

**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 |

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)

| | | | | | |
|-----------|---|---------------------------------------|---|---------------------------------|--|
| A. | 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 | Transaction ID: 32071090 | |
| | FEC ID number of contributing federal political committee. C | | 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 | | | |

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional) | 1750.00 |
| TOTAL This Period (last page this line number only) | 10000.00 |