

# 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

Alliance for Quality Nursing Home Care Inc. Political Action Committee (AQNHCA-0)

ADDRESS (number and street) 1350 Connecticut Avenue NW

Suite 900

Check if different than previously reported. (ACC)

Washington DC 20036

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIP CODE

C00432336

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:
- |                                      |                                      |                                       |  |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day PRE-Election Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

- (d) 30-Day Post -Election Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 07 01 2010 through 09 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 Alan Rosenbloom

Signature of Treasurer Electronically Filed by Alan Rosenbloom Date 10 14 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							
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**FEC FORM 3X**  
(Rev. 12/2004)

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

Write or Type Committee Name

Alliance for Quality Nursing Home Care Inc. Political Action Committee (AQNHC PA-C)

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="2010"/>		931.63
(b) Cash on Hand at Beginning of Reporting Period .....	30369.52	
(c) Total Receipts (from Line 19) .....	20000.00	70437.89
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	50369.52	71369.52
7. Total Disbursements (from Line 31) .....	47500.00	68500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	2869.52	2869.52
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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

Alliance for Quality Nursing Home Care Inc. Political Action Committee (AQNHC PA-C)

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) .....	10000.00	50000.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	10000.00	50000.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	10000.00	20437.89
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	20000.00	70437.89
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)) .....	20000.00	70437.89
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	20000.00	70437.89

**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.....	47500.00	68500.00
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))..	47500.00	68500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	47500.00	68500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	20000.00	70437.89
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	20000.00	70437.89
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: (check only one)	PAGE 6 / 17
	<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)  
Alliance for Quality Nursing Home Care Inc. Political Action Committee (AQNH C)

<b>A.</b>	Full Name (Last, First, Middle Initial) George V. Hager, Jr.	Date of Receipt MM / DD / YYYY 07 / 19 / 2010
	Mailing Address 1345 Fenimore Lane	<b>Transaction ID:</b> 32071078
	City State Zip Code Gladwyne PA 19035-1333	Amount of Each Receipt this Period 1500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Genesis Healthcare Corporation	Occupation Chairman & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Richard Pell, Jr.	Date of Receipt MM / DD / YYYY 07 / 19 / 2010
	Mailing Address 21 Greystone Drive	<b>Transaction ID:</b> 32071079
	City State Zip Code Shepherdstown WV 25443-4075	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Genesis Healthcare Corporation	Occupation SVP, Administration	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) David C. Almquist	Date of Receipt MM / DD / YYYY 07 / 19 / 2010
	Mailing Address 811 Grantley Court	<b>Transaction ID:</b> 32071080
	City State Zip Code York PA 17403-4415	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Genesis Healthcare Corporation	Occupation EVP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2500.00
<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 / 17  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Alliance for Quality Nursing Home Care Inc. Political Action Committee (AQNHCC)

**A.** Full Name (Last, First, Middle Initial)  
Richard P. Blinn

Mailing Address 67 Blossom Road

City Windham State NH Zip Code 03087-1536

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

Name of Employer Genesis Healthcare Corporation Occupation EVP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 19 / 2010  
Transaction ID: 32071081  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Rich Castor

Mailing Address 2117 Fox Creek Road

City Berwyn State PA Zip Code 19312-2117

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

Name of Employer Genesis Healthcare Corporation Occupation SVP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 19 / 2010  
Transaction ID: 32071082  
Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Daniel Hirschfeld

Mailing Address 1 Sunset Knoll Court

City Timonium State MD Zip Code 21093-4775

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

Name of Employer Genesis Healthcare Corporation Occupation EVP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 19 / 2010  
Transaction ID: 32071083  
Amount of Each Receipt this Period 500.00

**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: (check only one)	PAGE 8 / 17
	<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)  
Alliance for Quality Nursing Home Care Inc. Political Action Committee (AQNH C)

<b>A.</b>	Full Name (Last, First, Middle Initial) Robert A. Reitz	Date of Receipt MM / DD / YYYY 07 / 19 / 2010
	Mailing Address 13005 Jerome Jay Drive	<b>Transaction ID:</b> 32071084
	City State Zip Code Cockeysville MD 21030-1523	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Genesis Healthcare Corporation Occupation EVP & COO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Jeanne M. Phillips	Date of Receipt MM / DD / YYYY 07 / 19 / 2010
	Mailing Address 1816 Lenape Unionville Road	<b>Transaction ID:</b> 32071085
	City State Zip Code West Chester PA 19382-6922	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Genesis Occupation SVP Human Resources Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Thomas Divittorio	Date of Receipt MM / DD / YYYY 07 / 19 / 2010
	Mailing Address 20 SHEffield Drive	<b>Transaction ID:</b> 32071086
	City State Zip Code West Grove PA 19390-9737	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Genesis HealthCare Occupation SVP & CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<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: (check only one)	PAGE 9 / 17
	<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)  
Alliance for Quality Nursing Home Care Inc. Political Action Committee (AQNH C)

<b>A.</b>	Full Name (Last, First, Middle Initial) Paul D. Bach	Date of Receipt MM / DD / YYYY 07 / 19 / 2010
	Mailing Address 18 Farm Ridge Court	<b>Transaction ID:</b> 32071087
	City State Zip Code Baldwin MD 21013-9781	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Genesis Healthcare Corporation Occupation EVP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Michael S. Sherman	Date of Receipt MM / DD / YYYY 07 / 19 / 2010
	Mailing Address 1379 Bryant Court	<b>Transaction ID:</b> 32071088
	City State Zip Code Ambler PA 19002-1015	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Genesis HealthCare Corporation Occupation Senior VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Arnold M. Whitman	Date of Receipt MM / DD / YYYY 07 / 19 / 2010
	Mailing Address 1975 Drummond Pond Road	<b>Transaction ID:</b> 32071089
	City State Zip Code Alpharetta GA 30004-0926	Amount of Each Receipt this Period 1750.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Formation Capital Occupation CEO & Co Chairman Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 1750.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2750.00
<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 / 17	
	(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"/> 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)  
Alliance for Quality Nursing Home Care Inc. Political Action Committee (AQNH C)

<b>A.</b>	Full Name (Last, First, Middle Initial) Steven E. Fishman		Date of Receipt		
	Mailing Address 101 West Avenue Suite 300		M M / D D / Y Y Y Y 07 / 19 / 2010		
	City Jenkintown	State PA	Zip Code 19046-2039	<b>Transaction ID:</b> 32071090	
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1750.00		
	Name of Employer Formation Capital	Occupation President \$ C Chairman			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1750.00
<b>TOTAL</b> This Period (last page this line number only) .....	10000.00

**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 / 17
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" 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)  
Alliance for Quality Nursing Home Care Inc. Political Action Committee (AQNH C)

<b>A.</b>	Full Name (Last, First, Middle Initial) HCR Manor Care PAC		Date of Receipt
	Mailing Address 333 North Summit Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 23 / 2010
	City	State	Zip Code
	Toledo	OH	43699
	FEC ID number of contributing federal political committee.		Transaction ID: 32385359
Name of Employer		Occupation	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"/> 5000.00
			Contribution

<b>B.</b>	Full Name (Last, First, Middle Initial) United Health Services PAC, Inc.		Date of Receipt
	Mailing Address 211 East Doyle Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 30 / 2010
	City	State	Zip Code
	Toccoa	GA	30577
	FEC ID number of contributing federal political committee.		Transaction ID: 32386445
Name of Employer		Occupation	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"/> 5000.00
			Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 10000.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/> 10000.00

**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)

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Prosperity PAC <hr/> Mailing Address 1006 Pendleton Street <hr/> City Alexandria State VA Zip Code 22314 <hr/> Purpose of Disbursement Contribution Candidate Name Prosperity PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> 32058194 <b>Date of Disbursement</b> 07 / 20 / 2010	
		Amount of Each Disbursement this Period 2500.00	Contribution
<b>B.</b>	Full Name (Last, First, Middle Initial) Kirk For Senate <hr/> Mailing Address P.O. Box 8 <hr/> City Winnetka State IL Zip Code 60093 <hr/> Purpose of Disbursement Contribution Candidate Name Mr. Mark Kirk Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District:	<b>Transaction ID:</b> 32058196 <b>Date of Disbursement</b> 07 / 20 / 2010	
		Amount of Each Disbursement this Period 5000.00	Contribution
<b>C.</b>	Full Name (Last, First, Middle Initial) Portman For Senate Committee <hr/> Mailing Address 8331 Little Harbor Drive <hr/> City Cincinnati State OH Zip Code 45244 <hr/> Purpose of Disbursement Contribution Candidate Name Mr. Rob Portman Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District:	<b>Transaction ID:</b> 32058197 <b>Date of Disbursement</b> 07 / 20 / 2010	
		Amount of Each Disbursement this Period 2500.00	Contribution

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	10000.00
<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)

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Snowe For Senate</p> <p>Mailing Address PO Box 2006</p> <p>City Portland State ME Zip Code 04104</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Sen. Olympia Snowe</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 32090413 <b>Date of Disbursement</b> 08 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>Contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) National Republican Congressional Committee</p> <p>Mailing Address 320 First Street, SE</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name National Republican Congressional Committee</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 32090414 <b>Date of Disbursement</b> 08 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>Contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Bennet For Colorado</p> <p>Mailing Address P.O. Box 3078</p> <p>City Denver State CO Zip Code 80201</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Mr. Michael F. Bennet</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 32178568 <b>Date of Disbursement</b> 08 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>Contribution</p>

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

8000.00

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

<b>A.</b> Full Name (Last, First, Middle Initial) Blumenauer For Congress Mailing Address 830 Ne Holladay, #105 City Portland State OR Zip Code 97232 Purpose of Disbursement Contribution Candidate Name Rep. Earl Blumenauer Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 03 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32178569 Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2010
	Amount of Each Disbursement this Period 1500.00
	Contribution
	Category/ Type 011
<b>B.</b> Full Name (Last, First, Middle Initial) Majority Committee PAC - MC PAC Mailing Address P.O. Box 10134 City Bakersfield State CA Zip Code 93389 Purpose of Disbursement Contribution Candidate Name Majority Committee PAC - MC PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32185411 Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2010
	Amount of Each Disbursement this Period 1000.00
	Contribution
	Category/ Type 011
<b>C.</b> Full Name (Last, First, Middle Initial) New Pioneers PAC Mailing Address 228 South Washington Street Suite 115 City Alexandria State VA Zip Code 22314 Purpose of Disbursement Contribution Candidate Name New Pioneers PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32224482 Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2010
	Amount of Each Disbursement this Period 2500.00
	Contribution
	Category/ Type 011

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5000.00
<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)

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<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)

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Friends of Blanche Lincoln  Mailing Address PO Box 3197  City Little Rock State AR Zip Code 72203  Purpose of Disbursement Contribution Candidate Name Sen. Blanche Lincoln Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AR District:	<b>Transaction ID:</b> 32224496 <b>Date of Disbursement</b> 09 / 02 / 2010  Amount of Each Disbursement this Period 2500.00  Contribution	011 Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) National Republican Congressional Committee  Mailing Address 320 First Street, SE  City Washington State DC Zip Code 20001  Purpose of Disbursement Contribution Candidate Name National Republican Congressional Committee Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> 32242281 <b>Date of Disbursement</b> 09 / 09 / 2010  Amount of Each Disbursement this Period 2500.00  Contribution	011 Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) Democratic Senatorial Campaign Committee  Mailing Address 120 Maryland Avenue, NE  City Washington State DC Zip Code 20002  Purpose of Disbursement Contribution Candidate Name Democratic Senatorial Campaign Committee Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> 32242282 <b>Date of Disbursement</b> 09 / 09 / 2010  Amount of Each Disbursement this Period 7500.00  Contribution	011 Category/ Type

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

**12500.00**

**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)

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

**A.** Full Name (Last, First, Middle Initial)  
Richard E Neal For Congress Committee

Mailing Address 76 Magnolia Terrace

City Springfield State MA Zip Code 01108

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Richard Neal

Office Sought:  House  
 Senate  
 President

State: MA District: 02

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: 32242290

Date of Disbursement

09 / 09 / 2010

Amount of Each Disbursement this Period

1000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
National Republican Senatorial Committee

Mailing Address 425 Second Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Contribution

Candidate Name  
National Republican Senatorial Committee

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: 32319786

Date of Disbursement

09 / 23 / 2010

Amount of Each Disbursement this Period

4000.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Becerra For Congress

Mailing Address P.O. Box 261060

City Los Angeles State CA Zip Code 90026

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Xavier Becerra

Office Sought:  House  
 Senate  
 President

State: CA District: 31

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: 32319793

Date of Disbursement

09 / 23 / 2010

Amount of Each Disbursement this Period

1000.00

Contribution

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

6000.00

**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)

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Steve Fincher For Congress</p> <p>Mailing Address PO Box 11153</p> <p>City Jackson State TN Zip Code 38308</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Mr. Steve Fincher</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 08</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 32320248 <b>Date of Disbursement:</b> 09 / 23 / 2010</p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;">1000.00</p> <p>Contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Larson For Congress</p> <p>Mailing Address 109 Pitkin Street</p> <p>City East Hartford State CT Zip Code 06108</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. John Larson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 32320249 <b>Date of Disbursement:</b> 09 / 23 / 2010</p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;">2500.00</p> <p>Contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Allyson Schwartz For Congress</p> <p>Mailing Address P.O. Box 2232</p> <p>City Jenkintown State PA Zip Code 19046</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Allyson Schwartz</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 13</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 32334973 <b>Date of Disbursement:</b> 09 / 28 / 2010</p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;">2500.00</p> <p>Contribution</p>

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

6000.00

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

47500.00