

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 (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 03 01 2009 through 03 31 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 David Schless

Signature of Treasurer Electronically Filed by David Schless Date 04 10 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)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	3

D	D
3	1

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" style="display: inline-table; border-collapse: collapse;"><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		641568.36
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	686818.36									
(c) Total Receipts (from Line 19)	37660.00	99410.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	724478.36	740978.36								
7. Total Disbursements (from Line 31)	22500.00	39000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	701978.36	701978.36								
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**

Write or Type Committee Name

American Seniors Housing Association (Seniors Housing PAC)

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	3

D	D
3	1

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	36650.00	95400.00
(i) Itemized (use Schedule A)	1010.00	1010.00
(ii) Unitemized		
(iii) TOTAL (add Lines 11(a)(i) and (ii)	37660.00	96410.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	3000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	37660.00	99410.00
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	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))	37660.00	99410.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	37660.00	99410.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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.....	22500.00	39000.00
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))..	22500.00	39000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	22500.00	39000.00

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	37660.00	99410.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	37660.00	99410.00
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 6 / 16
(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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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)

A.

Full Name (Last, First, Middle Initial)
Harry W. Gabriel, Jr.

Mailing Address 8601 SE Causey Avenue
Suite 1

City Portland State OR Zip Code 97086-9755

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

Name of Employer Generations LLC Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 09 / 2009

Transaction ID: 28650611

Amount of Each Receipt this Period
3000.00

B.

Full Name (Last, First, Middle Initial)
David M. Boitano

Mailing Address 1019 Regents Blvd.
Suite 201

City Fircrest State WA Zip Code 98466-6037

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

Name of Employer Nationwide Health Properties, Inc. Occupation VP, Senior Investment Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 09 / 2009

Transaction ID: 28650614

Amount of Each Receipt this Period
2000.00

C.

Full Name (Last, First, Middle Initial)
Jeff L Dickerson

Mailing Address 853 Old Winston Rd.
Suite 118

City Kernersville State NC Zip Code 27284-7143

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

Name of Employer Ridge Care, Inc. Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 09 / 2009

Transaction ID: 28650615

Amount of Each Receipt this Period
3000.00

SUBTOTAL of Receipts This Page (optional) ► **8000.00**

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 7 / 16
	<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)
American Seniors Housing Association (Seniors Housing PAC)

A.	Full Name (Last, First, Middle Initial) Randall J Bufford	Date of Receipt MM / DD / YYYY 03 / 09 / 2009
	Mailing Address 1650 Lyndon Farm Ct Suite 201	Transaction ID: 28650617
	City State Zip Code Louisville KY 40223-5002	Amount of Each Receipt this Period 3000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Trilogy Health Services LLC 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) Kathy Sweeney	Date of Receipt MM / DD / YYYY 03 / 09 / 2009
	Mailing Address Level 40 William St. Suite 350	Transaction ID: 28650618
	City State Zip Code Wellesley MA 02481	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: GPT Group Occupation: Managing Director 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) Laurence A Schiffer	Date of Receipt MM / DD / YYYY 03 / 09 / 2009
	Mailing Address 212 S. Central Ave. Suite 201	Transaction ID: 28651906
	City State Zip Code Saint Louis MO 63105-3500	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Hallmark Holdings LLC Occupation: Chairman & CEO 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)	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 8 / 16

(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)
Robert Van Dyk

Mailing Address 304 S. Van Dien Ave.

City State Zip Code
Ridgewood NJ 07450-5200

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

Name of Employer Occupation
Van Dyk Health Care President & CEO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 09 / 2009

Transaction ID: 28651908

Amount of Each Receipt this Period

2500.00

B.

Full Name (Last, First, Middle Initial)
Stephen F Graham

Mailing Address 1207 S. White Chapel
Suite 105

City State Zip Code
Southlake TX 76092-9314

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

Name of Employer Occupation
Nationwide Health Properties VP, Investment Officer

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 11 / 2009

Transaction ID: 28687595

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Fee Stubblefield

Mailing Address 16100 NW Cornell Rd.
Suite 290

City State Zip Code
Beaverton OR 97006-7334

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

Name of Employer Occupation
Willowcreek Management LLC Managing Member

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 11 / 2009

Transaction ID: 28687596

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

3000.00

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 / 16
(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)
David S. Schless

Mailing Address 5100 Wisconsin Avenue, NW Suite 30

City Washington State DC Zip Code 20016

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

Name of Employer American Seniors Housing Association Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 03 / 11 / 2009

Transaction ID: 28687597

Amount of Each Receipt this Period 2000.00

B.

Full Name (Last, First, Middle Initial)
George L. Chapman

Mailing Address One SeaGate Suite 1500

City Toledo State OH Zip Code 43604-1442

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

Name of Employer Health Care REIT, Inc. Occupation Chairman & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 11 / 2009

Transaction ID: 28687599

Amount of Each Receipt this Period 5000.00

C.

Full Name (Last, First, Middle Initial)
Charles J. Herman

Mailing Address One SeaGate Suite 1500

City Toledo State OH Zip Code 43604-1442

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

Name of Employer Health Care REIT, Inc. Occupation EVP and Chief Investment Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3500.00

Date of Receipt 03 / 11 / 2009

Transaction ID: 28687629

Amount of Each Receipt this Period 3500.00

SUBTOTAL of Receipts This Page (optional) ► 10500.00

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 / 16
(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) Mike Stephen		Date of Receipt MM / DD / YYYY 03 / 11 / 2009	
Mailing Address 2033 Wood Street Suite 210		Transaction ID: 28687630	
City Sarasota	State FL	Zip Code 34237-7900	Amount of Each Receipt this Period 3500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Health Care REIT, Inc.	Occupation SVP, Marketing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3500.00		

B.

Full Name (Last, First, Middle Initial) Fred S. Klipsch		Date of Receipt MM / DD / YYYY 03 / 11 / 2009	
Mailing Address 3502 Woodview Trace Suite 200		Transaction ID: 28687631	
City Indianapolis	State IN	Zip Code 46268-3181	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Health Care REIT, Inc.	Occupation Chairman and CEO		
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) Joseph P Weisenburger		Date of Receipt MM / DD / YYYY 03 / 11 / 2009	
Mailing Address One SeaGate Suite 1500		Transaction ID: 28687633	
City Toledo	State OH	Zip Code 43604-1442	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Health Care REIT, Inc.	Occupation VP-Senior Housing		
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)	5750.00
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 / 16
(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)
Mercedes Kerr

Mailing Address One SeaGate Suite 1500

City Toledo State OH Zip Code 43604-1442

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

Name of Employer Health Care REIT, Inc. Occupation VP Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 03 / 11 / 2009
Transaction ID: 28687645
Amount of Each Receipt this Period: 600.00

B. Full Name (Last, First, Middle Initial)
Scott A Estes

Mailing Address One SeaGate Suite 1500

City Toledo State OH Zip Code 43604-1442

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

Name of Employer Health Care REIT, Inc. Occupation SVP & Chief Financial Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 11 / 2009
Transaction ID: 28687647
Amount of Each Receipt this Period: 300.00

C. Full Name (Last, First, Middle Initial)
Scott M Brinker

Mailing Address One SeaGate Suite 1500

City Toledo State OH Zip Code 43604-1442

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

Name of Employer Health Care REIT, Inc. Occupation Investment Analyst

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 11 / 2009
Transaction ID: 28687652
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 1150.00

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 12 / 16

(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)
Charles W Hiller

Mailing Address One SeaGate
Suite 1500

City State Zip Code
Toledo OH 43604-1442

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

Name of Employer Occupation
Health Care REIT, Inc. Associate General Counsel

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 1 / 2 0 0 9

Transaction ID: 28687658

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address One SeaGate
Suite 1500

City State Zip Code
Toledo OH 43604-1442

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

Name of Employer Occupation
Health Care REIT, Inc. EVP Medical Facilities

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

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 1 / 2 0 0 9

Transaction ID: 28687662

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

36650.00

**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) Dirigo PAC	Transaction ID: 28659543 Date of Disbursement 03 / 09 / 2009
	Mailing Address PO Box 1355	Amount of Each Disbursement this Period 5000.00
	City Alexandria State VA Zip Code 22313	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name	
	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.	Full Name (Last, First, Middle Initial) Bennet for Colorado	Transaction ID: 28660339 Date of Disbursement 03 / 09 / 2009
	Mailing Address 426 C St., NE	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Sen. Michael Bennet	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CO District:	

C.	Full Name (Last, First, Middle Initial) Richard Burr Committee	Transaction ID: 28688019 Date of Disbursement 03 / 11 / 2009
	Mailing Address Post Office Box 5928	Amount of Each Disbursement this Period 1000.00
	City Winston-Salem State NC Zip Code 27113	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Sen. Richard Burr	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District:	

SUBTOTAL of Disbursements This Page (optional)	7000.00
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)

<p>A.</p> <p>Full Name (Last, First, Middle Initial) PATPAC</p> <p>Mailing Address 610 S. Boulevard St.</p> <p>City Tampa State FL Zip Code 33606</p> <p>Purpose of Disbursement</p> <p>Candidate Name</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>Transaction ID: 28868081</p> <p>Date of Disbursement 03 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Senate Majority Fund</p> <p>Mailing Address P O Box 32025</p> <p>City Phoenix State AZ Zip Code</p> <p>Purpose of Disbursement</p> <p>Candidate Name</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>Transaction ID: 28923862</p> <p>Date of Disbursement 03 / 18 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Castle Campaign Fund</p> <p>Mailing Address PO Box 133</p> <p>City Wilmington State DE Zip Code 19899</p> <p>Purpose of Disbursement</p> <p>Candidate Name Rep. Michael Castle</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 28924443</p> <p>Date of Disbursement 03 / 18 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>

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) Larson For Congress	Transaction ID: 28929377 Date of Disbursement
	Mailing Address 200 East Jefferson St.	<input type="text" value="03"/> / <input type="text" value="18"/> / <input type="text" value="2009"/>
	City Falls Church State VA Zip Code 22046	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2000.00"/>
	Candidate Name Rep. John Larson	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Rob Portman for U.S. Senate	Transaction ID: 29304238 Date of Disbursement
	Mailing Address 900 19th St., NW 8th Floor	<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20006	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="5000.00"/>
	Candidate Name Rob Portman	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Ryan For Congress	Transaction ID: 29317454 Date of Disbursement
	Mailing Address P. O. Box 1919	<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City Janesville State WI Zip Code 53547	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Rep. Paul Ryan	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="8000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)
American Seniors Housing Association (Seniors Housing PAC)

A.

Full Name (Last, First, Middle Initial)
Evan Bayh Committee

Mailing Address 850 Ft Wayne Avenue

City Indianapolis State IN Zip Code 46204

Purpose of Disbursement

Candidate Name
Sen. Evan Bayh

Office Sought: House
 Senate
 President
State: IN District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 29317499

Date of Disbursement

03 / 31 / 2009

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

22500.00