

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 (AQNH 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:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on M M M / D D D / Y Y Y Y Y Y in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 04 01 2012 through 06 30 2012

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 07 13 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)

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="2012"/>	<input type="text" value="1651.16"/>	<input type="text" value="1651.16"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="11651.16"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="19350.00"/>	<input type="text" value="64350.00"/>
(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="31001.16"/>	<input type="text" value="66001.16"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="25213.31"/>	<input type="text" value="60213.31"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="5787.85"/>	<input type="text" value="5787.85"/>
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)

Page 3

Write or Type Committee Name

Alliance for Quality Nursing Home Care Inc. Political Action Committee (AQNH 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).....	14350.00	39350.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	14350.00	39350.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	25000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	19350.00	64350.00
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))..... ▶	19350.00	64350.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	19350.00	64350.00

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.....	25213.31	60213.31
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)) ..	25213.31	60213.31
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	25213.31	60213.31

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)	19350.00	64350.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	19350.00	64350.00
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 15
	<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 ▼ 2200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 22 / 2012
Transaction ID : 34851095

Amount of Each Receipt this Period
 2200.00

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

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 ▼ 650.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 22 / 2012
Transaction ID : 34851147

Amount of Each Receipt this Period
 650.00

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

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 ▼ 650.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 22 / 2012
Transaction ID : 34851148

Amount of Each Receipt this Period
 650.00

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 7 OF 15
<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. Jeffrey J. Berenbach		Date of Receipt MM / DD / YYYY 05 / 22 / 2012 Transaction ID : 34851149
Mailing Address 8007 Yellowstone Road		Amount of Each Receipt this Period 650.00
City Kingsville	State MD	Zip Code 21087-1512
FEC ID number of contributing federal political committee. C		
Name of Employer Genesis HealthCare Corporation	Occupation Senior VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) B. Rich Castor		Date of Receipt MM / DD / YYYY 05 / 22 / 2012 Transaction ID : 34851180
Mailing Address 2117 Fox Creek Road		Amount of Each Receipt this Period 650.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) C. Jeanne M. Phillips		Date of Receipt MM / DD / YYYY 05 / 22 / 2012 Transaction ID : 34851181
Mailing Address 1816 Lenape Unionville Road		Amount of Each Receipt this Period 650.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

SUBTOTAL of Receipts This Page (optional).....▶	1950.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 8 OF 15
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Michael S. Sherman

Mailing Address 1379 Bryant Court

City State Zip Code
 Ambler PA 19002-1015

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

Name of Employer Occupation
 Genesis HealthCare Corporation Senior VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 650.00

Date of Receipt
 05 / 22 / 2012
Transaction ID : 34851182

Amount of Each Receipt this Period
 650.00

Full Name (Last, First, Middle Initial)
B. David C. Almquist

Mailing Address 811 Grantley Court

City State Zip Code
 York PA 17403-4415

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

Name of Employer Occupation
 Genesis Healthcare Corporation EVP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 650.00

Date of Receipt
 05 / 22 / 2012
Transaction ID : 34851220

Amount of Each Receipt this Period
 650.00

Full Name (Last, First, Middle Initial)
C. Richard P. Blinn

Mailing Address 67 Blossom Road

City State Zip Code
 Windham NH 03087-1536

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

Name of Employer Occupation
 Genesis Healthcare Corporation EVP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 650.00

Date of Receipt
 05 / 22 / 2012
Transaction ID : 34851221

Amount of Each Receipt this Period
 650.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1950.00

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 15
	<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. Robert A. Reitz
 Full Name (Last, First, Middle Initial)
 Mailing Address 13005 Jerome Jay Drive
 City Cockeyesville State MD Zip Code 21030-1523
 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 ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 22 / 2012
Transaction ID : 34851287
 Amount of Each Receipt this Period
 1200.00

B. 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 ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 22 / 2012
Transaction ID : 34851288
 Amount of Each Receipt this Period
 1200.00

C. Walter J. Kielar
 Full Name (Last, First, Middle Initial)
 Mailing Address 17 Curtis Road
 City Springfield State PA Zip Code 19064-1606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Genesis HealthCare Occupation SVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 22 / 2012
Transaction ID : 34851289
 Amount of Each Receipt this Period
 650.00

SUBTOTAL of Receipts This Page (optional).....▶	3050.00
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 15
	<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. Paul D. Bach
 Full Name (Last, First, Middle Initial)
 Mailing Address 18 Farm Ridge Court
 City State Zip Code
 Baldwin MD 21013-9781
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Genesis Healthcare Corporation EVP
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 22 / 2012
Transaction ID : 34851290
 Amount of Each Receipt this Period
 650.00

B. Joseph W. Mason
 Full Name (Last, First, Middle Initial)
 Mailing Address 667 Mountainview Drive
 City State Zip Code
 Oakland MD 21550-7152
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Genesis HealthCare SVP
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 22 / 2012
Transaction ID : 34857893
 Amount of Each Receipt this Period
 650.00

C. Joe Bourne
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 Perry Ridge Ct
 City State Zip Code
 Baltimore MD 21237-3353
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Genesis HealthCare SVP
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 22 / 2012
Transaction ID : 34857894
 Amount of Each Receipt this Period
 650.00

SUBTOTAL of Receipts This Page (optional).....▶	1950.00
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 15
	<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)

Full Name (Last, First, Middle Initial) A. Wendy LaBate		Date of Receipt MM / DD / YYYY 05 / 22 / 2012 Transaction ID : 34857895
Mailing Address 7 Hyacinth Drive		Amount of Each Receipt this Period 650.00
City Nashua	State NH	Zip Code 03062-1810
FEC ID number of contributing federal political committee. C		
Name of Employer Genesis HealthCare	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) B. Harry Alberts		Date of Receipt MM / DD / YYYY 05 / 22 / 2012 Transaction ID : 34857896
Mailing Address 213 Wiltshire Drive		Amount of Each Receipt this Period 650.00
City Kennett Square	State PA	Zip Code 19348-1331
FEC ID number of contributing federal political committee. C		
Name of Employer Genesis HealthCare	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) C. Laurence Lane		Date of Receipt MM / DD / YYYY 05 / 22 / 2012 Transaction ID : 34858030
Mailing Address 1616 Stephens Drive		Amount of Each Receipt this Period 650.00
City Wayne	State PA	Zip Code 19087-1023
FEC ID number of contributing federal political committee. C		
Name of Employer Genesis HealthCare	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

SUBTOTAL of Receipts This Page (optional).....▶	1950.00
TOTAL This Period (last page this line number only).....▶	14350.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:		PAGE 12 OF 15	
<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 (AQNH PAC)

A. Kindred Healthcare, Inc. PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 680 South Fourth Street
 City Louisville State KY Zip Code 40202
 FEC ID number of contributing federal political committee. **C** C00242271
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 14 / 2012
Transaction ID : 34943051
 Amount of Each Receipt this Period
 5000.00

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

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	5000.00

**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 (AQNH PAC)

Full Name (Last, First, Middle Initial)

A. New Pioneers PAC

Mailing Address 228 South Washington Street
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

New Pioneers PAC

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 25 / 2012

Transaction ID : 34686485

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Stabenow For U.S. Senate

Mailing Address P.O. Box 4945

City East Lansing State MI Zip Code 48826

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Sen. Debbie Stabenow

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District:

Date of Disbursement

MM / DD / YYYY
04 / 25 / 2012

Transaction ID : 34686486

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Stabenow For U.S. Senate

Mailing Address P.O. Box 4945

City East Lansing State MI Zip Code 48826

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Sen. Debbie Stabenow

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District:

Date of Disbursement

MM / DD / YYYY
04 / 25 / 2012

Transaction ID : 34686487

Amount of Each Disbursement this Period

500.00

Contribution

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

7500.00

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. FutureCare

Mailing Address 8028 Ritchie Hwy, Suite 118

City Pasadena State MD Zip Code 21122

Purpose of Disbursement
In-Kind, event food and beverages for Ben Cardin

011

Category/
Type

Candidate Name

Sen. Benjamin Cardin

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MD District:

Date of Disbursement

MM / DD / YYYY
04 / 25 / 2012

Transaction ID : 34686489

Amount of Each Disbursement this Period

1713.31

In-Kind, event food and beverages for Ben Cardin

Full Name (Last, First, Middle Initial)

B. Searchlight Tahoe Victory Fund

Mailing Address 700 13th Street, NW
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 31 / 2012

Transaction ID : 34850894

Amount of Each Disbursement this Period

10000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Carper For Senate

Mailing Address P.O. Box 2882

City Wilmington State DE Zip Code 19805

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Sen. Thomas R. Carper

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: DE District:

Date of Disbursement

MM / DD / YYYY
06 / 06 / 2012

Transaction ID : 34858272

Amount of Each Disbursement this Period

1000.00

Contribution

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

12713.31

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. National Republican Congressional Committee

Mailing Address 320 First Street, SE

City Washington State DC Zip Code 20001

Purpose of Disbursement
Contribution

011

Candidate Name

National Republican Congressional Committee

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 21 / 2012

Transaction ID : 34965773

Amount of Each Disbursement this Period

5000.00

Contribution

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

MM / DD / YYYY

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

MM / DD / YYYY

Amount of Each Disbursement this Period

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

5000.00

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

25213.31