

**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 20
	<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	

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)
Alliance for Quality Nursing Home Care Inc. Political Action Committee (AQNH PAC)

Full Name (Last, First, Middle Initial) A. Steven E. Fishman		Date of Receipt
Mailing Address 101 West Avenue Suite 300		<input type="text" value="07"/> / <input type="text" value="28"/> / <input type="text" value="2011"/>
City Jenkintown	State PA	Zip Code 19046-2039
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 33628388
Name of Employer Formation Capital	Occupation President \$ C Chairman	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="1500.00"/>
	<input type="text" value="1500.00"/>	

Full Name (Last, First, Middle Initial) B. Mary Hunt		Date of Receipt
Mailing Address 71 Beech Drive		<input type="text" value="07"/> / <input type="text" value="12"/> / <input type="text" value="2011"/>
City Lake Zurich	State IL	Zip Code 60047-2114
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 33700338
Name of Employer Homemaker	Occupation Homemaker	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="4000.00"/>
	<input type="text" value="4000.00"/>	

Full Name (Last, First, Middle Initial) C. Daniel Hirschfeld		Date of Receipt
Mailing Address 1 Sunset Knoll Court		<input type="text" value="07"/> / <input type="text" value="12"/> / <input type="text" value="2011"/>
City Timonium	State MD	Zip Code 21093-4775
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 33700339
Name of Employer Genesis Healthcare Corporation	Occupation EVP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="500.00"/>
	<input type="text" value="500.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="6000.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>