



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

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

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="2015"/>	<input type="text" value="851520.26"/>	<input type="text" value="851520.26"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="915033.26"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="35200.00"/>	<input type="text" value="259143.00"/>
(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="950233.26"/>	<input type="text" value="1110663.26"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="54450.00"/>	<input type="text" value="214880.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="895783.26"/>	<input type="text" value="895783.26"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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

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

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).....	33050.00	243500.00
(ii) Unitemized .....	2150.00	10643.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	35200.00	254143.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	35200.00	259143.00
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 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))..... ▶	35200.00	259143.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	35200.00	259143.00

**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) 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 .....	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.....	54000.00	205000.00
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 .....	450.00	9880.00
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)) ..	54450.00	214880.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	54450.00	214880.00

**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) .....	35200.00	259143.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	35200.00	259143.00
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: (check only one)	PAGE 6 OF 19
	<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	

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. Margaret A Wylde**  
Full Name (Last, First, Middle Initial)

Mailing Address 19 County Rd 168

City Oxford State MS Zip Code 38655-8466

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

Name of Employer ProMatura Group LLC Occupation Founder and CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
07 / 07 / 2015  
Transaction ID : 66579476

Amount of Each Receipt this Period  
3000.00

**B. Joseph G. Solari**  
Full Name (Last, First, Middle Initial)

Mailing Address 14160 Dallas Parkway, Suite 300

City Dallas State TX Zip Code 75254-4383

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

Name of Employer Capital Senior Living Corporation Occupation Vice President, Corporate Development

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
07 / 07 / 2015  
Transaction ID : 66579478

Amount of Each Receipt this Period  
1250.00

**C. Danielle R Morgan**  
Full Name (Last, First, Middle Initial)

Mailing Address 4 Park Place Suite 400

City Irvine State CA Zip Code 92614-2507

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

Name of Employer MBK Senior Living Occupation Chief Operations Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
07 / 08 / 2015  
Transaction ID : 66683449

Amount of Each Receipt this Period  
2000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 6250.00

**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 19
	<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)  
**American Seniors Housing Association (Seniors Housing PAC)**

**A. Jeff L Dickerson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 853 Old Winston Road  
 Suite 118  
 City Kenersville State NC Zip Code 27284-7143  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ridge Care, Inc. Occupation Chief Executive Officer  
 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  
 07 / 23 / 2015  
**Transaction ID : 66903494**  
 Amount of Each Receipt this Period  
 3000.00

**B. Doug S Schiffer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1050 Crown Pointe Pkwy  
 Suite 960  
 City Atlanta State GA Zip Code 30338-7700  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allegro Senior Living LLC Occupation President & COO  
 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  
 07 / 23 / 2015  
**Transaction ID : 66903495**  
 Amount of Each Receipt this Period  
 3000.00

**C. Laurence A. Schiffer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 212 S. Central Ave.  
 Suite 201  
 City Saint Louis State MO Zip Code 63105-3500  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allegro Senior Living LLC Occupation Chairman & 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  
 07 / 23 / 2015  
**Transaction ID : 66903496**  
 Amount of Each Receipt this Period  
 3000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	9000.00
<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 8 OF 19
<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. Thomas J. Derosa**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4500 Dorr St.  
 City Toledo State OH Zip Code 43615-4040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Care REIT Inc. Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 23 / 2015  
**Transaction ID : 66907613**  
 Amount of Each Receipt this Period  
 5000.00

**B. Mercedes Kerr**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 660 Newport Center Drive, Suite 10  
 City Newport Beach State CA Zip Code 92660-8028  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Care REIT Inc. Occupation Senior Vice President, Marketing  
 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  
 07 / 23 / 2015  
**Transaction ID : 66907614**  
 Amount of Each Receipt this Period  
 3000.00

**C. Christian Sweetser**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4500 Dorr Street  
 City Toledo State OH Zip Code 43615-4040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Care REIT Inc. Occupation VP, SH Financial Planning & Analysis  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 23 / 2015  
**Transaction ID : 66907615**  
 Amount of Each Receipt this Period  
 2000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	10000.00
<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 OF 19
<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. John J. Getchey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4500 Dorr Street  
 City Toledo State OH Zip Code 43615-4040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Care REIT Inc. Occupation SVP, Investments - Seniors Housing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 23 / 2015  
**Transaction ID : 66907616**  
 Amount of Each Receipt this Period  
 2000.00

**B. Joseph P. Weisenburger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4500 Dorr Street  
 City Toledo State OH Zip Code 43615-4040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Care REIT Inc. Occupation VP-Senior Housing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 23 / 2015  
**Transaction ID : 66907617**  
 Amount of Each Receipt this Period  
 2000.00

**C. Jeff H. Miller**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4500 Dorr Street  
 City Toledo State OH Zip Code 43615-4040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Care REIT Inc. Occupation Executive Vice President, Operations a  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 23 / 2015  
**Transaction ID : 66907618**  
 Amount of Each Receipt this Period  
 2000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6000.00
<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 10 OF 19
<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. Christopher M. Simon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4500 Dorr Street  
 City Toledo State OH Zip Code 43615-4040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Care REIT Inc. Occupation Senior Analyst  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 23 / 2015  
**Transaction ID : 66907619**  
 Amount of Each Receipt this Period  
 500.00

**B. Michelle R. Kelly**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4500 Dorr Street  
 City Toledo State OH Zip Code 43615-4040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Care REIT Inc. Occupation Vice President, Business Development  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 23 / 2015  
**Transaction ID : 66907620**  
 Amount of Each Receipt this Period  
 500.00

**C. Michael A. Healy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6200 Gyers Meadow Lane  
 City Ann Arbor State MI Zip Code 48108-7923  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Care REIT Inc. Occupation Senior Vice President, Information Man  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 23 / 2015  
**Transaction ID : 66907621**  
 Amount of Each Receipt this Period  
 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: PAGE 11 OF 19  
(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)  
**Jason A. Perry**

Mailing Address 3622 Deer Creek Drive

City Maumee State OH Zip Code 43537-7902

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 23 / 2015**

**Transaction ID : 66907622**

Amount of Each Receipt this Period  
**300.00**

**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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>300.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>33050.00</b>

**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)**

Full Name (Last, First, Middle Initial)

**A. Missourians for Accountability & Change**

Mailing Address 201 I Street NE  
Suite 250

City Washington State DC Zip Code 20002

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 07 / 2015

**Transaction ID : 66589125**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Kind For Congress Committee**

Mailing Address 1207 C St. NE

City Washington State DC Zip Code 20002

Purpose of Disbursement

Candidate Name

**Rep. Ron Kind**

Office Sought:  House  Senate  President  
State: WI District: 03

Disbursement For: 2016  Primary  General  Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 07 / 2015

**Transaction ID : 66591592**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. Forward Together PAC**

Mailing Address 201 N. Union St.  
Suite 300

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 07 / 2015

**Transaction ID : 66591907**

Amount of Each Disbursement this Period

2500.00

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

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

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

Full Name (Last, First, Middle Initial)

**A. AMERIPAC**

Mailing Address 499 South Capitol, SW  
Suite 414

City Washington State DC Zip Code 20003

Purpose of Disbursement

**011**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
07 / 07 / 2015

**Transaction ID : 66593076**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Andy Barr For Congress, Inc.**

Mailing Address PO Box 2059

City Lexington State KY Zip Code 40588

Purpose of Disbursement

**011**  
Category/  
Type

Candidate Name

**Rep. Andy Barr**

Office Sought:  House  Senate  President  
State: KY District: 06

Disbursement For: 2016  Primary  General  Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
07 / 13 / 2015

**Transaction ID : 66692526**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Friends Of Erik Paulsen**

Mailing Address 250 Prairie Center Drive  
Suite 120

City Eden Prairie State MN Zip Code 55347

Purpose of Disbursement

**011**  
Category/  
Type

Candidate Name

**Rep. Erik Paulsen**

Office Sought:  House  Senate  President  
State: MN District: 03

Disbursement For: 2016  Primary  General  Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
07 / 14 / 2015

**Transaction ID : 66701813**

Amount of Each Disbursement this Period

1000.00

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

4500.00

**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)**

Full Name (Last, First, Middle Initial)

**A. Treasure State PAC**

Mailing Address 303 Massachusetts Avenue, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement

011

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 14 / 2015

Transaction ID : 66701825

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Committee To Re-Elect Linda Sanchez**

Mailing Address 410 1st St Se Suite 310

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Candidate Name

**Rep. Linda Sanchez**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: CA District: 38

Date of Disbursement

MM / DD / YYYY  
07 / 14 / 2015

Transaction ID : 66701827

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. FLAKEPAC**

Mailing Address Goeas & Associates LLC 1707 Prince Street #5

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

011

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 16 / 2015

Transaction ID : 66709429

Amount of Each Disbursement this Period

1000.00

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

8500.00

**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)**

Full Name (Last, First, Middle Initial)

**A. Country Roads PAC**

Mailing Address 426 C Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement

011

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 16 / 2015

Transaction ID : 66709435

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. 21st Century Majority Fund**

Mailing Address 6065 Roswell Road #2274

City Atlanta State GA Zip Code 30328

Purpose of Disbursement

011

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 16 / 2015

Transaction ID : 66709487

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. Alamo PAC**

Mailing Address 1020 North Fairfax Street, Suite 2

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

011

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 16 / 2015

Transaction ID : 66709613

Amount of Each Disbursement this Period

2500.00

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

10000.00

**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)**

Full Name (Last, First, Middle Initial)

**A. AMERIPAC**

Mailing Address 499 South Capitol, SW  
Suite 414

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 21 / 2015

**Transaction ID : 66765027**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Free State PAC**

Mailing Address P.O. Box 9191

City Shawnee Mission State KS Zip Code 66201

Purpose of Disbursement

011

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 21 / 2015

**Transaction ID : 66765028**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. Suzanne Bonamici For Congress**

Mailing Address 499 South Capitol Street, SW  
Suite 422

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Candidate Name

**Rep. Suzanne Bonamici**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: OR District: 01

Date of Disbursement

MM / DD / YYYY  
07 / 22 / 2015

**Transaction ID : 66884730**

Amount of Each Disbursement this Period

1000.00

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

8500.00

**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)**

Full Name (Last, First, Middle Initial)

**A. Devin Nunes Campaign Committee**

Mailing Address PO Box 6545

City Visalia State CA Zip Code 93290

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Devin Nunes**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 21

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		24		2015

**Transaction ID : 66907373**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. Perlmutter For Congress**

Mailing Address 499 South Capitol Street, SW  
Suite 422

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Edwin Perlmutter**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CO District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		24		2015

**Transaction ID : 66907374**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Bennet for Colorado**

Mailing Address 220 Eye Street NE  
Suite 110

City Washington State DC Zip Code 20002

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sen. Michael Bennet**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CO District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		29		2015

**Transaction ID : 66932012**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

10000.00
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# 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)**

Full Name (Last, First, Middle Initial)

**A. Blumenauer for Congress**

Mailing Address 232 NE 9th Avenue

City State Zip Code  
Portland OR 97232

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Earl Blumenauer**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OR District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	29	/	2015

**Transaction ID : 66932073**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D 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

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

2500.00
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**TOTAL** This Period (last page this line number only)..... ▶

54000.00
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**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Sandler, Reiff, Lamb, Rosenstein & Birkenstock, P.C.**

Mailing Address 1025 Vermont Avenue, NW  
Suite 300

City Washington State DC Zip Code 20005

Purpose of Disbursement  
SH PAC Legal Fee Invoice# 7729

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 66839709**

Amount of Each Disbursement this Period

SH PAC Legal Fee Invoice# 7729

**B.**

Full Name (Last, First, Middle Initial)

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

/  /

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  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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