

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. **12FE4M5**
Assisted Living Federation of America

ADDRESS (number and street) **1650 King Street**
Suite 602
Check if different than previously reported. (ACC) **Alexandria VA 22314**

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIP CODE

C C00338020

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

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)

(b) Monthly Report Due On:
 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 M M M / D D D / Y Y Y Y Y Y through M M M / D D D / Y Y Y Y Y Y
06 01 2013 through 06 30 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer **Ms Maribeth Bersani**
Signature of Treasurer **Ms Maribeth Bersani** [Electronically Filed] Date **07 09 2013**

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

Assisted Living Federation of America

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		338882.41
(b) Cash on Hand at Beginning of Reporting Period.....	416205.83	
(c) Total Receipts (from Line 19)	22570.60	156622.37
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	438776.43	495504.78
7. Total Disbursements (from Line 31).....	19999.07	76727.42
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	418777.36	418777.36
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Assisted Living Federation of America

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	17725.00	117425.38
(ii) Unitemized	4177.00	16890.62
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	21902.00	134316.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	10000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	21902.00	144316.00
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).....	668.60	2306.37
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	10000.00
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))..... ▶	22570.60	156622.37
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	22570.60	156622.37

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	499.07	2377.42
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	499.07	2377.42
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	19500.00	73500.00
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	850.00
(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	850.00
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)) ..	19999.07	76727.42
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	19999.07	76727.42

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)	21902.00	144316.00
34. Total Contribution Refunds (from Line 28(d))	0.00	850.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	21902.00	143466.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	499.07	2377.42
37. Offsets to Operating Expenditures (from Line 15, page 3).....	668.60	2306.37
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-169.53	71.05

**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

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

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

A. Karen Bain
 Full Name (Last, First, Middle Initial)
 Mailing Address 12 John Street
 City Mansfield State MA Zip Code 02048
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Benchmark Senior Living Occupation Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 12 / 2013
Transaction ID : C2351188
 Amount of Each Receipt this Period
 200.00

B. Karen Bain
 Full Name (Last, First, Middle Initial)
 Mailing Address 12 John Street
 City Mansfield State MA Zip Code 02048
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Benchmark Senior Living Occupation Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 12 / 2013
Transaction ID : C2351201
 Amount of Each Receipt this Period
 100.00

C. Chris Coates
 Full Name (Last, First, Middle Initial)
 Mailing Address 304 Charlesgate Place
 City Nashville State TN Zip Code 37215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Evergreen Senior Living Properties Occupation CEO/President
 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
 06 / 05 / 2013
Transaction ID : C2343015
 Amount of Each Receipt this Period
 2500.00

SUBTOTAL of Receipts This Page (optional).....▶	2800.00
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)
Assisted Living Federation of America

A. Mary Dewling
Full Name (Last, First, Middle Initial)

Mailing Address 56 Main St

City Boxford State MA Zip Code 01921

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

Name of Employer Benchmark Senior Living-N/A Occupation VP Sales

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
 06 / 03 / 2013

Transaction ID : C2341209

Amount of Each Receipt this Period
500.00

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

Mailing Address 4 Royce Lane

City Westford State MA Zip Code 01886

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

Name of Employer Benchmark Senior Living Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2013

Transaction ID : C2361607

Amount of Each Receipt this Period
300.00

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

Mailing Address 114 forge lane

City marshfield State MA Zip Code 02050

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

Name of Employer Benchmark Senior Living Occupation Sales and Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2013

Transaction ID : C2361550

Amount of Each Receipt this Period
600.00

SUBTOTAL of Receipts This Page (optional).....▶	1400.00
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)
Assisted Living Federation of America

A. Christopher Golen
Full Name (Last, First, Middle Initial)

Mailing Address 43 Woodlawn Dr

City Pelham State NH Zip Code 03076

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

Name of Employer Benchmark Senior Living Occupation Information Requested

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
 06 / 26 / 2013

Transaction ID : C2361457

Amount of Each Receipt this Period
300.00

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

Mailing Address 6 Springfield Cir

City Merrimack State NH Zip Code 03054-3831

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

Name of Employer Emeritus Senior Living-NA Occupation SVP of Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 14 / 2013

Transaction ID : C2352298

Amount of Each Receipt this Period
1500.00

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

Mailing Address 492 Beacon St Unit 15

City Boston State MA Zip Code 02115-1002

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

Name of Employer Benchmark Senior Living LLC Occupation VP, Quality Resident Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 12 / 2013

Transaction ID : C2351184

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **2150.00**

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

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

A. Guy Hemond
Full Name (Last, First, Middle Initial)

Mailing Address 8 Park Lane Ave

City Milford State MA Zip Code 01757

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

Name of Employer Benchmark Senior Living-n/a Occupation VP Culinary & Dining Experience

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 12 / 2013
Transaction ID : C2351189

Amount of Each Receipt this Period
600.00

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

Mailing Address 10160 Gaywood Drive

City Dallas State TX Zip Code 75229

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

Name of Employer Retired Occupation Retired

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
 06 / 18 / 2013
Transaction ID : C2354426

Amount of Each Receipt this Period
500.00

c. Chris Hyatt
Full Name (Last, First, Middle Initial)

Mailing Address 624 234th Ave SE

City Sammamish State WA Zip Code 98074

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

Name of Employer Emeritus-N/A Occupation COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2750.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 07 / 2013
Transaction ID : C2347395

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **1350.00**

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

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

A. Joanne Kotulski
Full Name (Last, First, Middle Initial)

Mailing Address 31 1st St

City Westerly State RI Zip Code 02891-5364

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

Name of Employer Benchmark Senior Living Occupation Information Requested

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
 06 / 26 / 2013

Transaction ID : C2361543

Amount of Each Receipt this Period
 300.00

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

Mailing Address 40 William Street

City Wellesley State MA Zip Code 02481

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

Name of Employer Benchmark Senior Living-N/A Occupation SVP & Head of HR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2013

Transaction ID : C2361453

Amount of Each Receipt this Period
 800.00

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

Mailing Address 11 Sheafe Street #8

City Boston State MA Zip Code 02113

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

Name of Employer Benchmark Senior Living-BSL Corp Offic Occupation Regional Director of Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 27 / 2013

Transaction ID : C2362108

Amount of Each Receipt this Period
 350.00

SUBTOTAL of Receipts This Page (optional).....▶	1450.00
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"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Teri Marinko
Full Name (Last, First, Middle Initial)

Mailing Address 1725 Ridge Road

City Canton State GA Zip Code 30114

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

Name of Employer Benchmark Senior Living-NA Occupation Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 26 / 2013

Transaction ID : C2361549

Amount of Each Receipt this Period
800.00

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

Mailing Address 3 Grantland Rd

City Wellesley Hills State MA Zip Code 02481-7606

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

Name of Employer Benchmark Senior Living LLC Occupation Vice President Enterprise Risk

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **770.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 12 / 2013

Transaction ID : C2351183

Amount of Each Receipt this Period
500.00

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

Mailing Address 3000 N Atlantic Ave Apt 3

City Daytona Beach State FL Zip Code 32118-3019

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

Name of Employer Atria Senior Living Occupation Information Requested

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
06 / 12 / 2013

Transaction ID : C2351418

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	1800.00
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)
Assisted Living Federation of America

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

Mailing Address 439 Lexington St.

City Waltham	State MA	Zip Code 02452
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FEC ID number of contributing federal political committee. **C**

Name of Employer Benchmark Senior Living	Occupation Senior Operator
---	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	12	/	2013

Transaction ID : C2351187

Amount of Each Receipt this Period

600.00

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

Mailing Address 6737 W Washington St Ste 2300

City Milwaukee	State WI	Zip Code 53214-5650
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FEC ID number of contributing federal political committee. **C**

Name of Employer Brookdale Senior Living, Inc.	Occupation Co-President
---	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2500.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	05	/	2013

Transaction ID : C2343014

Amount of Each Receipt this Period

2475.00

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

Mailing Address 4660 N. 105 Avenue

City Phoenix	State AZ	Zip Code 85037
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FEC ID number of contributing federal political committee. **C**

Name of Employer Emeritus Senior Living-N/A	Occupation Regional Director
--	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	14	/	2013

Transaction ID : C2351746

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....▶	3325.00
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"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Jayne Sallerson
Full Name (Last, First, Middle Initial)

Mailing Address 909 5th Avenue #2403

City Seattle State WA Zip Code 98164

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

Name of Employer Emeritus Senior Living-N/A Occupation EVP Sales & Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 06 / 17 / 2013
Transaction ID : C2353297

Amount of Each Receipt this Period 2000.00

B. Linda A Silveira
Full Name (Last, First, Middle Initial)

Mailing Address 84 Cummings Rd

City Swansea State MA Zip Code 02777

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

Name of Employer Benchmark Senior Living Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 06 / 12 / 2013
Transaction ID : C2351182

Amount of Each Receipt this Period 400.00

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

Mailing Address 545 E John Carpenter Fwy # 500

City Irving State TX Zip Code 75062-8143

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

Name of Employer The Lasalle Group Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1375.00

Date of Receipt 06 / 12 / 2013
Transaction ID : C2351387

Amount of Each Receipt this Period 375.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2775.00

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"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Win Warren
Full Name (Last, First, Middle Initial)

Mailing Address 545 E. John Carpenter Frwy, Ste 54

City Irving	State TX	Zip Code 75062
----------------	-------------	-------------------

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

Name of Employer The Lasalle Group	Occupation Information Requested
---------------------------------------	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 12 / 2013
Transaction ID : C2351358

Amount of Each Receipt this Period
375.00

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

Mailing Address 95 Abbott Ln
Unit 3

City Concord	State MA	Zip Code 01742-3523
-----------------	-------------	------------------------

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

Name of Employer Benchmark Senior Living	Occupation Information Requested
---	-------------------------------------

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
 06 / 12 / 2013
Transaction ID : C2351199

Amount of Each Receipt this Period
300.00

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).....▶	675.00
TOTAL This Period (last page this line number only).....▶	17725.00

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

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

FOR LINE NUMBER: PAGE 15 OF 20
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 1650 King St
Ste 602

City Alexandria State VA Zip Code 22314-2747

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2306.37

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 15 / 2013

Transaction ID : C2375911

Amount of Each Receipt this Period
668.60

Reimbursement For Credit Card Fees

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	668.60
TOTAL This Period (last page this line number only).....▶	668.60

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. SunTrust Bank

Mailing Address 1445 New York Ave NW

City Washington State DC Zip Code 20005-2134

Purpose of Disbursement
Credit Card Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2013

Transaction ID : D146202

Amount of Each Disbursement this Period

499.07

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M 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

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

--

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

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

499.07

499.07

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. DIRIGO PAC

Mailing Address PO Box 1355

City Alexandria State VA Zip Code 22313

Purpose of Disbursement
Contribution to FED Committee

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 20 / 2013

Transaction ID : D146420

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. HELP AMERICA'S LEADERS POLITICAL ACTION COMMITTEE (HALPAC)

Mailing Address 1155 21st Street NW
Suite 300

City Washington State DC Zip Code 20036

Purpose of Disbursement
Contribution to FED Committee

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 19 / 2013

Transaction ID : D146376

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Nutmeg PAC

Mailing Address 77 Summer Street

City Stamford State CT Zip Code 06903

Purpose of Disbursement
Contribution to FED Committee

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 25 / 2013

Transaction ID : D146527

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)
Assisted Living Federation of America

Full Name (Last, First, Middle Initial)

A. CHARLES BOUSTANY JR. MD FOR CONGRESS, INC.

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	1	3

Mailing Address PO BOX 80126

Transaction ID : D146401

City State Zip Code
LAFAYETTE LA 70598

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Purpose of Disbursement
Contribution to FED Committee

--	--	--	--

Candidate Name
Rep. CHARLES DR. JR. BOUSTANY Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: LA District: 07

Full Name (Last, First, Middle Initial)

B. CHARLIE DENT FOR CONGRESS

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	3

Mailing Address PO Box 442

Transaction ID : D146137

City State Zip Code
Allentown PA 18105

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0

Purpose of Disbursement
Contribution to FED Committee

--	--	--	--

Candidate Name
Rep. Charlie Dent

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 15

Full Name (Last, First, Middle Initial)

C. DAVE CAMP FOR CONGRESS

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	1	3

Mailing Address 5915 Eastman Avenue

Transaction ID : D146421

City State Zip Code
Midland MI 48640

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

Purpose of Disbursement
Contribution to FED Committee

--	--	--	--

Candidate Name
Rep. Dave Camp

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 04

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

6	5	0	0	0	0	0	0	0	0

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

6	5	0	0	0	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)
Assisted Living Federation of America

Full Name (Last, First, Middle Initial)

A. PALLONE FOR CONGRESS

Mailing Address PO BOX 3176

City LONG BRANCH State NJ Zip Code 07740

Purpose of Disbursement
Voided Check From 5/28/2013

Candidate Name
Rep. Frank Pallone Jr.

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: NJ District: 06

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 25 / 2013

Transaction ID : D146528

Amount of Each Disbursement this Period

-2000.00

Full Name (Last, First, Middle Initial)

B. TIBERI FOR CONGRESS

Mailing Address 2931 E DUBLIN GRANVILLE ROAD

City COLUMBUS State OH Zip Code 43231

Purpose of Disbursement
Contribution to FED Committee

Candidate Name
Rep. Pat Tiberi

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: OH District: 12

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 19 / 2013

Transaction ID : D146402

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. ROCK CITY PAC

Mailing Address 1015 Stonebridge Park Drive

City Franklin State TN Zip Code 37069

Purpose of Disbursement
Contribution to FED Committee

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 19 / 2013

Transaction ID : D146377

Amount of Each Disbursement this Period

2500.00

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

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

1500.00

**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)
Assisted Living Federation of America

Full Name (Last, First, Middle Initial)

A. FRIENDS OF KELLY AYOTTE

Mailing Address PO BOX 233

City NASHUA State NH Zip Code 03061

Purpose of Disbursement
Contribution to FED Committee

Candidate Name
Sen. Kelly Ayotte

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: NH District: 00

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 11 / 2013

Transaction ID : D146135

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

1500.00

19500.00