

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

Assisted Living Federation of America

ADDRESS (number and street) 1650 King Street
 Suite 602
 Alexandria VA 22314

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00338020

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End 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 checked="" 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 09 01 2014 through 09 30 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
 Type or Print Name of Treasurer Ms Maribeth Bersani

Signature of Treasurer Ms Maribeth Bersani [Electronically Filed] Date 10 17 2014

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
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Assisted Living Federation of America

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="2014"/>	<input type="text" value="445859.32"/>	<input type="text" value="445859.32"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="533007.33"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="56578.68"/>	<input type="text" value="228166.96"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="589586.01"/>	<input type="text" value="674026.28"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="11985.25"/>	<input type="text" value="96425.52"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="577600.76"/>	<input type="text" value="577600.76"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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

Assisted Living Federation of America

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).....	52852.00	191727.00
(ii) Unitemized	3375.00	24979.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	56227.00	216706.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	9500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	56227.00	226206.00
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).....	351.68	3065.96
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	-1055.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	-50.00
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 Transfers (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))..... ▶	56578.68	228166.96
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	56578.68	228166.96

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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	785.25	3625.52
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	785.25	3625.52
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11200.00	92800.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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) Allocated 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)) ..	11985.25	96425.52
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11985.25	96425.52

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	56227.00	226206.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	56227.00	226206.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	785.25	3625.52
37. Offsets to Operating Expenditures (from Line 15, page 3).....	351.68	3065.96
38. Net Operating Expenditures (subtract Line 37 from Line 36)	433.57	559.56

**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 OF 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 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
Assisted Living Federation of America

A. Sue Arnheiter
Full Name (Last, First, Middle Initial)

Mailing Address 27952 Via Janeiro Ln

City Laguna Niguel State CA Zip Code 92677

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

Name of Employer Silverado Senior Living Occupation Director of Revenue Cycle Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 04 / 2014
Transaction ID : C2817847

Amount of Each Receipt this Period 250.00

B. Frederick Barker
Full Name (Last, First, Middle Initial)

Mailing Address 6400 Oak Canyon Road

City Irvine State CA Zip Code 92782

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

Name of Employer Silverado-N/A Occupation Vice President of Information Technolo

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 04 / 2014
Transaction ID : C2817870

Amount of Each Receipt this Period 500.00

C. Andy Baxter
Full Name (Last, First, Middle Initial)

Mailing Address 84 Long Creek Dr

City Stevensville State MD Zip Code 21666-2958

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

Name of Employer Surface Logic LLC Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 09 / 08 / 2014
Transaction ID : C2821785

Amount of Each Receipt this Period 3000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3750.00

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 OF 21
	<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)
Assisted Living Federation of America

A. Evrett Benton
Full Name (Last, First, Middle Initial)

Mailing Address 4525 S Wasatch Blvd
Ste 300

City Slc State UT Zip Code 84124-4210

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

Name of Employer Stellar Senior Living Occupation CEO & Founder

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
09 / 09 / 2014
Transaction ID : C2824034

Amount of Each Receipt this Period
300.00

B. Evrett Benton
Full Name (Last, First, Middle Initial)

Mailing Address 4525 S Wasatch Blvd
Ste 300

City Slc State UT Zip Code 84124-4210

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

Name of Employer Stellar Senior Living Occupation CEO & Founder

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
09 / 09 / 2014
Transaction ID : C2824035

Amount of Each Receipt this Period
2700.00

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

Mailing Address 320 S West St
Apt 404

City Alexandria State VA Zip Code 22314-5943

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

Name of Employer Assisted Living Federation of America Occupation Vp Public Policy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2002.00

Date of Receipt
09 / 08 / 2014
Transaction ID : C2853134

Amount of Each Receipt this Period
2.00

SUBTOTAL of Receipts This Page (optional).....▶	3002.00
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 OF 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 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Assisted Living Federation of America

A. Kim Butrum
 Full Name (Last, First, Middle Initial)
 Mailing Address 84 E Yale Loop # 8
 City Irvine State CA Zip Code 92604-3364
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Silverado Occupation VP, Health Services
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2014
Transaction ID : C2817858
 Amount of Each Receipt this Period
1000.00

B. Vicki R. Clark
 Full Name (Last, First, Middle Initial)
 Mailing Address 714 1/2 Poinsettia Ave
 City Corona Del Mar State CA Zip Code 92625-5525
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Vintage Senior Living Occupation Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **845.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2014
Transaction ID : C2817834
 Amount of Each Receipt this Period
500.00

C. Thomas Croal
 Full Name (Last, First, Middle Initial)
 Mailing Address 18742 Monte Vista Cir
 City Villa Park State CA Zip Code 92861-1001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Silverado Occupation CFO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **3000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2014
Transaction ID : C2817884
 Amount of Each Receipt this Period
3000.00

SUBTOTAL of Receipts This Page (optional).....▶	4500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 21
	<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)
Assisted Living Federation of America

A. John Damgaard
Full Name (Last, First, Middle Initial)

Mailing Address 8420 Kelzer Pond Dr
#100

City Victoria State MN Zip Code 55386-4503

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

Name of Employer MDI Achieve Occupation President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3020.00

Date of Receipt
09 / 26 / 2014
Transaction ID : **C2833595**

Amount of Each Receipt this Period
3000.00

B. Michelle Egerer
Full Name (Last, First, Middle Initial)

Mailing Address 5545 E Crest De Ville Ave

City Orange State CA Zip Code 92867-3331

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

Name of Employer Silverado Senior Living Occupation SVP of Operations for Communities

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
09 / 04 / 2014
Transaction ID : **C2817860**

Amount of Each Receipt this Period
3000.00

C. Jose Elizalde
Full Name (Last, First, Middle Initial)

Mailing Address 1311 Freeman St

City Santa Ana State CA Zip Code 92706-3724

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

Name of Employer Silverado Occupation VP, Culinary Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
09 / 04 / 2014
Transaction ID : **C2817866**

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 6500.00

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 10 OF 21
	<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)
Assisted Living Federation of America

A. Jolene Farish
Full Name (Last, First, Middle Initial)

Mailing Address 6984 Sandpiper Pl

City Carlsbad	State CA	Zip Code 92009
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FEC ID number of contributing federal political committee. **C**

Name of Employer Silverado Senior Living Encinitas	Occupation Senior Administrator
---	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 04 / 2014

Transaction ID : C2817837

Amount of Each Receipt this Period

250.00

B. sue farrow
Full Name (Last, First, Middle Initial)

Mailing Address 3520 Ridgecrest Dr

City Carlsbad	State CA	Zip Code 92008-2033
------------------	-------------	------------------------

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

Name of Employer Integral Senior Living-N/A	Occupation Owner
--	---------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 02 / 2014

Transaction ID : C2817111

Amount of Each Receipt this Period

3000.00

C. Shannon Gutierrez
Full Name (Last, First, Middle Initial)

Mailing Address 8440 Brookside Glen Dr

City Tinley Park	State IL	Zip Code 60477-7057
---------------------	-------------	------------------------

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

Name of Employer Silverado	Occupation Regional VP of Operations for Communit
-------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 04 / 2014

Transaction ID : C2817863

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional).....▶	3550.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 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 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Assisted Living Federation of America

A. Alma Vida Gwinn
 Full Name (Last, First, Middle Initial)
 Mailing Address 1178 Oakengate Dr
 City San Dimas State CA Zip Code 91773-3856
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Silverado Senior Living Occupation Senior Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2014
Transaction ID : C2817852
 Amount of Each Receipt this Period
 250.00

B. Chris Hollister
 Full Name (Last, First, Middle Initial)
 Mailing Address 10160 Gaywood Drive
 City Dallas State TX Zip Code 75229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sunrise Senior Living Occupation Investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2014
Transaction ID : C2817118
 Amount of Each Receipt this Period
 1500.00

C. Kai Hsiao
 Full Name (Last, First, Middle Initial)
 Mailing Address 3071 Roxbury Dr
 City West Linn State OR Zip Code 97068-8295
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Holiday Retirement Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 16 / 2014
Transaction ID : C2826210
 Amount of Each Receipt this Period
 3000.00

SUBTOTAL of Receipts This Page (optional).....▶	4750.00
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 12 OF 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 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Assisted Living Federation of America

A. Ed Kenny
Full Name (Last, First, Middle Initial)

Mailing Address 209 Tonawanda Dr

City Des Moines State IA Zip Code 50312-2827

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

Name of Employer LCS Occupation President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2014

Transaction ID : C2817833

Amount of Each Receipt this Period
 3000.00

B. Mercedes Kerr
Full Name (Last, First, Middle Initial)

Mailing Address 2449 Grivel Pl

City Tustin State CA Zip Code 92782-1468

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

Name of Employer Health Care REIT Inc Occupation SVP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2014

Transaction ID : C2825250

Amount of Each Receipt this Period
 3000.00

C. Sue Kruse
Full Name (Last, First, Middle Initial)

Mailing Address 23444 Scooter Way

City Murrieta State CA Zip Code 92562

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

Name of Employer Silverado Senior Living Occupation Senior Director of Clinical Education

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2014

Transaction ID : C2817839

Amount of Each Receipt this Period
 400.00

SUBTOTAL of Receipts This Page (optional).....▶	6400.00
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 13 OF 21
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Assisted Living Federation of America

A. G. Michael Leader
Full Name (Last, First, Middle Initial)
Mailing Address 1070 W. Areba Ave.
City Hershey State PA Zip Code 17033
FEC ID number of contributing federal political committee. **C**
Name of Employer Country Meadows/ George M. Leader Fami Occupation CEO/ Businessperson
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **3000.00**

Date of Receipt **09 / 02 / 2014**
Transaction ID : C2817116
Amount of Each Receipt this Period **3000.00**

B. Lori Muehlbauer
Full Name (Last, First, Middle Initial)
Mailing Address 3104 Chicken Coop Rd
City Sequim State WA Zip Code 98382-7631
FEC ID number of contributing federal political committee. **C**
Name of Employer Silverado Senior Living Occupation Senior Director Quality Assurance
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 04 / 2014**
Transaction ID : C2817849
Amount of Each Receipt this Period **250.00**

C. Paul Mullin
Full Name (Last, First, Middle Initial)
Mailing Address 668 N Coast Hwy #1231
City Laguna Beach State CA Zip Code 92651-1513
FEC ID number of contributing federal political committee. **C**
Name of Employer Silverado Occupation VP of Development
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **600.00**

Date of Receipt **09 / 04 / 2014**
Transaction ID : C2817859
Amount of Each Receipt this Period **600.00**

SUBTOTAL of Receipts This Page (optional)..... **3850.00**
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 14 OF 21
	<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)
Assisted Living Federation of America

Full Name (Last, First, Middle Initial)
A. Alissa Murgia

Mailing Address 5405 W 149th Pl
Unit 1

City Hawthorne State CA Zip Code 90250-8391

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

Name of Employer Silverado Occupation Regional Director of Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
09 / 04 / 2014
Transaction ID : C2817854

Amount of Each Receipt this Period
300.00

Full Name (Last, First, Middle Initial)
B. Mark Nease

Mailing Address 23439 Castle Rock

City Mission Viejo State CA Zip Code 92692

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

Name of Employer Silverado Occupation VP Associate Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
09 / 04 / 2014
Transaction ID : C2817850

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. Todd Novaczyk

Mailing Address 7625 Golden Triangle Dr
Ste T

City Eden Prairie State MN Zip Code 55344-3700

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

Name of Employer New Perspective Senior Living Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3040.00

Date of Receipt
09 / 09 / 2014
Transaction ID : C2824036

Amount of Each Receipt this Period
3000.00

SUBTOTAL of Receipts This Page (optional).....▶	3800.00
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 OF 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 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Assisted Living Federation of America

A. Sheila O'Hara
Full Name (Last, First, Middle Initial)

Mailing Address 33 Narbonne

City Laguna Niguel State CA Zip Code 92677-8901

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

Name of Employer Silverado Occupation Director of Learning Development

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 04 / 2014
Transaction ID : C2817845

Amount of Each Receipt this Period 250.00

B. Mathew J. Peponis
Full Name (Last, First, Middle Initial)

Mailing Address 825 10th St NW Apt 1179

City Washington State DC Zip Code 20001-5096

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

Name of Employer Greenfield Senior Living Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 09 / 16 / 2014
Transaction ID : C2826209

Amount of Each Receipt this Period 3000.00

C. Robert Platt
Full Name (Last, First, Middle Initial)

Mailing Address 3117 Salmon Dr

City Rossmoor State CA Zip Code 90720-4819

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

Name of Employer Silverado Senior Living Occupation SVP Operations for At Home & Hospice

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 04 / 2014
Transaction ID : C2817836

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 4250.00

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 16 OF 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 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Assisted Living Federation of America

Full Name (Last, First, Middle Initial) A. Laura K. Printy		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 16 / 2014 Transaction ID : C2826212
Mailing Address 9220 Mast Blvd Unit 23		Amount of Each Receipt this Period 250.00
City Santee	State CA	
Zip Code 92071-2145		Aggregate Year-to-Date ▼ 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer Silverado	Occupation Administrator	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Paula Rathgaber Gomez		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 04 / 2014 Transaction ID : C2817865
Mailing Address 108 W Avenida Valencia		Amount of Each Receipt this Period 250.00
City San Clemente	State CA	
Zip Code 92672		Aggregate Year-to-Date ▼ 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer Silverado	Occupation VP of Sales	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Ken Segarnick		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 24 / 2014 Transaction ID : C2831970
Mailing Address 16 Weightman Dr		Amount of Each Receipt this Period 2000.00
City Malvern	State PA	
Zip Code 19355-1033		Aggregate Year-to-Date ▼ 5000.00
FEC ID number of contributing federal political committee. C		
Name of Employer Brandywine Senior Living	Occupation Chief Corporate Officer	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
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 17 OF 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Assisted Living Federation of America

Full Name (Last, First, Middle Initial) A. Andy Smith		Date of Receipt MM / DD / YYYY 09 / 02 / 2014 Transaction ID : C2817117
Mailing Address 207 Jackson Blvd		Amount of Each Receipt this Period 3000.00
City Nashville	State TN	Zip Code 37205-3332
FEC ID number of contributing federal political committee. C		
Name of Employer Brookdale Senior Living	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) B. Patricia Will		Date of Receipt MM / DD / YYYY 09 / 22 / 2014 Transaction ID : C2830551
Mailing Address 8554 Katy Fwy Suite 200		Amount of Each Receipt this Period 3000.00
City Houston	State TX	Zip Code 77024-1850
FEC ID number of contributing federal political committee. C		
Name of Employer Belmont Village	Occupation Co-Founder and President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) C.		Date of Receipt MM / DD / YYYY
Mailing Address		Amount of Each Receipt this Period
City	State	Zip Code
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	6000.00
TOTAL This Period (last page this line number only).....▶	52852.00

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

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

FOR LINE NUMBER: PAGE 18 OF 21
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Assisted Living Federation of America

A. Full Name (Last, First, Middle Initial)
Assisted Living Federation of America

Mailing Address 1650 King St
Ste 602

City Alexandria State VA Zip Code 22314-2747

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3065.96

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2014

Transaction ID : C2853129

Amount of Each Receipt this Period
351.68

Reimbursement For Credit Card Fees

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	351.68
TOTAL This Period (last page this line number only).....▶	351.68

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Assisted Living Federation of America

Full Name (Last, First, Middle Initial)

A. SunTrust Bank

Mailing Address 1445 New York Ave NW

City Washington State DC Zip Code 20005-2134

Purpose of Disbursement
Credit Card Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 30 / 2014

Transaction ID : D162314

Amount of Each Disbursement this Period

785.25

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

785.25

785.25

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Assisted Living Federation of America

Full Name (Last, First, Middle Initial)

A. MAJORITY COMMITTEE PAC--MC PAC

Mailing Address P.O. BOX 10134

City BAKERSFIELD State CA Zip Code 93389

Purpose of Disbursement
Contribution to FED committee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D160744

Amount of Each Disbursement this Period

Category/
Type

Full Name (Last, First, Middle Initial)

B. RYAN FOR CONGRESS, INC.

Mailing Address PO BOX 1488

City JANESVILLE State WI Zip Code 53547

Purpose of Disbursement
Contribution to FED committee

Candidate Name

Rep. Paul D. Ryan

Office Sought: House Senate President
State: WI District: 01

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D160743

Amount of Each Disbursement this Period

Category/
Type

Full Name (Last, First, Middle Initial)

C. DUCKWORTH FOR CONGRESS

Mailing Address P.O. BOX 8867

City ROLLING MEADOWS State IL Zip Code 60008

Purpose of Disbursement
Contribution to FED committee

Candidate Name

Rep. Tammy Duckworth

Office Sought: House Senate President
State: IL District: 08

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D160742

Amount of Each Disbursement this Period

Category/
Type

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

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)
Assisted Living Federation of America

Full Name (Last, First, Middle Initial)

A. BOB CASEY FOR SENATE INC

Mailing Address 700 13TH STREET NW SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
Contribution to FED committee

Candidate Name
Sen. Bob Casey

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼
 State: PA District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	4

Transaction ID : D161239

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--	--	--	--	--	--	--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--	--	--	--	--	--	--

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

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

2	5	0	0	.	0	0
---	---	---	---	---	---	---

1	1	2	0	.	0	0
---	---	---	---	---	---	---