

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
Assisted Living Federation of America

ADDRESS (number and street) 1650 King Street  
Suite 602  
 Check if different than previously reported. (ACC)  
Alexandria VA 22314

2. **FEC IDENTIFICATION NUMBER** C00338020  
**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 Quarterly 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 (12G)  
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 01 01 2009 through 06 30 2009

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 Electronically Filed by Ms Maribeth Bersani Date 07 15 2009

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 **FEC FORM 3X** (Rev. 12/2004)

A. Form/Schedule : **F3XN**

Assisted Living Federation of America 2009 Mid Year Report.

Transaction ID :

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Assisted Living Federation of America

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		109775.00
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	109775.00									
(c) Total Receipts (from Line 19) .....	29037.02	29037.02								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	138812.02	138812.02								
7. Total Disbursements (from Line 31) .....	10500.00	10500.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	128312.02	128312.02								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
Assisted Living Federation of America

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

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) .....	13456.00	13456.00
(ii) Unitemized .....	12581.02	12581.02
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	26037.02	26037.02
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	3000.00	3000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	29037.02	29037.02
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	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 Transfer (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)) .....	29037.02	29037.02
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	29037.02	29037.02

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared 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.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10500.00	10500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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) Shared 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))..	10500.00	10500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10500.00	10500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

6 / 23

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 .....	29037.02	29037.02
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	29037.02	29037.02
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 23  
(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

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.**

Full Name (Last, First, Middle Initial)  
Michel Augsburger

Mailing Address 903 Vanessa Ct

City Windsor State CA Zip Code 95492-7924

FEC ID number of contributing federal political committee. C

Name of Employer Chancellor Health Care Inc Occupation President/CEO

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 07 / 2009

**Transaction ID:** C750379

Amount of Each Receipt this Period 100.00

**B.**

Full Name (Last, First, Middle Initial)  
Michel Augsburger

Mailing Address 903 Vanessa Ct

City Windsor State CA Zip Code 95492-7924

FEC ID number of contributing federal political committee. C

Name of Employer Chancellor Health Care Inc Occupation President/CEO

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 07 / 2009

**Transaction ID:** C750396

Amount of Each Receipt this Period 200.00

**C.**

Full Name (Last, First, Middle Initial)  
John T Baker

Mailing Address 1018 N. Cypress Court  
1038 Bristol

City Wichita State KS Zip Code 67206

FEC ID number of contributing federal political committee. C

Name of Employer IMA Financial Group, Inc. Occupation Senior Vice President

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 20 / 2009

**Transaction ID:** C677028

Amount of Each Receipt this Period 200.00

**SUBTOTAL** of Receipts This Page (optional) ..... 500.00

**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 / 23  
(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)  
John T Baker

Mailing Address 1018 N. Cypress Court  
1038 Bristol

City State Zip Code  
Wichita KS 67206

FEC ID number of contributing federal political committee. C

Name of Employer: IMA Financial Group, Inc.      Occupation: Senior Vice President

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt MM / DD / YYYY  
05 / 07 / 2009

**Transaction ID:** C750366

Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
Maribeth Bersani

Mailing Address 315 S. Fayette Street  
315 S. Fayette St.

City State Zip Code  
Alexandria VA 22314-2747

FEC ID number of contributing federal political committee. C

Name of Employer: Assisted Living Federation of America      Occupation: Senior Vice President and Dir of Publi

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt MM / DD / YYYY  
04 / 16 / 2009

**Transaction ID:** C750479

Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Maribeth Bersani

Mailing Address 315 S. Fayette Street  
315 S. Fayette St.

City State Zip Code  
Alexandria VA 22314-2747

FEC ID number of contributing federal political committee. C

Name of Employer: Assisted Living Federation of America      Occupation: Senior Vice President and Dir of Publi

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt MM / DD / YYYY  
05 / 07 / 2009

**Transaction ID:** C750364

Amount of Each Receipt this Period 400.00

**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 9 / 23
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Robert Brady	Date of Receipt MM / DD / YYYY 05 / 07 / 2009
	Mailing Address 153 St Annes Dr.	<b>Transaction ID:</b> C750353
	City State Zip Code Holland OH 43528	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Omnicare Sales	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 481.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Robert Brady	Date of Receipt MM / DD / YYYY 06 / 01 / 2009
	Mailing Address 153 St Annes Dr.	<b>Transaction ID:</b> C750469
	City State Zip Code Holland OH 43528	Amount of Each Receipt this Period 381.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Omnicare Sales	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 481.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Vicki R. Clark	Date of Receipt MM / DD / YYYY 05 / 07 / 2009
	Mailing Address 23 Corporate Plaza Dr Ste 190	<b>Transaction ID:</b> C750435
	City State Zip Code Newport Beach CA 92660-7943	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Vintage Senior Living President	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	781.00
<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 / 23  
(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)  
Brian J. Cloch

Mailing Address 701 Lee St Ste 450

City State Zip Code  
Des Plaines IL 60016-4545

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

Name of Employer Pathway Senior Living LLC Occupation Principal

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 1 4 / 2 0 0 9

**Transaction ID: C750475**

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
Brian J. Cloch

Mailing Address 701 Lee St Ste 450

City State Zip Code  
Des Plaines IL 60016-4545

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

Name of Employer Pathway Senior Living LLC Occupation Principal

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 0 7 / 2 0 0 9

**Transaction ID: C750352**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Chris Coates

Mailing Address 111 Westwood Place Suite 109

City State Zip Code  
Brentwood TN 37027

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

Name of Employer American Seniors Foundation, Inc Occupation CEO/President

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 0 7 / 2 0 0 9

**Transaction ID: C750375**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1300.00

**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 11 / 23
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Michael H. Cook		Date of Receipt
	Mailing Address 2724 King Street		<input type="text" value="04"/> / <input type="text" value="02"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Alexandria	VA	22302
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Epstein, Becker & Green, P.C.		Occupation Partner	<b>Transaction ID:</b> C750495
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="250.00"/>	<input type="text" value="250.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) Rob Day		Date of Receipt
	Mailing Address 61525 West Ridge Ave		<input type="text" value="04"/> / <input type="text" value="28"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Bend	OR	97702
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer G5 Search Marketing		Occupation Account Executive	<b>Transaction ID:</b> C750485
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="250.00"/>	<input type="text" value="250.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) Doug Fullaway		Date of Receipt
	Mailing Address 9375 SW Commerce Cir Ste A1		<input type="text" value="04"/> / <input type="text" value="22"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Wilsonville	OR	97070-9694
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Vigilan		Occupation President & COO	<b>Transaction ID:</b> C750470
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="250.00"/>	<input type="text" value="250.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="750.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 23  
(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.**

Full Name (Last, First, Middle Initial)  
Eugene Grace

Mailing Address 1319 Waterford Dr

City State Zip Code  
Minneapolis MN 55422-4283

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

Name of Employer  
Grace Management

Occupation  
President

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 07 / 2009

Transaction ID: C750419

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Margaret Herman

Mailing Address 2924 Secretariat Road

City State Zip Code  
Toledo OH 43615

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

Name of Employer requested

Occupation requested

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2009

Transaction ID: C750487

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Ken Jaeger

Mailing Address 5344 South Kipling Parkway

City State Zip Code  
Littleton CO 80127

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

Name of Employer  
MorningStar Senior Living

Occupation  
President & CEO

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
04 / 27 / 2009

Transaction ID: C750483

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

**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 / 23
	(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"/> 15
<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.** Full Name (Last, First, Middle Initial)  
Theodore Janeczek

Mailing Address 830 Cherry Dr

City State Zip Code  
Hershey PA 17033-2007

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

Name of Employer Country Meadows Occupation EVP & CFO

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 24 / 2009

**Transaction ID: C750486**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Douglas E Johnson

Mailing Address 30 E 39th St  
Fl 4

City State Zip Code  
New York NY 10016-2555

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

Name of Employer Seniors for Living Occupation VP Sales and Marketing

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 20 / 2009

**Transaction ID: C750471**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Brad Klitsch

Mailing Address 222 W. Aster Lane

City State Zip Code  
Mequon WI 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: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 14 / 2009

**Transaction ID: C750492**

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: PAGE 14 / 23  
(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.**

Full Name (Last, First, Middle Initial) Brad Klitsch		Date of Receipt MM / DD / YYYY 04 / 15 / 2009
Mailing Address 222 W. Aster Lane		<b>Transaction ID:</b> C750493
City Mequon	State WI	Zip Code 53092
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Direct Supply Inc.	Occupation Senior Vice President of Market Develo	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1225.00	

**B.**

Full Name (Last, First, Middle Initial) Brad Klitsch		Date of Receipt MM / DD / YYYY 05 / 03 / 2009
Mailing Address 222 W. Aster Lane		<b>Transaction ID:</b> C750494
City Mequon	State WI	Zip Code 53092
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 275.00
Name of Employer Direct Supply Inc.	Occupation Senior Vice President of Market Develo	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1225.00	

**C.**

Full Name (Last, First, Middle Initial) Brad Klitsch		Date of Receipt MM / DD / YYYY 05 / 07 / 2009
Mailing Address 222 W. Aster Lane		<b>Transaction ID:</b> C750397
City Mequon	State WI	Zip Code 53092
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Direct Supply Inc.	Occupation Senior Vice President of Market Develo	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	725.00
<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 15 / 23  
(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.**

Full Name (Last, First, Middle Initial)  
G. Michael Leader

Mailing Address 1070 W. Areba Ave.  
1070 Abrea Ave

City State Zip Code  
Hershey PA 17033

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

Name of Employer Country Meadows Occupation CEO

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 07 / 2009

Transaction ID: C750365

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Richard Macfarlane

Mailing Address 1360 Reynolds Ave Ste 101

City State Zip Code  
Irvine CA 92614-5535

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

Name of Employer HPSI Occupation Regional VP - West Region

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
05 / 07 / 2009

Transaction ID: C750378

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Richard Macfarlane

Mailing Address 1360 Reynolds Ave Ste 101

City State Zip Code  
Irvine CA 92614-5535

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

Name of Employer HPSI Occupation Regional VP - West Region

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
05 / 07 / 2009

Transaction ID: C750388

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1300.00**

**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 / 23

(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.**

Full Name (Last, First, Middle Initial)  
David McHarg

Mailing Address 91 Brookesmill W  
91 Brookesmill W

City State Zip Code  
Stafford VA 22554

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

Name of Employer Occupation  
Greenfield Senior Living VP of Operations

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 6 / 2 0 0 9

Transaction ID: C750491

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
David McHarg

Mailing Address 91 Brookesmill W  
91 Brookesmill W

City State Zip Code  
Stafford VA 22554

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

Name of Employer Occupation  
Greenfield Senior Living VP of Operations

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 7 / 2 0 0 9

Transaction ID: C750401

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Tom Miller

Mailing Address 290 South Street

City State Zip Code  
Wapole MA 02081-2707

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

Name of Employer Occupation  
TR Miller Co, Inc. President

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 0 / 2 0 0 9

Transaction ID: C750480

Amount of Each Receipt this Period  
500.00

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

850.00

**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 17 / 23  
(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)  
Allen Nickerson  
Mailing Address 825 Arnold Dr Ste 110  
City State Zip Code  
Martinez CA 94553-6837  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Carlton Senior Living Director of Human Resources  
Receipt For: 2010  
 Primary    General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
250.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 3 / 2 0 0 9  
Transaction ID: C750488  
Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Todd Novaczyk  
Mailing Address 6371 Pleasant View Cv  
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: 2010  
 Primary    General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
250.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 5 / 2 0 0 9  
Transaction ID: C750489  
Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Fred N. Pratt, Jr  
Mailing Address 40 William St Ste 350  
City State Zip Code  
Wellesley MA 02481-3904  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Benchmark Assisted Living President  
Receipt For: 2010  
 Primary    General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
1000.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 0 / 2 0 0 9  
Transaction ID: C677025  
Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**  
**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 / 23  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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)  
Brenda Rice

Mailing Address 701 S Ridge Ave

City Troy State OH Zip Code 45374-0001

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

Name of Employer Hobart-Traulsen Occupation Marketing Manager

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 07 / 2009  
**Transaction ID: C750400**  
 Amount of Each Receipt this Period 300.00

**B.**

Full Name (Last, First, Middle Initial)  
David Rudder

Mailing Address 3875 SW Hall Blvd

City Beaverton State OR Zip Code 97005-2049

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

Name of Employer The Kinetic Group Inc. Occupation Chief Executive Officer

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 05 / 07 / 2009  
**Transaction ID: C750398**  
 Amount of Each Receipt this Period 350.00

**C.**

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

Mailing Address 27123 Calle Arroyo

City San Juan Capistran State CA Zip Code 92675-2763

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

Name of Employer Silverado Senior Living Inc Occupation President/CEO & Chairman

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 05 / 07 / 2009  
**Transaction ID: C750439**  
 Amount of Each Receipt this Period 800.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1450.00**

**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 19 / 23  
(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)  
Pamala Temple

Mailing Address 2101 4th Ave Ste 1750

City State Zip Code  
Seattle WA 98121-2327

FEC ID number of contributing federal political committee. C

Name of Employer  
A Place for Mom

Occupation  
Chief Executive Officer

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
05 / 07 / 2009

**Transaction ID:** C750421

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Joseph Travaglini

Mailing Address 40 Cedar Meadow LN

City State Zip Code  
Media PA 19063-6307

FEC ID number of contributing federal political committee. C

Name of Employer  
Reliant Healthcare Management

Occupation  
Senior Vice President

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
04 / 22 / 2009

**Transaction ID:** C750482

Amount of Each Receipt this Period  
250.00

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

Mailing Address 26178 Edinborough Circle

City State Zip Code  
Perrysburg OH 43551

FEC ID number of contributing federal political committee. C

Name of Employer Requested

Occupation Requested

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
04 / 20 / 2009

**Transaction ID:** C750477

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... 800.00

**TOTAL** This Period (last page this line number only) ..... 13456.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 20 / 23	
	(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"/> 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

<b>A.</b>	Full Name (Last, First, Middle Initial) Direct Supply Inc. Partners PAC		Date of Receipt		
	Mailing Address 6767 N. Industrial Road		M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 9		
	City Milwaukee	State WI	Zip Code 53223	<b>Transaction ID:</b> C606048	
	FEC ID number of contributing federal political committee. <b>C</b> C00409516		Amount of Each Receipt this Period 3000.00		
	Name of Employer	Occupation			
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3000.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	3000.00

**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

A.	Full Name (Last, First, Middle Initial) DOGGETT FOR US CONGRESS	Transaction ID: D87840 Date of Disbursement 01 / 30 / 2009
	Mailing Address 1157 San Bernard	Amount of Each Disbursement this Period 1000.00
	City Austin State TX Zip Code 78702	
	Purpose of Disbursement Contribution For 2010 Primary	Category/ Type
	Candidate Name Rep. Lloyd Doggett	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 25	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FRIENDS OF BARBARA BOXER	Transaction ID: D87844 Date of Disbursement 03 / 27 / 2009
	Mailing Address PO BOX 641751	Amount of Each Disbursement this Period 1500.00
	City LOS ANGELES State CA Zip Code 90064	
	Purpose of Disbursement Contribution for Primary 2010	Category/ Type
	Candidate Name Sen. Barbara Boxer	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS OF BLANCHE LINCOLN	Transaction ID: D87847 Date of Disbursement 04 / 30 / 2009
	Mailing Address PO BOX 3197	Amount of Each Disbursement this Period 1000.00
	City LITTLE ROCK State AR Zip Code 72203	
	Purpose of Disbursement Contribution for Primary 2010	Category/ Type
	Candidate Name Sen. Blanche L. Lincoln	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**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

A.	Full Name (Last, First, Middle Initial) FRIENDS OF SCHUMER	Transaction ID: D87845 Date of Disbursement 04 / 30 / 2009
	Mailing Address 509 MADISON AVE SUITE 1902	Amount of Each Disbursement this Period 2500.00
	City NEW YORK State NY Zip Code 10022	
	Purpose of Disbursement Contribution for Primary 2010	Category/ Type
	Candidate Name Sen. Charles E. Schumer	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FRIENDS FOR HARRY REID	Transaction ID: D87841 Date of Disbursement 02 / 06 / 2009
	Mailing Address P.O. BOX 19163	Amount of Each Disbursement this Period 2000.00
	City LAS VEGAS State NV Zip Code 89132	
	Purpose of Disbursement Contribution for Primary 2010	Category/ Type
	Candidate Name Sen. Harry Reid	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) DEMINT FOR SENATE COMMITTEE INC	Transaction ID: D87842 Date of Disbursement 03 / 04 / 2009
	Mailing Address PO BOX 12425	Amount of Each Disbursement this Period 1000.00
	City COLUMBIA State SC Zip Code 29211	
	Purpose of Disbursement Contribution for Primary 2010	Category/ Type
	Candidate Name Sen. Jim DeMint	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**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)

PAGE 23 / 23

<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

A.

Full Name (Last, First, Middle Initial)  
HATCH ELECTION COMMITTEE INC

Mailing Address 175 SOUTH WEST TEMPLE SUITE 650

City State Zip Code  
SALT LAKE CITY UT 84101

Purpose of Disbursement  
Contribution for Primary 2010

Candidate Name  
Sen. Orrin G. Hatch

Office Sought:  House  
 Senate  
 President

State: UT District: 00

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Transaction ID: D87846

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

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