

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Sun Healthcare Group, Inc. Political Action Committee d/b/a Sun HealthCare P.A.C.

ADDRESS (number and street) 101 Sun Avenue NE
 Check if different than previously reported. (ACC)
Albuquerque NM 87109

2. **FEC IDENTIFICATION NUMBER** C00398826
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 Quarterly 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 (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 03 01 2007 through 03 31 2007

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 DAVID MASON
Signature of Treasurer Electronically Filed by DAVID MASON Date 04 17 2007

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**

Write or Type Committee Name
Sun Healthcare Group, Inc. Political Action Committee d/b/a Sun HealthCare P.A.C.

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		19073.45
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	24783.35									
(c) Total Receipts (from Line 19)	10950.80	20460.70								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	35734.15	39534.15								
7. Total Disbursements (from Line 31)	3797.00	7597.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	31937.15	31937.15								
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**

Write or Type Committee Name

Sun Healthcare Group, Inc. Political Action Committee d/b/a Sun HealthCare P.A.C.

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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	7995.42	11595.63
(i) Itemized (use Schedule A)	2955.38	8865.07
(ii) Unitemized	10950.80	20460.70
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	10950.80	20460.70
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 Transfer (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))	10950.80	20460.70
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	10950.80	20460.70

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	3500.00	7000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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	300.00
(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	300.00
29. Other Disbursements.....	297.00	297.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	3797.00	7597.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	3797.00	7597.00

DETAILED SUMMARY PAGE
of Disbursements

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)	10950.80	20460.70
34. Total Contribution Refunds (from Line 28(d))	0.00	300.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10950.80	20160.70
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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 15
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Sun Healthcare Group, Inc. Political Action Committee d/b/a Sun HealthCare P.A.C.

A. Full Name (Last, First, Middle Initial)
KRISTY BLANKENSHIP

Mailing Address 141 MAGNOLIA AVE

City State Zip Code
PRINCETON WV 24740-2348

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

Name of Employer Occupation
SUN HEALTHCARE GROUP, INC CLINICAL SVCS COORDINATOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 238.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 15 / 2007

Transaction ID: SA11A1.5839

Amount of Each Receipt this Period
68.00

PR DEDUCTION (\$ 34 bi-weekly)

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

Mailing Address 2917 Lakeside Drive

City State Zip Code
Greenwood AR 72936

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

Name of Employer Occupation
Sun Healthcare Group, Inc. Senior VP of Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 511.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 15 / 2007

Transaction ID: SA11A1.5841

Amount of Each Receipt this Period
219.00

PR DEDUCTION (\$ 73 bi-weekly)

C. Full Name (Last, First, Middle Initial)
MARK C DE BACA

Mailing Address 8201 BEVERLY HILLS AVENUE NE

City State Zip Code
ALBUQUERQUE NM 87122-3613

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

Name of Employer Occupation
SUN HEALTHCARE GROUP, INC CONTROLLER/SENIOR DIRECTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 364.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 15 / 2007

Transaction ID: SA11A1.5842

Amount of Each Receipt this Period
104.00

PR DEDUCTION (\$ 52 bi-weekly)

SUBTOTAL of Receipts This Page (optional)	▶	391.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 15
	<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)
Sun Healthcare Group, Inc. Political Action Committee d/b/a Sun HealthCare P.A.C.

A. Full Name (Last, First, Middle Initial)
FREDA CERNY

Mailing Address 118 Dodge Street

City Swanton, OH State OH Zip Code 43558-1269

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

Name of Employer Sun Healthcare Group, Inc. Occupation Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 15 / 2007

Transaction ID: SA11A1.5843

Amount of Each Receipt this Period
80.00

PR DEDUCTION (\$ 40 bi-weekly)

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

Mailing Address 9035 VILLAGE

City ALBUQUERQUE State NM Zip Code 87122

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

Name of Employer SUN HEALTHCARE GROUP, INC Occupation DIRECTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 259.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 15 / 2007

Transaction ID: SA11A1.5856

Amount of Each Receipt this Period
74.00

PR DEDUCTION (\$ 37 bi-weekly)

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

Mailing Address NUM 7 FAIRVIEW HGTS

City PARKSBURG State WV Zip Code 26101

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

Name of Employer SUN HEALTHCARE GROUP, INC Occupation REGIONAL MANAGER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 385.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 15 / 2007

Transaction ID: SA11A1.5864

Amount of Each Receipt this Period
110.00

PR DEDUCTION (\$ 55 bi-weekly)

SUBTOTAL of Receipts This Page (optional)	▶	264.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 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)
Sun Healthcare Group, Inc. Political Action Committee d/b/a Sun HealthCare P.A.C.

Full Name (Last, First, Middle Initial) A. Sharon K. Johnson		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address 403 Spruce Lane		Transaction ID: SA11A1.5875	
City State Zip Code Beckley WV 25801-2514	Amount of Each Receipt this Period 70.00		
FEC ID number of contributing federal political committee. C	PR DEDUCTION (\$ 35 bi-weekly)		
Name of Employer Occupation SUN HEALTHCARE GROUP, INC ADMINISTRATOR	Aggregate Year-to-Date ▼ 245.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. THERESA KERN		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address P O BOX 1140		Transaction ID: SA11A1.5881	
City State Zip Code SANDIA PARK NM 87047-1140	Amount of Each Receipt this Period 182.00		
FEC ID number of contributing federal political committee. C	PR DEDUCTION (\$ 91 bi-weekly)		
Name of Employer Occupation SUN HEALTHCARE GROUP, INC SVP BUS DEV AND COMMUNICATIONS	Aggregate Year-to-Date ▼ 273.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. GINA D. LUCCHI		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address 47 VIA CASETA		Transaction ID: SA11A1.5887	
City State Zip Code RSM CA 92688	Amount of Each Receipt this Period 140.00		
FEC ID number of contributing federal political committee. C	PR DEDUCTION (\$ 70 bi-weekly)		
Name of Employer Occupation SUN HEALTHCARE GROUP, INC VICE PRESIDENT	Aggregate Year-to-Date ▼ 210.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	392.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 15
	<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)
Sun Healthcare Group, Inc. Political Action Committee d/b/a Sun HealthCare P.A.C.

A. Full Name (Last, First, Middle Initial)
DAVID MASON

Mailing Address 9100 MODESTO AVE NE

City State Zip Code
ALBUQUERQUE NM 87122

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

Name of Employer Occupation
SUN HEALTHCARE GROUP, INC VICE PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
03 / 15 / 2007

Transaction ID: SA11A1.5891

Amount of Each Receipt this Period
150.00

PR DEDUCTION (\$ 75 bi-weekly)

B. Full Name (Last, First, Middle Initial)
William A. Mathies

Mailing Address 1500 East Ocean Boulevard

City State Zip Code
Newport Beach CA 92661

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

Name of Employer Occupation
Sun healthcare Group, Inc. President of SunBridge

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
03 / 12 / 2007

Transaction ID: SA11A1.5831

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

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

Mailing Address 14 SCENIC BLUFF

City State Zip Code
NEWPORT COAST CA 92657

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

Name of Employer Occupation
SUN HEALTHCARE GROUP, INC CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1195.63

Date of Receipt
MM / DD / YYYY
03 / 15 / 2007

Transaction ID: SA11A1.5893

Amount of Each Receipt this Period
380.42

PR DEDUCTION (\$ 190.21 biweekly)

SUBTOTAL of Receipts This Page (optional)	5530.42
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 15
	<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)
Sun Healthcare Group, Inc. Political Action Committee d/b/a Sun HealthCare P.A.C.

Full Name (Last, First, Middle Initial) A. DEBBIE MCLARTY		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address 5928 CHACO LOOP NE		Transaction ID: SA11A1.5897	
City RIO RANCHO	State NM	Amount of Each Receipt this Period 200.00	
Zip Code 87144		PR DEDUCTION (\$ 100 biweekly)	
FEC ID number of contributing federal political committee. C			
Name of Employer SUN HEALTHCARE GROUP, INC	Occupation SVP (SENIOR VICE PRESIDENT)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00		

Full Name (Last, First, Middle Initial) B. VICKI MURPHY		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address 12190 OLD SOUTH LANE		Transaction ID: SA11A1.5901	
City MCCALLA	State AL	Amount of Each Receipt this Period 90.00	
Zip Code 35111-2332		PR DEDUCTION (\$ 30 bi-weekly)	
FEC ID number of contributing federal political committee. C			
Name of Employer SUN HEALTHCARE GROUP, INC	Occupation ADMINISTRATOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

Full Name (Last, First, Middle Initial) C. CYNTHIA MYERS		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address 3588 CAVE CREEK MANOR		Transaction ID: SA11A1.5902	
City LAS CRUCES	State NM	Amount of Each Receipt this Period 78.00	
Zip Code 88011-4016		PR DEDUCTION (\$ 39 bi-weekly)	
FEC ID number of contributing federal political committee. C			
Name of Employer SUN HEALTHCARE GROUP, INC	Occupation REG DIR OF OPS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 273.00		

SUBTOTAL of Receipts This Page (optional) ▶	368.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 15
	<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)
Sun Healthcare Group, Inc. Political Action Committee d/b/a Sun HealthCare P.A.C.

Full Name (Last, First, Middle Initial) A. PATRICIA REEL		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address 210 FLORIDA DR		Transaction ID: SA11A1.5909	
City LOWER BURRELL	State PA	Zip Code 15068-3334	Amount of Each Receipt this Period 60.00
FEC ID number of contributing federal political committee. C		PR DEDUCTION (\$ 30 bi-weekly)	
Name of Employer SUN HEALTHCARE GROUP, INC	Occupation CLINICAL SVCS COORDINATOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

Full Name (Last, First, Middle Initial) B. LUANNE ROGERS		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address 28 CAPTAINS WAY		Transaction ID: SA11A1.5910	
City EXETER	State NH	Zip Code 03833	Amount of Each Receipt this Period 60.00
FEC ID number of contributing federal political committee. C		PR DEDUCTION (\$ 30 bi-weekly)	
Name of Employer SUN HEALTHCARE GROUP, INC	Occupation REGIONAL MANAGER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

Full Name (Last, First, Middle Initial) C. JERRALD ROLES		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address 3870 FAIRWAY DRIVE		Transaction ID: SA11A1.5911	
City CAMERON PARK	State CA	Zip Code 95682	Amount of Each Receipt this Period 180.00
FEC ID number of contributing federal political committee. C		PR DEDUCTION (\$ 90 bi-weekly)	
Name of Employer SUN HEALTHCARE GROUP, INC	Occupation SVP (SENIOR VICE PRESIDENT)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 630.00		

SUBTOTAL of Receipts This Page (optional) ▶	300.00
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 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)
Sun Healthcare Group, Inc. Political Action Committee d/b/a Sun HealthCare P.A.C.

A. Full Name (Last, First, Middle Initial)
BRYAN SHAUL

Mailing Address 16732 WESTFIELD LN

City State Zip Code
HUNTINGTON BEACH CA 92649

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

Name of Employer Occupation
SUN HEALTHCARE GROUP, INC CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1155.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 15 / 2007

Transaction ID: SA11A1.5916

Amount of Each Receipt this Period
330.00

PR DEDUCTION (\$ 165 biweekly)

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

Mailing Address 5900 MIMOSA PLACE NE

City State Zip Code
ALBUQUERQUE NM 87111-6272

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

Name of Employer Occupation
SUN HEALTHCARE GROUP, INC DIRECTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 15 / 2007

Transaction ID: SA11A1.5917

Amount of Each Receipt this Period
70.00

PR DEDUCTION (\$ 35 bi-weekly)

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

Mailing Address 28 HANCOCK RD

City State Zip Code
WINDHAM NH 03087

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

Name of Employer Occupation
SUN HEALTHCARE GROUP, INC VP-OPERATIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 15 / 2007

Transaction ID: SA11A1.5920

Amount of Each Receipt this Period
100.00

PR DEDUCTION (\$ 50 bi-weekly)

SUBTOTAL of Receipts This Page (optional)	▶	500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 15
	<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)
Sun Healthcare Group, Inc. Political Action Committee d/b/a Sun HealthCare P.A.C.

A. Full Name (Last, First, Middle Initial)
JUDITH TAUBENHEIM

Mailing Address 100 MARATHON WY

City State Zip Code
MANCHESTER NH 03109

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

Name of Employer Occupation
SUN HEALTHCARE GROUP, INC VP CLINICAL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
03 / 15 / 2007

Transaction ID: SA11A1.5923

Amount of Each Receipt this Period
100.00

PR DEDUCTION (\$ 50 bi-weekly)

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

Mailing Address 2020 GARLAND CT

City State Zip Code
BIRMINGHAM AL 35242

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

Name of Employer Occupation
SUN HEALTHCARE GROUP, INC VP - OPERATIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
MM / DD / YYYY
03 / 15 / 2007

Transaction ID: SA11A1.5925

Amount of Each Receipt this Period
150.00

PR DEDUCTION (\$ 75 bi-weekly)

SUBTOTAL of Receipts This Page (optional)	250.00
TOTAL This Period (last page this line number only)	7995.42

**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)

PAGE 14 / 15

<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)

Sun Healthcare Group, Inc. Political Action Committee d/b/a Sun HealthCare P.A.C.

Full Name (Last, First, Middle Initial)

A. DAVE CAMP FOR CONGRESS 2008

Mailing Address 5915 EASTMAN AVE. SUITE 100
5915 EASTMAN AVE. SUITE 100

City MIDLAND State MI Zip Code 48640

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: MI District: 04

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB23.5824

Date of Disbursement

03 / 19 / 2007

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF JIM CLYBURN

Mailing Address Post Office Box 12567

City Columbia State SC Zip Code 29211

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: SC District: 06

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB23.5819

Date of Disbursement

03 / 01 / 2007

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

3500.00

**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)

PAGE 15 / 15

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

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NAME OF COMMITTEE (In Full)

Sun Healthcare Group, Inc. Political Action Committee d/b/a Sun HealthCare P.A.C.

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address P.O. Box 411809

City Kansas City State MO Zip Code 64179

Purpose of Disbursement
2006 IRS Tax Liability, Bank Charge

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.5933

Date of Disbursement

/ /

Amount of Each Disbursement this Period

297.00

SUBTOTAL of Disbursements This Page (optional)

297.00

TOTAL This Period (last page this line number only)

297.00