

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
American Seniors Housing Association (Seniors Housing PAC)

ADDRESS (number and street) 5100 Wisconsin Ave., NW
Suite 307
 Check if different than previously reported. (ACC)
Washington DC 20016

2. **FEC IDENTIFICATION NUMBER** C00325332
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 (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 06 01 2010 through 06 30 2010

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 David Schless
Signature of Treasurer Electronically Filed by David Schless Date 08 16 2010

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 : **F3XA**

Adjusting cash on hand to account for bank fee charge.

Transaction ID :

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
American Seniors Housing Association (Seniors Housing PAC)

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	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>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		750300.26
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	725830.26									
(c) Total Receipts (from Line 19)	51220.00	188795.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	777050.26	939095.26								
7. Total Disbursements (from Line 31)	14506.00	176551.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	762544.26	762544.26								
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

American Seniors Housing Association (Seniors Housing PAC)

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

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)	41950.00	170300.00
(ii) Unitemized	3270.00	9495.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	45220.00	179795.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	5000.00	8000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	50220.00	187795.00
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)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	1000.00	1000.00
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))	51220.00	188795.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	51220.00	188795.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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.....	14500.00	176500.00
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.....	6.00	51.00
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))..	14506.00	176551.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14506.00	176551.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

6 / 21

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)	50220.00	187795.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	50220.00	187795.00
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 / 21
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
American Seniors Housing Association (Seniors Housing PAC)

<p>A. Full Name (Last, First, Middle Initial) Tim Wesley</p> <p>Mailing Address 9510 Ormsby Station Rd. Suite 101</p> <p>City State Zip Code Louisville KY 40223-4081</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer SeniorCare Occupation EVP, CFO</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2000.00</p>	<p>Date of Receipt 06 / 11 / 2010</p> <p>Transaction ID: 35145728</p> <p>Amount of Each Receipt this Period 2000.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Chris N Cummings</p> <p>Mailing Address 10350 Ormsby Park Place Suite 300</p> <p>City State Zip Code Louisville KY 40223-6178</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Ventas Healthcare Properties Occupation</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>	<p>Date of Receipt 06 / 11 / 2010</p> <p>Transaction ID: 35145729</p> <p>Amount of Each Receipt this Period 1000.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Nicholas W Jacoby</p> <p>Mailing Address 10350 Ormsby Park Place Suite 300</p> <p>City State Zip Code Louisville KY 40223-6178</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Ventas Healthcare Properties Occupation</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt 06 / 11 / 2010</p> <p>Transaction ID: 35145730</p> <p>Amount of Each Receipt this Period 500.00</p>
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SUBTOTAL of Receipts This Page (optional)	3500.00
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 / 21
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Seniors Housing Association (Seniors Housing PAC)

A. Full Name (Last, First, Middle Initial)
James L. Andrews

Mailing Address 111 S. Wacker Dr.
48th Floor

City Chicago State IL Zip Code 60606-4302

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

Name of Employer Ventas Healthcare Properties
Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1600.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 11 / 2010

Transaction ID: 35145731

Amount of Each Receipt this Period
1600.00

B. Full Name (Last, First, Middle Initial)
Joseph D Lambert

Mailing Address 111 S. Wacker Dr.
Suite 4800

City Chicago State IL Zip Code 60606-4302

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

Name of Employer Ventas Healthcare Properties
Occupation Senior Transactions Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 11 / 2010

Transaction ID: 35145732

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Vince M. Cozzi

Mailing Address 111 S. Wacker Dr.
Suite 4800

City Chicago State IL Zip Code 60606-4302

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

Name of Employer Ventas Healthcare Properties
Occupation VP, Acquisitions

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 11 / 2010

Transaction ID: 35145733

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **3600.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 21
(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)
American Seniors Housing Association (Seniors Housing PAC)

<p>A. Full Name (Last, First, Middle Initial) Philip J Kayden</p> <p>Mailing Address 111 S. Wacker Dr Suite 4800</p> <p>City State Zip Code Chicago IL 60606-4302</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Ventas Healthcare Properties</p> <p>Occupation Manager, Real Estate Investments</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 06 / 11 / 2010</p> <p>Transaction ID: 35145734</p> <p>Amount of Each Receipt this Period 500.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Tim A. Doman</p> <p>Mailing Address 111 S. Wacker Dr. Suite 4800</p> <p>City State Zip Code Chicago IL 60606-4302</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Ventas Healthcare Properties</p> <p>Occupation</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 06 / 11 / 2010</p> <p>Transaction ID: 35145735</p> <p>Amount of Each Receipt this Period 2000.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Debra A. Cafaro</p> <p>Mailing Address 111 S. Wacker Drive Suite 4800</p> <p>City State Zip Code Chicago IL 60606-4302</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Ventas Healthcare Properties</p> <p>Occupation CEO, Chairman</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 3000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 06 / 11 / 2010</p> <p>Transaction ID: 35145736</p> <p>Amount of Each Receipt this Period 3000.00</p>
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SUBTOTAL of Receipts This Page (optional)	5500.00
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 10 / 21
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Seniors Housing Association (Seniors Housing PAC)

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

Mailing Address 111 S. Wacker Dr.
48th Floor

City Chicago State IL Zip Code 60606-4302

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

Name of Employer Ventas Healthcare Properties
Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

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

Transaction ID: 35145792
 Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Joy L Butora

Mailing Address 111 S. Wacker Dr.
Suite 4800

City Chicago State IL Zip Code 60606-4302

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

Name of Employer Ventas Healthcare Properties
Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

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

Transaction ID: 35145793
 Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
David J Smith

Mailing Address 111 S. Wacker Dr.
Suite 4800

City Chicago State IL Zip Code 60606-4302

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

Name of Employer Ventas Healthcare Properties
Occupation Analyst

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

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

Transaction ID: 35145799
 Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► **900.00**

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 / 21
(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)
American Seniors Housing Association (Seniors Housing PAC)

A.

Full Name (Last, First, Middle Initial) Brian L Tilton		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 1 / 2 0 1 0
Mailing Address 111 S. Wacker Dr. Suite 4800		Transaction ID: 35145800
City Chicago	State IL	Zip Code 60606-4302
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Ventas Healthcare Properties	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.

Full Name (Last, First, Middle Initial) Jeffrey Sands		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 1 / 2 0 1 0
Mailing Address 3530 Post Rd Suite 301		Transaction ID: 35145801
City Southport	State CT	Zip Code 06890-1169
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Herbert J. Sims & Co.	Occupation Executive VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

C.

Full Name (Last, First, Middle Initial) David Rey Salinas		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 1 / 2 0 1 0
Mailing Address 6801 Energy Ct. Suite 200		Transaction ID: 35145818
City Sarasota	State FL	Zip Code 34240-8523
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer HealthTrust LLC	Occupation Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	2800.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 21
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Seniors Housing Association (Seniors Housing PAC)

A. Full Name (Last, First, Middle Initial)
Alan C Plush

Mailing Address 6801 Energy Ct.
Suite 200

City State Zip Code
Sarasota FL 34240-8523

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

Name of Employer HealthTrust LLC Occupation President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 3000.00

Date of Receipt

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

Transaction ID: 35145819
 Amount of Each Receipt this Period
 3000.00

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

Mailing Address 9510 Ormsby Station Rd.
Suite 101

City State Zip Code
Louisville KY 40223-4081

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

Name of Employer SeniorCare Occupation EVP & COO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	5	/	2	0	1	0

Transaction ID: 35164897
 Amount of Each Receipt this Period
 2000.00

C. Full Name (Last, First, Middle Initial)
Ryan Saul

Mailing Address 429 Duane St.

City State Zip Code
Glen Ellyn IL 60137-4528

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

Name of Employer Senior Living Investment Brokerage Occupation Managing Director

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	5	/	2	0	1	0

Transaction ID: 35164898
 Amount of Each Receipt this Period
 2000.00

SUBTOTAL of Receipts This Page (optional) ► **7000.00**

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 / 21
(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)
American Seniors Housing Association (Seniors Housing PAC)

A.

Full Name (Last, First, Middle Initial) Gayle L. Michel		Date of Receipt MM / DD / YYYY 06 / 15 / 2010
Mailing Address 111 E. Wacker Dr. Suite 2200		Transaction ID: 35166745
City Chicago	State IL	Zip Code 60601-3757
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Senior Lifestyle Corporation	Occupation Director of Employment and Recruiting	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) Alida J Calaway		Date of Receipt MM / DD / YYYY 06 / 15 / 2010
Mailing Address 111 E. Wacker Dr. Suite 2200		Transaction ID: 35166841
City Chicago	State IL	Zip Code 60601-3757
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Senior Lifestyle Corporation	Occupation Regional Director of Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) Teresa L Fay		Date of Receipt MM / DD / YYYY 06 / 15 / 2010
Mailing Address 111 E. Wacker Drive Suite 2200		Transaction ID: 35166842
City Chicago	State IL	Zip Code 60601-3757
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Senior Lifestyle Corporation	Occupation Director of Resident Programs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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 14 / 21
(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)
American Seniors Housing Association (Seniors Housing PAC)

A.

Full Name (Last, First, Middle Initial) Justin I. Robins		Date of Receipt MM / DD / YYYY 06 / 15 / 2010
Mailing Address 111 E. Wacker Drive Suite 2200		Transaction ID: 35166843
City Chicago	State IL	Zip Code 60601-3757
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Senior Lifestyle Corporat- ion	Occupation Director of Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.

Full Name (Last, First, Middle Initial) William P. Blouin		Date of Receipt MM / DD / YYYY 06 / 15 / 2010
Mailing Address 111 E. Wacker Drive Suite 2200		Transaction ID: 35166844
City Chicago	State IL	Zip Code 60601-3757
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Senior Lifestyle Corporat- ion	Occupation VP, Human Resources	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.

Full Name (Last, First, Middle Initial) Adam J. Kaplan		Date of Receipt MM / DD / YYYY 06 / 15 / 2010
Mailing Address 111 E. Wacker Dr. Suite 2200		Transaction ID: 35166845
City Chicago	State IL	Zip Code 60601-3757
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Senior Lifestyle Corporat- ion	Occupation Operations Specialist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	▶	900.00
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 15 / 21		
	<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

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NAME OF COMMITTEE (In Full)
American Seniors Housing Association (Seniors Housing PAC)

A.	Full Name (Last, First, Middle Initial) Patrick M. Lee		Date of Receipt	
	Mailing Address 111 E. Wacker Drive Suite 2200		M M / D D / Y Y Y Y Y 06 / 15 / 2010	
	City	State	Zip Code	Transaction ID: 35166948
	Chicago	IL	60601-3757	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		750.00	
Name of Employer Senior Lifestyle Corporation		Occupation Vice President, Acquisitions		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00		

B.	Full Name (Last, First, Middle Initial) Robert M. Gawronski		Date of Receipt	
	Mailing Address 111 E. Wacker Drive Suite 2200		M M / D D / Y Y Y Y Y 06 / 15 / 2010	
	City	State	Zip Code	Transaction ID: 35166949
	Chicago	IL	60601-3757	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		750.00	
Name of Employer Senior Lifestyle Corporation		Occupation Vice President, Development & Acquisition		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00		

C.	Full Name (Last, First, Middle Initial) Stephen J. Levy		Date of Receipt	
	Mailing Address 111 E. Wacker Drive Suite 2200		M M / D D / Y Y Y Y Y 06 / 15 / 2010	
	City	State	Zip Code	Transaction ID: 35166950
	Chicago	IL	60601-3757	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		2000.00	
Name of Employer Senior Lifestyle Corporation		Occupation General Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2000.00		

SUBTOTAL of Receipts This Page (optional)	▶	3500.00
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 / 21
(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)
American Seniors Housing Association (Seniors Housing PAC)

A.

Full Name (Last, First, Middle Initial) John D. Cobb		Date of Receipt MM / DD / YYYY 06 / 15 / 2010
Mailing Address 111 E. Wacker Dr. Suite 2200		Transaction ID: 35166951
City Chicago	State IL	Zip Code 60601-3757
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 3000.00
Name of Employer Senior Lifestyle Corporation	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

B.

Full Name (Last, First, Middle Initial) Jerrold H. Frumm		Date of Receipt MM / DD / YYYY 06 / 15 / 2010
Mailing Address 111 E. Wacker Drive Suite 2200		Transaction ID: 35166952
City Chicago	State IL	Zip Code 60601
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 3000.00
Name of Employer Senior Lifestyle Corporation	Occupation Executive Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

C.

Full Name (Last, First, Middle Initial) William B. Kaplan		Date of Receipt MM / DD / YYYY 06 / 15 / 2010
Mailing Address 111 E. Wacker Dr. Suite 2200		Transaction ID: 35166975
City Chicago	State IL	Zip Code 60601
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 3500.00
Name of Employer Senior Lifestyle Corporation	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3500.00	

SUBTOTAL of Receipts This Page (optional)	▶	9500.00
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 / 21

(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)

American Seniors Housing Association (Seniors Housing PAC)

A.

Full Name (Last, First, Middle Initial)

James B. Klutznick

Mailing Address 111 E. Wacker Drive
Suite 2200

City State Zip Code
Chicago IL 60601-3757

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

Name of Employer Senior Lifestyle Corporat-
ion Occupation Vice Chairman

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

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

Transaction ID: 35436875

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Kenneth R Assiran

Mailing Address 2 West Baltimore Ave.
Suite 350

City State Zip Code
Media PA 19063-3702

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

Name of Employer Capital Health Group, LLC Occupation Managing Principal

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3000.00

Date of Receipt

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

Transaction ID: 35436876

Amount of Each Receipt this Period

3000.00

SUBTOTAL of Receipts This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

41950.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 18 / 21	
	(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)
American Seniors Housing Association (Seniors Housing PAC)

A.	Full Name (Last, First, Middle Initial) Senior Care Inc. Federal PAC		Date of Receipt	
	Mailing Address 9510 Ormsby Station Rd. Suite 101		M M / D D / Y Y Y Y 06 / 15 / 2010	
	City	State	Zip Code	Transaction ID: 35168451
	Louisville	KY	40223	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		5000.00	
Name of Employer		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00		

SUBTOTAL of Receipts This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	5000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 / 21
	(check only one)	
<input 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 checked="" type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Seniors Housing Association (Seniors Housing PAC)

A.	Full Name (Last, First, Middle Initial) Friends Of Byron Dorgan		Date of Receipt
	Mailing Address 420 C St. NE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 15 / 2010
	City	State	Zip Code
	Washington	DC	20002
	FEC ID number of contributing federal political committee.		Transaction ID: 35168492
	C C00143438		Amount of Each Receipt this Period
Name of Employer		Occupation	
Receipt For: 2010		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General	<input type="text"/> 1000.00	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1000.00
TOTAL This Period (last page this line number only)	<input type="text"/> 1000.00

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)
American Seniors Housing Association (Seniors Housing PAC)

A.	Full Name (Last, First, Middle Initial) Judy Biggert For Congress	Transaction ID: 35099476 Date of Disbursement 06 / 07 / 2010
	Mailing Address P.O. Box 637	
	City Hinsdale State IL Zip Code 60522	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. Judy Biggert	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 13	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Mikulski for Senate	Transaction ID: 35154237 Date of Disbursement 06 / 14 / 2010
	Mailing Address 10 G St NE Suite 570	
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement	011 Category/Type
	Candidate Name Sen. Barbara Mikulski	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Grassley Committee Inc	Transaction ID: 35154238 Date of Disbursement 06 / 14 / 2010
	Mailing Address PO Box 1000	
	City Des Moines State IA Zip Code 50304	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement	011 Category/Type
	Candidate Name Sen. Charles E. Grassley	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	6500.00
TOTAL 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)
American Seniors Housing Association (Seniors Housing PAC)

A.	Full Name (Last, First, Middle Initial) Charles Boustany Jr Md For Congress Inc	Transaction ID: 35154239 Date of Disbursement
	Mailing Address 2501 Wisconsin Ave, NW Suite 304	<input type="text" value="06"/> / <input type="text" value="14"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20007	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="5000.00"/>
	Candidate Name Rep. Charles Boustany, Jr.	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 07	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Grassley Committee Inc	Transaction ID: 35447476 Date of Disbursement
	Mailing Address PO Box 1000	<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City Des Moines State IA Zip Code 50304	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="3000.00"/>
	Candidate Name Sen. Charles E. Grassley	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ►

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