

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 National Association of Rehabilitation Providers & Agencies Inc. Political Action Committ

ADDRESS (number and street) 905 Breezewick Circle Check if different than previously reported. (ACC) Towson MD 21286

2. FEC IDENTIFICATION NUMBER C00192153 3. IS THIS REPORT X NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report (Non-election Year Only) (MY), Termination Report (TER) (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11) (Non-Election Year Only), Dec 20 (M12) (Non-Election Year Only), 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 01 01 2007 through 06 30 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 Ernest A. Burch, Jr.

Signature of Treasurer Electronically Filed by Ernest A. Burch, Jr. Date 07 24 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

National Association of Rehabilitation Providers & Agencies Inc. Political Action
Committ

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

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		14761.89
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	14761.89									
(c) Total Receipts (from Line 19)	4000.00	4000.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	18761.89	18761.89								
7. Total Disbursements (from Line 31)	2017.04	2017.04								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	16744.85	16744.85								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)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

National Association of Rehabilitation Providers & Agencies Inc. Political Action
Committ

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

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		
(i) Itemized (use Schedule A)	2800.00	2800.00
(ii) Unitemized	1200.00	1200.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	4000.00	4000.00
(b) Political Party Committees .....	.00	.00
(c) Other Political Committees (such as PACs) .....	.00	.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	4000.00	4000.00
12. Transfers From Affiliated/Other Party Committees .....	.00	.00
13. All Loans Received .....	.00	.00
14. Loan Repayments Received .....	.00	.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	.00	.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	.00	.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	.00	.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	.00	.00
(b) Levin Funds (from Schedule H5) .....	.00	.00
(c) Total Transfer (add 18(a) and 18(b)).	.00	.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	4000.00	4000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	4000.00	4000.00

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.....	.00	.00
(ii) Non-Federal Share.....	.00	.00
(b) Other Federal Operating Expenditures.....	17.04	17.04
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	17.04	17.04
22. Transfers to Affiliated/Other Party Committees.....	.00	.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	2000.00
24. Independent Expenditure (use Schedule E) .....	.00	.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	.00	.00
26. Loan Repayments Made.....	.00	.00
27. Loans Made.....	.00	.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	.00	.00
(b) Political Party Committees .....	.00	.00
(c) Other Political Committees (such as PACs) .....	.00	.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	.00	.00
29. Other Disbursements.....	.00	.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))..	2017.04	2017.04
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	2017.04	2017.04

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)	4000.00	4000.00
34. Total Contribution Refunds (from Line 28(d)) .....	.00	.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4000.00	4000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	17.04	17.04
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	.00	.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	17.04	17.04

**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 / 8
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<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)
National Association of Rehabilitation Providers & Agencies Inc. Political Action Committ

A. Full Name (Last, First, Middle Initial)
Mr Gregg Altobella

Mailing Address 11250 Roger Bacon Drive
Suite 8

City Reston State VA Zip Code 20190

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

Name of Employer Comprehensive Therapeutics, Ltd. Occupation Occupational Therapist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 5 / 2 0 0 7

Transaction ID: 1184963068029

Amount of Each Receipt this Period
250.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Mr. George T Botens

Mailing Address 14300 Aylesford Ct

City Midlothian State VA Zip Code 23113

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

Name of Employer info requested Occupation info 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
0 5 / 3 1 / 2 0 0 7

Transaction ID: 1184964416274

Amount of Each Receipt this Period
300.00

Check

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

Mailing Address 2095 N. Juniper

City Coquille State OR Zip Code 97423

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

Name of Employer Southwest Rehab Services Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 5 / 2 0 0 7

Transaction ID: 1184962983626

Amount of Each Receipt this Period
500.00

Credit Card

SUBTOTAL of Receipts This Page (optional) ► 1050.00

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 / 8
	<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)
National Association of Rehabilitation Providers & Agencies Inc. Political Action Committ

Full Name (Last, First, Middle Initial) A. Mr. Kennedy Hawkins		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 5 / 2 0 0 7
Mailing Address 11250 Roger Bacon Drive Suite 8		Transaction ID: 1184963453077
City State Zip Code Reston VA 20190	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Credit Card
Name of Employer PT Northwest LLC	Occupation Occupational Therapist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Mrs. Mary Jo Spanihel		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 5 / 2 0 0 7
Mailing Address 757 S. McCary Ave		Transaction ID: 1184963113590
City State Zip Code Eagle Lake TX 77434	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Credit Card
Name of Employer Innovative Senior Care	Occupation Director of Regional Practices	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Shawn K. Spanihel		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 1609 Elmwood Drive		Transaction ID: 1184964257655
City State Zip Code Harlingen TX 78550	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Check
Name of Employer Impact Physical Therapy	Occupation Occupational Therapist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	1750.00
TOTAL This Period (last page this line number only) ▶	2800.00

**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)

National Association of Rehabilitation Providers & Agencies Inc. Political Action Committ

Full Name (Last, First, Middle Initial)

A. Boyd for Congress

Mailing Address PO Box 15703

City Tallahassee State FL Zip Code 32317

Purpose of Disbursement PAC political contribution

Candidate Name F. Allen Boyd, Jr.

Office Sought: House Senate President

State: FL District: 02

Disbursement For: 2008 Primary General Other (specify) ▼

011
Category/
Type

Transaction ID: 1177942268629

Date of Disbursement

01 / 15 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Rangel for Congress

Mailing Address PO Box 5577

City Manhattanville State NY Zip Code 10027

Purpose of Disbursement PAC political contribution

Candidate Name Charles B. Rangel

Office Sought: House Senate President

State: NY District: 15

Disbursement For: 2008 Primary General Other (specify) ▼

011
Category/
Type

Transaction ID: 1185289159929

Date of Disbursement

05 / 15 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

2000.00