

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

Alliance for Quality Nursing Home Care Inc. Political Action Committee (AQNHC PAC)

ADDRESS (number and street) 1350 Connecticut Avenue NW Suite 900 Washington DC 20036

Check if different than previously reported. (ACC)

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

C C00432336

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

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 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 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 [MM] / [DD] / [YYYY] 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)
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Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [07] / [01] / [2011] through [12] / [31] / [2011]

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Alan Rosenbloom

Signature of Treasurer Alan Rosenbloom [Electronically Filed] Date [01] / [31] / [2012]

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Alliance for Quality Nursing Home Care Inc. Political Action Committee (AQNH 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="2011"/>	<input type="text" value=""/>	<input type="text" value="6169.52"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="24151.16"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="60085.80"/>	<input type="text" value="105085.80"/>
(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="84236.96"/>	<input type="text" value="111255.32"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="82585.80"/>	<input type="text" value="109604.16"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="1651.16"/>	<input type="text" value="1651.16"/>
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

Write or Type Committee Name

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

Report Covering the Period: From: 07 / 01 / 2011 To: 12 / 31 / 2011

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).....	45000.00	85000.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	45000.00	85000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	15000.00	20000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	60000.00	105000.00
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).....	85.80	85.80
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))..... ▶	60085.80	105085.80
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	60085.80	105085.80

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	85.80	104.16
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	85.80	104.16
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	82500.00	109500.00
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)) ..	82585.80	109604.16
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	82585.80	109604.16

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)	60000.00	105000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	60000.00	105000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	85.80	104.16
37. Offsets to Operating Expenditures (from Line 15, page 3).....	85.80	85.80
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	18.36

**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 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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)
Alliance for Quality Nursing Home Care Inc. Political Action Committee (AQNH PAC)

Full Name (Last, First, Middle Initial)
A. George V. Hager Jr.

Mailing Address 1345 Fenimore Lane

City Gladwyne State PA Zip Code 19035-1333

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

Name of Employer Genesis Healthcare Corporation Occupation Chairman & CEO

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
 07 / 28 / 2011
Transaction ID : 33628358

Amount of Each Receipt this Period
 1500.00

Full Name (Last, First, Middle Initial)
B. Arnold M. Whitman

Mailing Address 1975 Drummond Pond Road

City Alpharetta State GA Zip Code 30004-0926

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

Name of Employer Formation Capital Occupation CEO & Co Chairman

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
 07 / 28 / 2011
Transaction ID : 33628359

Amount of Each Receipt this Period
 1500.00

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

Mailing Address 10502 Royal Points Drive

City Northport State AL Zip Code 35475-3139

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

Name of Employer NHS Management LLC Occupation VP AL Operations

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 / 28 / 2011
Transaction ID : 33628360

Amount of Each Receipt this Period
 5000.00

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 OF 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Debbie Elmore
Full Name (Last, First, Middle Initial)

Mailing Address 10464 Loganwood Drive

City Northport State AL Zip Code 35473-7201

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

Name of Employer NHS Management LLC Occupation Long Term Healthcare - Nursing Homes

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
07 / 28 / 2011
Transaction ID : 33628361

Amount of Each Receipt this Period
5000.00

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

Mailing Address 11142 Telmar Drive

City Northport State AL Zip Code 35475-2830

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

Name of Employer Housewife Occupation Housewife

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
07 / 28 / 2011
Transaction ID : 33628362

Amount of Each Receipt this Period
5000.00

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

Mailing Address 204 Loganberry Court

City Louisville State KY Zip Code 40207-5713

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

Name of Employer Kindred Healthcare Inc. Occupation President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
07 / 28 / 2011
Transaction ID : 33628387

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 15000.00

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 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Steven E. Fishman		Date of Receipt MM / DD / YYYY 07 / 28 / 2011 Transaction ID : 33628388
Mailing Address 101 West Avenue Suite 300		Amount of Each Receipt this Period 1500.00
City Jenkintown	State PA	Zip Code 19046-2039
FEC ID number of contributing federal political committee.	C	
Name of Employer Formation Capital	Occupation President \$ C Chairman	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) B. Mary Hunt		Date of Receipt MM / DD / YYYY 07 / 12 / 2011 Transaction ID : 33700338
Mailing Address 71 Beech Drive		Amount of Each Receipt this Period 4000.00
City Lake Zurich	State IL	Zip Code 60047-2114
FEC ID number of contributing federal political committee.	C	
Name of Employer Homemaker	Occupation Homemaker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4000.00	

Full Name (Last, First, Middle Initial) C. Daniel Hirschfeld		Date of Receipt MM / DD / YYYY 07 / 12 / 2011 Transaction ID : 33700339
Mailing Address 1 Sunset Knoll Court		Amount of Each Receipt this Period 500.00
City Timonium	State MD	Zip Code 21093-4775
FEC ID number of contributing federal political committee.	C	
Name of Employer Genesis Healthcare Corporation	Occupation EVP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	6000.00
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 20
<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)
Alliance for Quality Nursing Home Care Inc. Political Action Committee (AQNH PAC)

A. Thomas Divittorio
Full Name (Last, First, Middle Initial)

Mailing Address 20 SHEffield Drive

City West Grove State PA Zip Code 19390-9737

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

Name of Employer Genesis HealthCare Occupation SVP & CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 12 / 2011

Transaction ID : 33700340

Amount of Each Receipt this Period
 500.00

B. Michael S. Sherman
Full Name (Last, First, Middle Initial)

Mailing Address 1379 Bryant Court

City Ambler State PA Zip Code 19002-1015

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

Name of Employer Genesis HealthCare Corporation Occupation Senior VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 12 / 2011

Transaction ID : 33700341

Amount of Each Receipt this Period
 500.00

C. Paul D. Bach
Full Name (Last, First, Middle Initial)

Mailing Address 18 Farm Ridge Court

City Baldwin State MD Zip Code 21013-9781

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

Name of Employer Genesis Healthcare Corporation Occupation EVP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 12 / 2011

Transaction ID : 33700343

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 20
	<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)
Alliance for Quality Nursing Home Care Inc. Political Action Committee (AQNH PAC)

A. Rich Castor
 Full Name (Last, First, Middle Initial)
 Mailing Address 2117 Fox Creek Road
 City Berwyn State PA Zip Code 19312-2117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Genesis Healthcare Corporation Occupation SVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 12 / 2011
Transaction ID : 33700344
 Amount of Each Receipt this Period
 500.00

B. David C. Almquist
 Full Name (Last, First, Middle Initial)
 Mailing Address 811 Grantley Court
 City York State PA Zip Code 17403-4415
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Genesis Healthcare Corporation Occupation EVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 12 / 2011
Transaction ID : 33700345
 Amount of Each Receipt this Period
 500.00

C. Richard P. Blinn
 Full Name (Last, First, Middle Initial)
 Mailing Address 67 Blossom Road
 City Windham State NH Zip Code 03087-1536
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Genesis Healthcare Corporation Occupation EVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 12 / 2011
Transaction ID : 33700346
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 20
	<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)
Alliance for Quality Nursing Home Care Inc. Political Action Committee (AQNH PAC)

A. David A. Bertha
Full Name (Last, First, Middle Initial)

Mailing Address 212 Ardmore Avenue

City Haddonfield State NJ Zip Code 08033-1430

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

Name of Employer Genesis HealthCare Corporation Occupation Senior VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
07 / 12 / 2011
Transaction ID : 33700347

Amount of Each Receipt this Period
500.00

B. Jeanne M. Phillips
Full Name (Last, First, Middle Initial)

Mailing Address 1816 Lenape Unionville Road

City West Chester State PA Zip Code 19382-6922

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

Name of Employer Genesis HealthCare Occupation SVP Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
07 / 12 / 2011
Transaction ID : 33700348

Amount of Each Receipt this Period
500.00

C. Richard Pell Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 21 Greystone Drive

City Shepherdstown State WV Zip Code 25443-4075

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

Name of Employer Genesis Healthcare Corporation Occupation SVP, Administration

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
07 / 12 / 2011
Transaction ID : 33700382

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 20
<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)
Alliance for Quality Nursing Home Care Inc. Political Action Committee (AQNH PAC)

Full Name (Last, First, Middle Initial)
A. Robert A. Reitz

Mailing Address 13005 Jerome Jay Drive

City Cockeysville	State MD	Zip Code 21030-1523
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FEC ID number of contributing federal political committee. **C**

Name of Employer Genesis Healthcare Corporation	Occupation EVP & COO
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	12	/	2011

Transaction ID : 33700384

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Brian T. Witek

Mailing Address 5567 North Elston

City Chicago	State IL	Zip Code 60630-1314
-----------------	-------------	------------------------

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

Name of Employer Advance Ambulance	Occupation Owner
---------------------------------------	---------------------

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	/	20	/	2011

Transaction ID : 33799374

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
C. Yisroel B. Russell

Mailing Address 6145 North Drake

City Chicago	State IL	Zip Code 60659-2217
-----------------	-------------	------------------------

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

Name of Employer Bottom Up Vending	Occupation Owner
---------------------------------------	---------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2011

Transaction ID : 33799375

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional).....	4000.00
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 20
<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)
Alliance for Quality Nursing Home Care Inc. Political Action Committee (AQNH PAC)

Full Name (Last, First, Middle Initial) A. Patrick T. Izzo		Date of Receipt 09 / 20 / 2011 Transaction ID : 33799376
Mailing Address 985 Marshall		Amount of Each Receipt this Period 1000.00
City Des Plaines	State IL	Zip Code 60016-5967
FEC ID number of contributing federal political committee. C		
Name of Employer P&M Dairy	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Kathy Sanders		Date of Receipt 09 / 20 / 2011 Transaction ID : 33799377
Mailing Address 2030 Hassell Road		Amount of Each Receipt this Period 500.00
City Hoffman Estates	State IL	Zip Code 60169-6341
FEC ID number of contributing federal political committee. C		
Name of Employer Lincoln Realty	Occupation Property Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Lauren Rubinson-Morris		Date of Receipt 09 / 20 / 2011 Transaction ID : 33799378
Mailing Address 5650 West Howard		Amount of Each Receipt this Period 2000.00
City Skokie	State IL	Zip Code 60077-2623
FEC ID number of contributing federal political committee. C		
Name of Employer Med-X Ambulance	Occupation Owner	
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).....▶	3500.00
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 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

Full Name (Last, First, Middle Initial) A. Robert T. Hall		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 20 / 2011
Mailing Address 34W975 James Drive		Transaction ID : 33799379
City Saint Charles	State IL	Zip Code 60174-6736
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 4000.00	
Name of Employer Miekem Company	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4000.00	

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

Full Name (Last, First, Middle Initial) C.		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period	
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).....▶	4000.00
TOTAL This Period (last page this line number only).....▶	45000.00

**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 15 OF 20
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Advocat, Inc. Political Action Committee

Mailing Address 1621 Galleria Blvd.

City State Zip Code
Brentwood TN 37027

FEC ID number of contributing federal political committee. **C C00421735**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
07 / 28 / 2011
Transaction ID : 33628385

Amount of Each Receipt this Period
5000.00

Contribution

Full Name (Last, First, Middle Initial)
B. MFA Political Action Committee

Mailing Address P.O. Box 21664

City State Zip Code
Roanoke VA 24018

FEC ID number of contributing federal political committee. **C C00467639**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
07 / 28 / 2011
Transaction ID : 33628386

Amount of Each Receipt this Period
5000.00

Full Name (Last, First, Middle Initial)
c. Direct Supply, Inc. Partners PAC

Mailing Address 6767 North Industrial Road

City State Zip Code
Milwaukee WI 53223

FEC ID number of contributing federal political committee. **C C00409516**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
08 / 18 / 2011
Transaction ID : 33695427

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional).....▶	15000.00
TOTAL This Period (last page this line number only).....▶	15000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. National Republican Senatorial Committee

Mailing Address 425 Second Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contribution

011

Candidate Name

National Republican Senatorial Committee

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	8		2	0	1	1

Transaction ID : 33541634

Amount of Each Disbursement this Period

7	5	0	0	.	0	0
---	---	---	---	---	---	---

Contribution

Full Name (Last, First, Middle Initial)

B. Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Avenue, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contribution

011

Candidate Name

Democratic Senatorial Campaign Committee

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	0		2	0	1	1

Transaction ID : 33570316

Amount of Each Disbursement this Period

7	5	0	0	.	0	0
---	---	---	---	---	---	---

Contribution

Full Name (Last, First, Middle Initial)

C. Cantwell Victory 2012

Mailing Address 130 Nickerson Street
Suite 312

City Seattle State WA Zip Code 98109

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	3		2	0	1	1

Transaction ID : 33628390

Amount of Each Disbursement this Period

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

Contribution

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

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

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Freedom Fund

Mailing Address 701 8th Street, NW
Suite 500

City Washington State DC Zip Code 20001

Purpose of Disbursement
Contribution

011

Candidate Name

Freedom Fund

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 12 / 2011

Transaction ID : 33650049

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Berkley For Senate

Mailing Address 3069 Conquista Court

City Las Vegas State NV Zip Code 89121

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Shelley Berkley

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NV District:

Date of Disbursement

MM / DD / YYYY
09 / 13 / 2011

Transaction ID : 33754579

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

C. New Pioneers PAC

Mailing Address 228 South Washington Street
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Contribution

011

Candidate Name

New Pioneers PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 13 / 2011

Transaction ID : 33754580

Amount of Each Disbursement this Period

2500.00

Contribution

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)

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

Full Name (Last, First, Middle Initial)

A. Bob Casey For Senate, Inc.

Mailing Address 30 South 15th Street
Suite 400

City Philadelphia State PA Zip Code 19102

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Robert Casey Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: PA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2011

Transaction ID : 33806486

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

B. McConnell Senate Committee '14

Mailing Address P.O. Box 1496

City Louisville State KY Zip Code 40201

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Mitch McConnell

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KY District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	24	/	2011

Transaction ID : 33934464

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Dave Camp For Congress

Mailing Address 5915 Eastman Avenue
Suite 100

City Midland State MI Zip Code 48640

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. David Lee Camp

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2011

Transaction ID : 33952172

Amount of Each Disbursement this Period

5000.00

Contribution

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

12500.00

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

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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)

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

Full Name (Last, First, Middle Initial)

A. National Republican Congressional Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		10		2011

Mailing Address 320 First Street, SE

Transaction ID : 33993237

City Washington State DC Zip Code 20001

Amount of Each Disbursement this Period

15000.00

Purpose of Disbursement
Contribution

011
Category/ Type

Contribution

Candidate Name

National Republican Congressional Committee

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Democratic Congressional Campaign Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		10		2011

Mailing Address 430 South Capitol Street, SE
2nd Floor

Transaction ID : 33993238

City Washington State DC Zip Code 20003

Amount of Each Disbursement this Period

12500.00

Purpose of Disbursement
Contribution

011
Category/ Type

Contribution

Candidate Name

Democratic Congressional Campaign Committee

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Democratic Senatorial Campaign Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		10		2011

Mailing Address 120 Maryland Avenue, NE

Transaction ID : 33993240

City Washington State DC Zip Code 20002

Amount of Each Disbursement this Period

7500.00

Purpose of Disbursement
Contribution

011
Category/ Type

Contribution

Candidate Name

Democratic Senatorial Campaign Committee

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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

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

35000.00

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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)

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

Full Name (Last, First, Middle Initial)

A. Ribble For Congress

Mailing Address PO Box 7200

City Appleton State WI Zip Code 54912

Purpose of Disbursement Contribution

011
Category/
Type

Candidate Name

Rep. Reid Ribble

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: WI District: 08

Date of Disbursement

MM / DD / YYYY
12 / 02 / 2011

Transaction ID : 34067029

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Gillibrand For Senate

Mailing Address 236 Massachusetts Avenue

City Washington State DC Zip Code 20002

Purpose of Disbursement Contribution

011
Category/
Type

Candidate Name

Rep. Kirsten E. Gillibrand

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NY District:

Date of Disbursement

MM / DD / YYYY
12 / 22 / 2011

Transaction ID : 34179139

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Martin Heinrich For Senate

Mailing Address P.O. Box 25763

City Albuquerque State NM Zip Code 87125

Purpose of Disbursement Contribution

011
Category/
Type

Candidate Name

Martin Heinrich

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NM District:

Date of Disbursement

MM / DD / YYYY
12 / 22 / 2011

Transaction ID : 34179143

Amount of Each Disbursement this Period

2500.00

Contribution

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

8500.00

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

82500.00