
 250.00

**B. Andre Gomez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7 Carnegia Plaza  
 City State Zip Code  
 Cherry Hills NJ 08003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Fox Rehabilitation-N/A Director of Facility Operations  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 625.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 07 / 2012  
**Transaction ID : C1654627**  
 Amount of Each Receipt this Period  
 250.00

**C. Andre Gomez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7 Carnegia Plaza  
 City State Zip Code  
 Cherry Hills NJ 08003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Fox Rehabilitation-N/A Director of Facility Operations  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 625.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 11 / 2012  
**Transaction ID : C1663054**  
 Amount of Each Receipt this Period  
 375.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	875.00
<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 10 OF 19  
(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. Amish Gupta**

Mailing Address 1700 Cedar Springs Rd  
Apt 1402

City Dallas State TX Zip Code 75202-1212

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

Name of Employer RETC Occupation COO

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  
 05 / 10 / 2012  
**Transaction ID : C1657625**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**B. Jim Hanson**

Mailing Address 714 Bellevue Avenue East #601

City Seattle State WA Zip Code 98102

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

Name of Employer Emeritus Corporation-N/A Occupation Senior VP & Controller

Receipt For: 2012  
 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  
 05 / 07 / 2012  
**Transaction ID : C1654697**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**C. Charles J. Herman Jr**

Mailing Address 1 Seagate Ste 1500  
PO Box 1475

City Toledo State OH Zip Code 43604-1541

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

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

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  
 05 / 30 / 2012  
**Transaction ID : C1757784**

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 11 OF 19
	(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

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

Full Name (Last, First, Middle Initial) <b>A. David Hogue</b>		Date of Receipt MM / DD / YYYY 05 / 01 / 2012
Mailing Address PO Box 2636		<b>Transaction ID : C1648768</b>
City Rockport	State TX	Zip Code 78381-2636
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Jamail & Smith Construction	Occupation Senior Project Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Chris Hollister</b>		Date of Receipt MM / DD / YYYY 05 / 04 / 2012
Mailing Address 5523 Research Park Dr Ste 230		<b>Transaction ID : C1654378</b>
City Baltimore	State MD	Zip Code 21228-9975
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer The Erickson School at UMBC	Occupation Senior Fellow	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>c. Chris Hyatt</b>		Date of Receipt MM / DD / YYYY 05 / 07 / 2012
Mailing Address 20411 NE 71st Street		<b>Transaction ID : C1654750</b>
City Redmond	State WA	Zip Code 98053
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1500.00	
Name of Employer Emeritus Senior Living-N/A	Occupation EVP & Chief Operating Officer	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2000.00
<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: (check only one)	PAGE 12 OF 19
<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) <b>A. Brad Klitsch</b>		Date of Receipt MM / DD / YYYY 05 / 30 / 2012 <b>Transaction ID : C1757787</b>
Mailing Address 222 W. Aster Lane		Amount of Each Receipt this Period 350.00
City Mequon	State WI	Zip Code 53092
FEC ID number of contributing federal political committee. C		
Name of Employer Direct Supply Inc.	Occupation Senior Vice President of Market Develo	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	

Full Name (Last, First, Middle Initial) <b>B. Kurt Layson</b>		Date of Receipt MM / DD / YYYY 05 / 10 / 2012 <b>Transaction ID : C1657047</b>
Mailing Address 1621 Euclid Ave		Amount of Each Receipt this Period 325.00
City Cleveland	State OH	Zip Code 44115-2114
FEC ID number of contributing federal political committee. C		
Name of Employer OnShift	Occupation VP of Sales, West Region	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) <b>C. G. Michael Leader</b>		Date of Receipt MM / DD / YYYY 05 / 30 / 2012 <b>Transaction ID : C1757790</b>
Mailing Address 1070 W. Areba Ave.		Amount of Each Receipt this Period 1400.00
City Hershey	State PA	Zip Code 17033
FEC ID number of contributing federal political committee. C		
Name of Employer Country Meadows/ George M. Leader Fami	Occupation CEO/ Businessperson	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2075.00
<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: (check only one)	PAGE 13 OF 19
<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. Bryan McCaleb**  
Full Name (Last, First, Middle Initial)

Mailing Address 1200 Summit Ave  
Ste 444

City Fort Worth State TX Zip Code 76102-4407

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

Name of Employer Legend Retirement Corporation Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
05 / 10 / 2012  
**Transaction ID : C1657619**

Amount of Each Receipt this Period  
250.00

**B. Mark Ohlendorf**  
Full Name (Last, First, Middle Initial)

Mailing Address 6737 W Washington St Ste 2300

City Milwaukee State WI Zip Code 53214-5650

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

Name of Employer Brookdale Senior Living, Inc. Occupation Co-President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
05 / 30 / 2012  
**Transaction ID : C1757781**

Amount of Each Receipt this Period  
650.00

**C. John Roach**  
Full Name (Last, First, Middle Initial)

Mailing Address 2116 Arches Park Dr

City Allen State TX Zip Code 75013-5642

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

Name of Employer Mustang Creek Estates Occupation Executive Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
05 / 10 / 2012  
**Transaction ID : C1657562**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1150.00

**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 19  
(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. Joe Rothwell**

Mailing Address 1620 S Broadmoor Ave

City State Zip Code  
Wichita KS 67207-3110

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

Name of Employer Occupation  
Advance Catastrophe Technologies President

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  
 05 / 11 / 2012  
**Transaction ID : C1658282**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. Larry Rouvelas**

Mailing Address Sunrise of McLean  
6612 Orland St.

City State Zip Code  
Falls Church VA 22043

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

Name of Employer Occupation  
Sunrise Senior Living Inc Director of Market & Product Feasibili

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  
 05 / 14 / 2012  
**Transaction ID : C1757427**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**C. Brett Schiemer**

Mailing Address 7 Carnegie Plz

City State Zip Code  
Cherry Hill NJ 08003-1000

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

Name of Employer Occupation  
Fox Rehabilitation Area Director of Operations

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  
 05 / 07 / 2012  
**Transaction ID : C1654631**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00

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

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

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

FOR LINE NUMBER: PAGE 15 OF 19  
(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. President/CEO

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  
 05 / 13 / 2012  
**Transaction ID : C1663378**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. 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. President/CEO

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  
 05 / 30 / 2012  
**Transaction ID : C1757791**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 6 John St

City State Zip Code  
Ladera Ranch CA 92694

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

Name of Employer Occupation  
Emeritus Senior Living-N/A Financial Analyst

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  
 05 / 10 / 2012  
**Transaction ID : C1657620**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 19
	<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**

Full Name (Last, First, Middle Initial)  
**A. George Wagner III**

Mailing Address 3073 Horseshoe Dr S  
Ste 102

City Naples State FL Zip Code 34104-6145

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

Name of Employer Sovran Management Co., LLC Occupation CEO/President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
05 / 02 / 2012  
**Transaction ID : C1651349**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. Mitchell Warren**

Mailing Address 545 E John Carpenter Fwy # 545

City Irving State TX Zip Code 75062-8143

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

Name of Employer Constant Care Management Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
05 / 30 / 2012  
**Transaction ID : C1758179**

Amount of Each Receipt this Period  
300.00

Full Name (Last, First, Middle Initial)  
**C. Christopher Watson**

Mailing Address 7 Webster Pl

City Newtown State CT Zip Code 06470-1837

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

Name of Employer Direct Supply - DSSI Occupation Director National Accounts

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
05 / 09 / 2012  
**Transaction ID : C1657022**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	800.00
<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 17 OF 19  
(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. Ariel Weinberger**

Mailing Address 131 E. North Water Street, Suite 2

City Neenah State WI Zip Code 54956

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

Name of Employer CRL Senior Living Communities Occupation President and CEO

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  
**05 / 30 / 2012**

**Transaction ID : C1757782**

Amount of Each Receipt this Period  
**300.00**

Full Name (Last, First, Middle Initial)  
**B. Paul J. Williams**

Mailing Address 613 Walnut Grove Road

City Essex State MD Zip Code 21221

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

Name of Employer ALFA Occupation Association Executive

Receipt For: 2012  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **303.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 01 / 2012**

**Transaction ID : C1648852**

Amount of Each Receipt this Period  
**42.00**

Full Name (Last, First, Middle Initial)  
**C. Mark Woodka**

Mailing Address 1621 Euclid Ave

City Cleveland State OH Zip Code 44115-2114

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 ▼ **325.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 08 / 2012**

**Transaction ID : C1655006**

Amount of Each Receipt this Period  
**325.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **667.00**

**TOTAL** This Period (last page this line number only)..... ▶ **15367.00**

**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 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. Jaclyn Allmon**

Mailing Address 5947 Williamsburg Road

City Alexandria State VA Zip Code 22303

Purpose of Disbursement  
Reimbursement for Office Supplies for Fundraising Event

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 21 / 2012

Transaction ID : D133735

Amount of Each Disbursement this Period

77.61

Full Name (Last, First, Middle Initial)

**B. Assisted Living Federation of America**

Mailing Address 1650 King St Ste 602

City Alexandria State VA Zip Code 22314-2747

Purpose of Disbursement  
Reimbursement for Office Supplies for Fundraising Event

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 08 / 2012

Transaction ID : D128071

Amount of Each Disbursement this Period

3600.00

Full Name (Last, First, Middle Initial)

**C. 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

MM / DD / YYYY  
05 / 30 / 2012

Transaction ID : D133818

Amount of Each Disbursement this Period

266.21

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

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

3943.82

3943.82

**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 checked="" 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. Ms. Sharon Aylor**

Mailing Address 4308 Wallace Ln

City Nashville State TN Zip Code 37215-3234

Purpose of Disbursement  
Refunded Contribution dated 03/23/2012

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  
05 / 08 / 2012

**Transaction ID : D128118**

Amount of Each Disbursement this Period

250.00

**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)..... ▶

250.00

250.00