

# 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 06 01 2009 through 06 30 2009

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 W. Mason

Signature of Treasurer Electronically Filed by David W. Mason Date 07 10 2009

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

Office Use Only									
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**FEC FORM 3X**  
(Rev. 12/2004)

**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	6

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><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>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		95111.82
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	141503.42									
(c) Total Receipts (from Line 19) .....	20957.57	116541.29								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	162460.99	211653.11								
7. Total Disbursements (from Line 31) .....	20500.00	69692.12								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	141960.99	141960.99								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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

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

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) .....	14409.98	63541.55
(ii) Unitemized .....	4547.59	46499.74
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	18957.57	110041.29
(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) .....	18957.57	110041.29
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 .....	2000.00	6500.00
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)) .....	20957.57	116541.29
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	20957.57	116541.29

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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	117.12
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	117.12
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	20500.00	69500.00
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	75.00
(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	75.00
29. Other Disbursements.....	0.00	0.00
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))..	20500.00	69692.12
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20500.00	69692.12

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	18957.57	110041.29
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	75.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	18957.57	109966.29
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	117.12
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	117.12

# 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 / 57
	<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.

<b>A.</b>	Full Name (Last, First, Middle Initial) STACEY ALEXANDER	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 1444 SCOTT CANYON LN	<b>Transaction ID:</b> SA11AI.15078
	City State Zip Code CASTLE ROCK CO 80104-1870	Amount of Each Receipt this Period 72.00
	FEC ID number of contributing federal political committee. <b>C</b>	PR DEDUCTION (\$ 36 bi-weekly)
	Name of Employer Occupation SUN HEALTHCARE GROUP, INC REGIONAL VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 468.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) RANDALL ANDREWS	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 9013 COTTONWOOD RD NE	<b>Transaction ID:</b> SA11AI.15081
	City State Zip Code ALBUQUERQUE NM 87111-4611	Amount of Each Receipt this Period 34.00
	FEC ID number of contributing federal political committee. <b>C</b>	PR DEDUCTION (\$ 17 bi-weekly)
	Name of Employer Occupation SUN HEALTHCARE GROUP, INC STAFF ACCOUNTANT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 221.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) SIRIMA-DAWN ANGSUWAN-CASTLES	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 5A PINWOOD DR	<b>Transaction ID:</b> SA11AI.15082
	City State Zip Code SOMERSWORTH NH 03878-1507	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. <b>C</b>	PR DEDUCTION (\$ 15 weekly)
	Name of Employer Occupation SUN HEALTHCARE GROUP, INC VP OF BUSINESS DEVELOPMENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 567.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	166.00
<b>TOTAL</b> 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 / 57
	<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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Sun Healthcare Group, Inc. Political Action Committee d/b/a Sun HealthCare P.A.C.

<b>A.</b>	Full Name (Last, First, Middle Initial) SLAYTON AUSTRIA	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 3456 PLACITA DE LAS CASAS	<b>Transaction ID:</b> SA11AI.15086
	City State Zip Code RIO RANCHO NM 87124-9000	Amount of Each Receipt this Period 140.87
	FEC ID number of contributing federal political committee. <b>C</b>	PR DEDUCTION (\$ 1.0% biweekly)
	Name of Employer Occupation SUN HEALTHCARE GROUP, INC VP MIS & CIO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 690.87	

<b>B.</b>	Full Name (Last, First, Middle Initial) CHERYL BAKER	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 280 COUNTY RD 341	<b>Transaction ID:</b> SA11AI.15087
	City State Zip Code FLORENCE AL 35634	Amount of Each Receipt this Period 54.23
	FEC ID number of contributing federal political committee. <b>C</b>	PR DEDUCTION (\$ 1.0% biweekly)
	Name of Employer Occupation SUN HEALTHCARE GROUP, INC ADMINISTRATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 219.23	

<b>C.</b>	Full Name (Last, First, Middle Initial) AMY BAKER-WARNER	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 7105 BENNINGTON WOODS DRIVE	<b>Transaction ID:</b> SA11AI.15089
	City State Zip Code PITTSBURGH PA 15237	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	PR DEDUCTION (\$ 50 bi-weekly)
	Name of Employer Occupation SUN HEALTHCARE GROUP, INC VP-REGIONAL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>295.10</b>
<b>TOTAL</b> 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 / 57
	<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.

<b>A.</b>	Full Name (Last, First, Middle Initial) CHERYL BENJAMIN		Date of Receipt
	Mailing Address 35 SUNSET DRIVE		<input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	TAUNTON	MA	02780-1303
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.15092
Name of Employer SUN HEALTHCARE GROUP, INC		Occupation ACCOUNT MANAGER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 301.78	<input type="text" value="101.78"/>
			PR DEDUCTION (\$ 1.0% biweekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) ANNAMARIE BERG		Date of Receipt
	Mailing Address 3204 ANDORRA DR		<input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	HOLIDAY	FL	34690-2201
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.15093
Name of Employer SUN HEALTHCARE GROUP, INC		Occupation DIRECTOR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00	<input type="text" value="40.00"/>
			PR DEDUCTION (\$ 20 bi-weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) MICHAEL BERG		Date of Receipt
	Mailing Address 8700 SIGNAL COURT NE		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	ALBUQUERQUE	NM	87122
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.15053
Name of Employer SUN HEALTHCARE GROUP, INC.		Occupation ASSISTANT GENERAL COUNSEL	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text" value="500.00"/>
			Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="641.78"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



# 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 / 57
	<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.

<b>A.</b>	Full Name (Last, First, Middle Initial) ALAIN BERNARD	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 55 FAITH DR	<b>Transaction ID:</b> SA11AI.15094
	City State Zip Code DERRY NH 03038-5500	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	PR DEDUCTION (\$ 20 bi-weekly)
	Name of Employer Occupation SUN HEALTHCARE GROUP, INC REG DIR OF OPS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) KRISTY BLANKENSHIP	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 141 MAGNOLIA AVE	<b>Transaction ID:</b> SA11AI.15096
	City State Zip Code PRINCETON WV 24740-2348	Amount of Each Receipt this Period 68.00
	FEC ID number of contributing federal political committee. C	PR DEDUCTION (\$ 34 bi-weekly)
	Name of Employer Occupation SUN HEALTHCARE GROUP, INC CLINICAL SVCS COORDINATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 442.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MICHELE BLUNT	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 1131 HUNTERS TRAIL	<b>Transaction ID:</b> SA11AI.15097
	City State Zip Code MASCOUTAH IL 62258-2768	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	PR DEDUCTION (\$ 20 bi-weekly)
	Name of Employer Occupation SUN HEALTHCARE GROUP, INC DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	148.00
<b>TOTAL</b> 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 / 57
	<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.

<b>A.</b>	Full Name (Last, First, Middle Initial) CHRISTOPHER BOYD	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 102 CROSSKEY RD	<b>Transaction ID:</b> SA11AI.15101
	City State Zip Code VERSAILLES KY 40383-2012	Amount of Each Receipt this Period 63.25
	FEC ID number of contributing federal political committee. <b>C</b>	PR DEDUCTION (\$ 1.0% biweekly)
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 ▼ 340.48	

<b>B.</b>	Full Name (Last, First, Middle Initial) BRENDA BURCHAM	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 15911 E DAKOTA PL APT 101	<b>Transaction ID:</b> SA11AI.15108
	City State Zip Code AURORA CO 80017-2159	Amount of Each Receipt this Period 82.00
	FEC ID number of contributing federal political committee. <b>C</b>	PR DEDUCTION (\$ 41 bi-weekly)
Name of Employer SUN HEALTHCARE GROUP, INC	Occupation MEDICARE SPECIALIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 533.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) ANNE BUTLER	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 4518 OLIVEGATE DRIVE	<b>Transaction ID:</b> SA11AI.15110
	City State Zip Code FAIR OAKS CA 95628-5602	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	PR DEDUCTION (\$ 50 bi-weekly)
Name of Employer SUN HEALTHCARE GROUP, INC.	Occupation FACILITY ADMINISTRATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>245.25</b>
<b>TOTAL</b> 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 11 / 57  
(check only one)

<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)  
JULIE CAMPBELL

Mailing Address 19321 ARCHFIELD CIR

City State Zip Code  
HUNTINGTON BEACH CA 92648-5511

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

Name of Employer Occupation  
SUN HEALTHCARE GROUP, INC REGIONAL VICE PRESIDENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 802.49

Date of Receipt  
MM / DD / YYYY  
06 / 15 / 2009

Transaction ID: SA11AI.15115

Amount of Each Receipt this Period  
123.46

PR DEDUCTION (\$ 1.0% biweekly)

**B.**

Full Name (Last, First, Middle Initial)  
DARRELL CARLSON

Mailing Address 1036 MAIN RD

City State Zip Code  
STAMFORD VT 05352-9738

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

Name of Employer Occupation  
SUN HEALTHCARE GROUP, INC ADMINISTRATOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 494.00

Date of Receipt  
MM / DD / YYYY  
06 / 15 / 2009

Transaction ID: SA11AI.15117

Amount of Each Receipt this Period  
76.00

PR DEDUCTION (\$ 19 weekly)

**C.**

Full Name (Last, First, Middle Initial)  
LARRY CATHCART

Mailing Address 1202 HAWTHORNE STREET

City State Zip Code  
SAINT MARYS OH 45885-1437

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

Name of Employer Occupation  
SUN HEALTHCARE GROUP, INC. ADMINISTRATOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 507.55

Date of Receipt  
MM / DD / YYYY  
06 / 15 / 2009

Transaction ID: SA11AI.15121

Amount of Each Receipt this Period  
78.96

PR DEDUCTION (\$ 1.0% biweekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **278.42**

**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 / 57
	<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.

<b>A.</b>	Full Name (Last, First, Middle Initial) GLEN CAVALLO	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 2917 Lakeside Drive	<b>Transaction ID:</b> SA11AI.15122
	City Greenwood State AR Zip Code 72936	Amount of Each Receipt this Period 159.54
	FEC ID number of contributing federal political committee. <b>C</b>	PR DEDUCTION (\$ 1.0% biweekly)
	Name of Employer Sun Healthcare Group, Inc. Occupation Senior VP of Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 962.54	

<b>B.</b>	Full Name (Last, First, Middle Initial) MARK C DE BACA	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 8201 BEVERLY HILLS AVENUE NE	<b>Transaction ID:</b> SA11AI.15123
	City ALBUQUERQUE State NM Zip Code 87122-3613	Amount of Each Receipt this Period 104.00
	FEC ID number of contributing federal political committee. <b>C</b>	PR DEDUCTION (\$ 52 bi-weekly)
	Name of Employer SUN HEALTHCARE GROUP, INC Occupation CONTROLLER/SENIOR DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 676.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) BERNARD CENTA	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 150 COUNTRYSIDE DR	<b>Transaction ID:</b> SA11AI.15124
	City MEDINA State OH Zip Code 44256-3819	Amount of Each Receipt this Period 38.00
	FEC ID number of contributing federal political committee. <b>C</b>	PR DEDUCTION (\$ 19 bi-weekly)
	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 ▼ 247.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>301.54</b>
<b>TOTAL</b> 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 / 57
	<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.

<b>A.</b>	Full Name (Last, First, Middle Initial) CINDY CHRISPELL	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 1010 DELAWARE ST	<b>Transaction ID:</b> SA11AI.15126
	City State Zip Code HUNTINGTON BEACH CA 92648-4308	Amount of Each Receipt this Period 135.15
	FEC ID number of contributing federal political committee. <b>C</b>	PR DEDUCTION (\$ 1.0% biweekly)
	Name of Employer Occupation SUN HEALTHCARE GROUP, INC SVP OF H/R	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 564.15	

<b>B.</b>	Full Name (Last, First, Middle Initial) T. KEVIN CLEARY	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 54 TEMPLETON ST	<b>Transaction ID:</b> SA11AI.15127
	City State Zip Code WEST HAVEN CT 06516-7024	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	PR DEDUCTION (\$ 25 bi-weekly)
	Name of Employer Occupation SUN HEALTHCARE GROUP, INC ADMINISTRATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) BETTY CLUNE	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 1930 PEBBLE LAKE CIR	<b>Transaction ID:</b> SA11AI.15128
	City State Zip Code BIRMINGHAM AL 35235-2965	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. <b>C</b>	PR DEDUCTION (\$ 20 bi-weekly)
	Name of Employer Occupation SUN HEALTHCARE GROUP, INC REGIONAL ACCOUNTANT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>225.15</b>
<b>TOTAL</b> 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 / 57
	<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.

<b>A.</b>	Full Name (Last, First, Middle Initial) ROBBIN COLEMAN		Date of Receipt
	Mailing Address 8709 PINE TOP DR		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 15 / 2009
	City	State	Zip Code
	RICHMOND	VA	23294-6023
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.15129
Name of Employer SUN HEALTHCARE GROUP, INC		Occupation RECRUITMENT MANAGER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00	<input type="text"/> 40.00
			PR DEDUCTION (\$ 20 bi-weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) SUSAN COPPOLA		Date of Receipt
	Mailing Address 100 WOBURN STREET		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 15 / 2009
	City	State	Zip Code
	READING	MA	01876
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.15131
Name of Employer SUN HEALTHCARE GROUP, INC.		Occupation SVP-CLINICAL OPERATIONS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1300.00	<input type="text"/> 200.00
			PR DEDUCTION (\$ 100 biweekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) DONNA CORRIGAN		Date of Receipt
	Mailing Address 724 RODGERS CIRCLE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 15 / 2009
	City	State	Zip Code
	PLATTEVILLE	CO	80651-7953
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.15132
Name of Employer SUN HEALTHCARE GROUP, INC		Occupation REGIONAL ACCOUNTANT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 325.00	<input type="text"/> 50.00
			PR DEDUCTION (\$ 25 bi-weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 290.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 57
	<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.

<b>A.</b>	Full Name (Last, First, Middle Initial) MELISSA CRAIG		Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 14501 S 53RD EAST AV		<b>Transaction ID:</b> SA11AI.15134
	City BIXBY	State OK	Zip Code 74008
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 74.23
	Name of Employer SUN HEALTHCARE GROUP, INC	Occupation VICE PRESIDENT	PR DEDUCTION (\$ 1.0% biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 239.23	

<b>B.</b>	Full Name (Last, First, Middle Initial) GAIL CUSHING		Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 204 FISH HATCHERY RD		<b>Transaction ID:</b> SA11AI.15139
	City WINCHESTER	State NH	Zip Code 03470-4808
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
	Name of Employer SUN HEALTHCARE GROUP, INC	Occupation DIRECTOR OF NURSES	PR DEDUCTION (\$ 20 bi-weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) DAVID CWIERTNIA		Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 1412 PARTRIDGE TRL		<b>Transaction ID:</b> SA11AI.15140
	City TEGA CAY	State SC	Zip Code 29708-8334
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
	Name of Employer SUN HEALTHCARE GROUP, INC	Occupation MANAGER	PR DEDUCTION (\$ 25 bi-weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 325.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	164.23
<b>TOTAL</b> 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 16 / 57
<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.

<b>A.</b>	Full Name (Last, First, Middle Initial) MARTIN DAMIAN		Date of Receipt
	Mailing Address 109 PATTEN RD		<input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	TEWKSBURY	MA	01876-3927
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.15142
Name of Employer SUN HEALTHCARE GROUP, INC		Occupation DIRECTOR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="100.00"/>
		<input type="text" value="650.00"/>	PR DEDUCTION (\$ 50 bi-weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) JANICE DEIGL		Date of Receipt
	Mailing Address 10126 SUMMIT PARK PLACE #202		<input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	LOUISVILLE	KY	40241-3872
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.15144
Name of Employer SUN HEALTHCARE GROUP, INC.		Occupation REGIONAL DIRECTOR OF BUSINESS SERVICES	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="40.00"/>
		<input type="text" value="260.00"/>	PR DEDUCTION (\$ 20 bi-weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) SHEILA DOSHER		Date of Receipt
	Mailing Address 8108 WELLSBURG COURT NW		<input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	ALBUQUERQUE	NM	87120
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.15152
Name of Employer SUN HEALTHCARE GROUP, INC		Occupation VP OPS SUPPORT AND EDUCATION	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="125.49"/>
		<input type="text" value="675.49"/>	PR DEDUCTION (\$ 1.0% biweekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="265.49"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



# 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 17 / 57
	<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.

<b>A.</b>	Full Name (Last, First, Middle Initial) JUDY DYE	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 3170 SERRA CT	<b>Transaction ID:</b> SA11AI.15155
	City State Zip Code FAIRFIELD CA 94534	Amount of Each Receipt this Period 32.00
	FEC ID number of contributing federal political committee. <b>C</b>	PR DEDUCTION (\$ 8 weekly)
	Name of Employer Occupation SUN HEALTHCARE GROUP, INC DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) BARBARA EAREGOOD	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 10045 OGLETHORPE WAY	<b>Transaction ID:</b> SA11AI.15156
	City State Zip Code ELK GROVE CA 95624-1352	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. <b>C</b>	PR DEDUCTION (\$ 20 bi-weekly)
	Name of Employer Occupation SUN HEALTHCARE GROUP, INC CLINICAL SVCS COORDINATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) RANDY EDWARDS	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 1100 STEEL	<b>Transaction ID:</b> SA11AI.15158
	City State Zip Code BUTTE MT 59701-2136	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. <b>C</b>	PR DEDUCTION (\$ 20 bi-weekly)
	Name of Employer Occupation SUN HEALTHCARE GROUP, INC ADMINISTRATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	112.00
<b>TOTAL</b> 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 18 / 57
	<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.

<b>A.</b>	Full Name (Last, First, Middle Initial) MICHAEL EKNESS	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 6338 ANTARES ROAD NE	<b>Transaction ID:</b> SA11AI.15160
	City State Zip Code ALBUQUERQUE NM 87111-7300	Amount of Each Receipt this Period 72.00
	FEC ID number of contributing federal political committee. C	PR DEDUCTION (\$ 36 bi-weekly)
	Name of Employer Occupation SUN HEALTHCARE GROUP, INC DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 468.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) JOANNE ENOS	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 36 COOK STREET	<b>Transaction ID:</b> SA11AI.15161
	City State Zip Code FALL RIVER MA 02724-3376	Amount of Each Receipt this Period 67.24
	FEC ID number of contributing federal political committee. C	PR DEDUCTION (\$ 1.0% weekly)
	Name of Employer Occupation SUN HEALTHCARE GROUP, INC ADMINISTRATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 432.31	

<b>C.</b>	Full Name (Last, First, Middle Initial) BRAD EVANS	Date of Receipt MM / DD / YYYY 06 / 22 / 2009
	Mailing Address 24164 SMITH AVENUE	<b>Transaction ID:</b> SA11AI.15066
	City State Zip Code WESTLAKE OH 44145	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation SUN HEALTHCARE GROUP, INC. REGIONAL VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	389.24
<b>TOTAL</b> 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 19 / 57
	<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.

<b>A.</b>	Full Name (Last, First, Middle Initial) SARA FARMER		Date of Receipt
	Mailing Address 9035 VILLAGE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 15 / 2009
	City	State	Zip Code
	ALBUQUERQUE	NM	87122
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.15165
Name of Employer SUN HEALTHCARE GROUP, INC		Occupation DIRECTOR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 481.00	<input type="text"/> 74.00
			PR DEDUCTION (\$ 37 bi-weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) ROBIN FORTIN		Date of Receipt
	Mailing Address 142 Massapoag Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 15 / 2009
	City	State	Zip Code
	Tyngsboro	MA	01879-2337
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.15174
Name of Employer SUN HEALTHCARE GROUP, INC		Occupation ADMINISTRATOR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00	<input type="text"/> 40.00
			PR DEDUCTION (\$ 10 weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) TENSINA FRENICK		Date of Receipt
	Mailing Address 928 AVENUE A NW		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 15 / 2009
	City	State	Zip Code
	GREAT FALLS	MT	59404-1722
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.15179
Name of Employer SUN HEALTHCARE GROUP, INC		Occupation ADMINISTRATOR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 325.00	<input type="text"/> 50.00
			PR DEDUCTION (\$ 25 bi-weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 164.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 20 / 57  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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)  
Debra Friedman  
Mailing Address 1182 Easley Drive  
City Clayton State CA Zip Code 94517  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Sun Healthcare Group, Inc. Occupation Division Finance Director  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00  
Date of Receipt 06 / 15 / 2009  
Transaction ID: SA11AI.15180  
Amount of Each Receipt this Period 100.00  
PR DEDUCTION (\$ 50 bi-weekly)

**B.** Full Name (Last, First, Middle Initial)  
MICHAEL GASSIS  
Mailing Address 13461 SPRINGDALE STREET  
City WESTMINSTER State CA Zip Code 92683-2456  
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 ▼ 585.00  
Date of Receipt 06 / 15 / 2009  
Transaction ID: SA11AI.15183  
Amount of Each Receipt this Period 90.00  
PR DEDUCTION (\$ 45 bi-weekly)

**C.** Full Name (Last, First, Middle Initial)  
DORIS GERAY  
Mailing Address 15275 DEBY DR  
City COLORADO SPRINGS State CO Zip Code 80921-2220  
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 ▼ 260.00  
Date of Receipt 06 / 15 / 2009  
Transaction ID: SA11AI.15186  
Amount of Each Receipt this Period 40.00  
PR DEDUCTION (\$ 20 bi-weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 230.00  
**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 21 / 57
	<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.

<b>A.</b>	Full Name (Last, First, Middle Initial) KATHRYN GESSLER		Date of Receipt
	Mailing Address NUM 7 FAIRVIEW HGTS		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 15 / 2009
	City	State	Zip Code
	PARKSBURG	WV	26101-2900
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.15187
Name of Employer SUN HEALTHCARE GROUP, INC		Occupation REGIONAL VICE PRESIDENT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 805.48	<input type="text"/> 123.92
			PR DEDUCTION (\$ 1.0% biweekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) GLEN GODDARD		Date of Receipt
	Mailing Address 5125 MADISON LN		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 15 / 2009
	City	State	Zip Code
	CASTRO VALLEY	CA	94546-2569
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.15190
Name of Employer SUN HEALTHCARE GROUP, INC		Occupation ADMINISTRATOR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	<input type="text"/> 50.00
			PR DEDUCTION (\$ 25 se- mi monthly)

<b>C.</b>	Full Name (Last, First, Middle Initial) KATHRYN GRAY		Date of Receipt
	Mailing Address 664 RENAISSANCE AVE.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 15 / 2009
	City	State	Zip Code
	FAIRFIELD	CA	94534
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.15192
Name of Employer SUN HEALTHCARE GROUP, INC		Occupation DIRECTOR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 325.00	<input type="text"/> 50.00
			PR DEDUCTION (\$ 25 bi- weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 223.92
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 22 / 57
	<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.

<b>A.</b>	Full Name (Last, First, Middle Initial) MICHAEL HAINER	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 547 LA MELODIA	<b>Transaction ID:</b> SA11AI.15199
	City State Zip Code LAS CRUCES NM 88011-7051	Amount of Each Receipt this Period 77.78
	FEC ID number of contributing federal political committee. C	PR DEDUCTION (\$ 1.0% biweekly)
	Name of Employer Occupation SUN HEALTHCARE GROUP, INC ADMINISTRATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 493.56	

<b>B.</b>	Full Name (Last, First, Middle Initial) ELIZABETH HALE	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 897 BLUE HEATHER CT	<b>Transaction ID:</b> SA11AI.15200
	City State Zip Code LAWRENCEVILLE GA 30045-3731	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	PR DEDUCTION (\$ 20 bi-weekly)
	Name of Employer Occupation SUN HEALTHCARE GROUP, INC VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) KERRY HANSEN	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 8520 41ST ST W	<b>Transaction ID:</b> SA11AI.15202
	City State Zip Code UNIVERSITY PLACE WA 98466-1551	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	PR DEDUCTION (\$ 20 bi-weekly)
	Name of Employer Occupation SUN HEALTHCARE GROUP, INC ADMINISTRATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	157.78
<b>TOTAL</b> 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 23 / 57
	<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.

<b>A.</b>	Full Name (Last, First, Middle Initial) MICHAEL HASENSTAB	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 9304 NATIONWIDE ST NW	<b>Transaction ID:</b> SA11AI.15205
	City State Zip Code ALBUQUERQUE NM 87114-4557	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	PR DEDUCTION (\$ 50 bi-weekly)
Name of Employer SUN HEALTHCARE GROUP, INC	Occupation DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) DEBORAH HAUGH	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 244 FORREST DR	<b>Transaction ID:</b> SA11AI.15206
	City State Zip Code HOLLAND PA 18966-2100	Amount of Each Receipt this Period 201.92
	FEC ID number of contributing federal political committee. <b>C</b>	PR DEDUCTION (\$ 1.0% biweekly)
Name of Employer SUN HEALTHCARE GROUP, INC	Occupation SVP BUS DEV AND COMMUNICATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1312.48	

<b>C.</b>	Full Name (Last, First, Middle Initial) Linda Hawkins	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 86 Indian Point Road	<b>Transaction ID:</b> SA11AI.15208
	City State Zip Code Tiverton RI 02878	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. <b>C</b>	PR DEDUCTION (\$ 20 bi-weekly)
Name of Employer Sun Healthcare Group, Inc.	Occupation SunDance Regional Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>341.92</b>
<b>TOTAL</b> 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 24 / 57
	<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.

<b>A.</b>	Full Name (Last, First, Middle Initial) SUZANNAH HERRING	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 1115 LEAHY RD	<b>Transaction ID:</b> SA11AI.15215
	City State Zip Code MONTEREY CA 93940	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	PR DEDUCTION (\$ 75 bi-weekly)
	Name of Employer Occupation SUN HEALTHCARE GROUP, INC DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 551.90	

<b>B.</b>	Full Name (Last, First, Middle Initial) HEATHER HIGLEY	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 373 MEHLENBACHER RD	<b>Transaction ID:</b> SA11AI.15216
	City State Zip Code LARGO FL 33770-1769	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	PR DEDUCTION (\$ 20 bi-weekly)
	Name of Employer Occupation SUN HEALTHCARE GROUP, INC DIRECTOR-MARKETING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) GERALD HOLMES	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 307 N 10TH ST	<b>Transaction ID:</b> SA11AI.15218
	City State Zip Code PARMA ID 83660-5931	Amount of Each Receipt this Period 69.88
	FEC ID number of contributing federal political committee. C	PR DEDUCTION (\$ 1.0% semi monthly)
	Name of Employer Occupation SUN HEALTHCARE GROUP, INC ADMINISTRATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 414.10	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	259.88
<b>TOTAL</b> 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 25 / 57
	<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.

<b>A.</b>	Full Name (Last, First, Middle Initial) ALYCE HOPPING	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 130 FOXGLOVE LN	<b>Transaction ID:</b> SA11AI.15219
	City State Zip Code LEXINGTON NC 27292-0011	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	PR DEDUCTION (\$ 25.00 biweekly)
	Name of Employer Occupation SUN HEALTHCARE GROUP, INC ADMINISTRATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) DARIN HOPPING	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 130 FOXGLOVE LN	<b>Transaction ID:</b> SA11AI.15220
	City State Zip Code LEXINGTON NC 27292-0011	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	PR DEDUCTION (\$ 50.00 biweekly)
	Name of Employer Occupation SUN HEALTHCARE GROUP, INC REG DIR OF OPS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) GENICE HORNBERGER	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 3485 NASHVILLE RD	<b>Transaction ID:</b> SA11AI.15221
	City State Zip Code TROY OH 45373-9232	Amount of Each Receipt this Period 66.00
	FEC ID number of contributing federal political committee. <b>C</b>	PR DEDUCTION (\$ 33 bi-weekly)
	Name of Employer Occupation SUN HEALTHCARE GROUP, INC MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 429.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>216.00</b>
<b>TOTAL</b> 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 26 / 57
	<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.

<b>A.</b>	Full Name (Last, First, Middle Initial) JAMES HUMMER	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 150 GRANDE MEADOW WAY	<b>Transaction ID:</b> SA11AI.15224
	City State Zip Code CARY NC 27513	Amount of Each Receipt this Period 153.00
	FEC ID number of contributing federal political committee. C	PR DEDUCTION (\$ 78 bi-weekly)
	Name of Employer Occupation SUN HEALTHCARE GROUP, INC. REGIONAL VP OPERATIONS SUNDANCE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 978.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) CHAUNCEY HUNKER	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 3030 WAUNONA WAY	<b>Transaction ID:</b> SA11AI.15225
	City State Zip Code MADISON WI 53713	Amount of Each Receipt this Period 221.15
	FEC ID number of contributing federal political committee. C	PR DEDUCTION (\$ 1.0% biweekly)
	Name of Employer Occupation SUN HEALTHCARE GROUP, INC. CORP COMPLIANCE OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1321.15	

<b>C.</b>	Full Name (Last, First, Middle Initial) KAREN HURST	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 10323 HAVEN CIR	<b>Transaction ID:</b> SA11AI.15226
	City State Zip Code MIDWEST CITY OK 73130-6724	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	PR DEDUCTION (\$ 20 bi-weekly)
	Name of Employer Occupation SUN HEALTHCARE GROUP, INC. BUSINESS DEVELOPMENT DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	414.15
<b>TOTAL</b> 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 27 / 57
	<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.

<b>A.</b>	Full Name (Last, First, Middle Initial) RICHARD IANNESSA	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 208 S BRADFORD ST	<b>Transaction ID:</b> SA11AI.15227
	City State Zip Code NORTH ANDOVER MA 01845-1343	Amount of Each Receipt this Period 164.00
	FEC ID number of contributing federal political committee. <b>C</b>	PR DEDUCTION (\$ 82 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 ▼ 1066.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) RODNEY JACKSON	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 1516 NORTHLAND ST	<b>Transaction ID:</b> SA11AI.15231
	City State Zip Code CARROLLTON TX 75006-1421	Amount of Each Receipt this Period 56.16
	FEC ID number of contributing federal political committee. <b>C</b>	PR DEDUCTION (\$ 1.0% weekly)
Name of Employer SUN HEALTHCARE GROUP, INC	Occupation MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 359.77	

<b>C.</b>	Full Name (Last, First, Middle Initial) JARED JACOBS	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 3699 W 6050 S	<b>Transaction ID:</b> SA11AI.15232
	City State Zip Code ROY UT 84067-1027	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	PR DEDUCTION (\$ 25 bi-weekly)
Name of Employer SUN HEALTHCARE GROUP, INC	Occupation REGIONAL VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	270.16
<b>TOTAL</b> 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 28 / 57
	<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.

<b>A.</b>	Full Name (Last, First, Middle Initial) SUSAN JAYCOX	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 116 BROWN THRUSH RD	<b>Transaction ID:</b> SA11AI.15233
	City State Zip Code SAVANNAH GA 31419-6009	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	PR DEDUCTION (\$ 25 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 ▼ 325.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MARY JOHNSON	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address P O BOX 117	<b>Transaction ID:</b> SA11AI.15237
	City State Zip Code ALTON NH 03809-0117	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. <b>C</b>	PR DEDUCTION (\$ 10 weekly)
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 ▼ 260.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Sharon Johnson	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 403 Spruce Lane	<b>Transaction ID:</b> SA11AI.15239
	City State Zip Code Beckley WV 25801-2514	Amount of Each Receipt this Period 70.00
	FEC ID number of contributing federal political committee. <b>C</b>	PR DEDUCTION (\$ 35 bi-weekly)
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 ▼ 455.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>160.00</b>
<b>TOTAL</b> 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 29 / 57		
	<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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) GEORGE JUDWARE	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 116 HIGHVIEW AVE	<b>Transaction ID:</b> SA11AI.15244
	City MELROSE State MA Zip Code 02176-4135	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	PR DEDUCTION (\$ 25 bi-weekly)
	Name of Employer SUN HEALTHCARE GROUP, INC Occupation VICE PRESIDENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) LINDA KARACOLOFF	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 17 TENNYSON CMN	<b>Transaction ID:</b> SA11AI.15245
	City SLINGERLANDS State NY Zip Code 12159-2414	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. <b>C</b>	PR DEDUCTION (\$ 40 bi-weekly)
	Name of Employer SUN HEALTHCARE GROUP, INC Occupation VP CLINICAL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) DAN KEELING	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 2236 HEARTHSIDE DR	<b>Transaction ID:</b> SA11AI.15246
	City ADA State MI Zip Code 49301-8383	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	PR DEDUCTION (\$ 25 bi-weekly)
	Name of Employer SUN HEALTHCARE GROUP, INC Occupation VICE PRESIDENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>180.00</b>
<b>TOTAL</b> 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 30 / 57
	<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	

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.

<b>A.</b>	Full Name (Last, First, Middle Initial) WILLIAM KEENER	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 487 REIGATE DR	<b>Transaction ID:</b> SA11AI.15247
	City State Zip Code KERNERSVILLE NC 27284-8077	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. <b>C</b>	PR DEDUCTION (\$ 20 bi-weekly)
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 ▼ 260.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) THERESA KERN	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address P O BOX 1140	<b>Transaction ID:</b> SA11AI.15250
	City State Zip Code SANDIA PARK NM 87047-1140	Amount of Each Receipt this Period 160.00
	FEC ID number of contributing federal political committee. <b>C</b>	PR DEDUCTION (\$ 80 bi-weekly)
Name of Employer SUN HEALTHCARE GROUP, INC	Occupation SVP BUS DEV AND COMMUNICATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1040.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) DALE KIRRY	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 12910 50TH PL W	<b>Transaction ID:</b> SA11AI.15252
	City State Zip Code MUKILTEO WA 98275-5820	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. <b>C</b>	PR DEDUCTION (\$ 10 weekly)
Name of Employer SUN HEALTHCARE GROUP, INC	Occupation VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>240.00</b>
<b>TOTAL</b> 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 31 / 57
	<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	

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.

<b>A.</b>	Full Name (Last, First, Middle Initial) KATHLEEN KOCH	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 3458 WHITEKIRK WAY	<b>Transaction ID:</b> SA11AI.15254
	City State Zip Code CINCINNATI OH 45245	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	PR DEDUCTION (\$ 20 bi-weekly)
	Name of Employer Occupation SUN HEALTHCARE GROUP, INC DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) JEFFREY KREGER	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 8621 FLORENCE AVENUE NE	<b>Transaction ID:</b> SA11AI.15255
	City State Zip Code ALBUQUERQUE NM 87122	Amount of Each Receipt this Period 173.08
	FEC ID number of contributing federal political committee. C	PR DEDUCTION (\$ 1.0% biweekly)
	Name of Employer Occupation SUN HEALTHCARE GROUP, INC. VP & CORPORATE CONTROLLER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 409.62	

<b>C.</b>	Full Name (Last, First, Middle Initial) JAMES LARSON	Date of Receipt MM / DD / YYYY 06 / 11 / 2009
	Mailing Address 7500 AMERICAN HERITAGE DRIVE NE	<b>Transaction ID:</b> SA11AI.15073
	City State Zip Code ALBUQUERQUE NM 87109	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation SUN HEALTHCARE GROUP, INC. VP - PURCHASING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	463.08
<b>TOTAL</b> 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 32 / 57
	<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.

<b>A.</b>	Full Name (Last, First, Middle Initial) JENNIFER LEJEUNE	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 40 MEETINGHOUSE RD	<b>Transaction ID:</b> SA11AI.15259
	City State Zip Code WINDHAM NH 03087-1508	Amount of Each Receipt this Period 62.00
	FEC ID number of contributing federal political committee. <b>C</b>	PR DEDUCTION (\$ 31 bi-weekly)
	Name of Employer Occupation SUN HEALTHCARE GROUP, INC CLINICAL CASE MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 403.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) KAREN LINDSTROM	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 3721 CHEVY CHASE DRIVE	<b>Transaction ID:</b> SA11AI.15263
	City State Zip Code LACANADA CA 91011	Amount of Each Receipt this Period 94.44
	FEC ID number of contributing federal political committee. <b>C</b>	PR DEDUCTION (\$ 1.0% biweekly)
	Name of Employer Occupation SUN HEALTHCARE GROUP, INC. VP - COMPLIANCE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 613.86	

<b>C.</b>	Full Name (Last, First, Middle Initial) LAURA LOFTIS	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 1195 TWP RD 1506	<b>Transaction ID:</b> SA11AI.15264
	City State Zip Code ASHLAND OH 44805	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	PR DEDUCTION (\$ 25 bi-weekly)
	Name of Employer Occupation SUN HEALTHCARE GROUP, INC COMPLIANCE DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>206.44</b>
<b>TOTAL</b> 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 33 / 57
	<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.

<b>A.</b>	Full Name (Last, First, Middle Initial) PETER LOOKER	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 3221 OLDENBURG RD	<b>Transaction ID:</b> SA11AI.15265
	City RIO RANCHO State NM Zip Code 87144-6516	Amount of Each Receipt this Period 98.76
	FEC ID number of contributing federal political committee. <b>C</b>	PR DEDUCTION (\$ 1.0% biweekly)
	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 ▼ 632.07	

<b>B.</b>	Full Name (Last, First, Middle Initial) NORMA MARTINEZ	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 5615 CROWN RIDGE RD NW	<b>Transaction ID:</b> SA11AI.15271
	City ALBUQUERQUE State NM Zip Code 87114-5681	Amount of Each Receipt this Period 89.98
	FEC ID number of contributing federal political committee. <b>C</b>	PR DEDUCTION (\$ 1.0% biweekly)
	Name of Employer SUN HEALTHCARE GROUP, INC Occupation DIV DIR CLINICAL OPERATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 578.71	

<b>C.</b>	Full Name (Last, First, Middle Initial) DAVID MASON	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 9100 MODESTO AVE NE	<b>Transaction ID:</b> SA11AI.15272
	City ALBUQUERQUE State NM Zip Code 87122	Amount of Each Receipt this Period 159.00
	FEC ID number of contributing federal political committee. <b>C</b>	PR DEDUCTION (\$ 1.0% biweekly)
	Name of Employer SUN HEALTHCARE GROUP, INC Occupation VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 874.50	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>347.74</b>
<b>TOTAL</b> 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 34 / 57
	<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.

<b>A.</b>	Full Name (Last, First, Middle Initial) KAYT MATHESON	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 14560 W KENSINGTON CT	<b>Transaction ID:</b> SA11AI.15275
	City State Zip Code BOISE ID 83713-0975	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	PR DEDUCTION (\$ 50 bi-weekly)
Name of Employer SUN HEALTHCARE GROUP, INC	Occupation VP OF BUSINESS DEVELOPMENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) WILLIAM MATHIES	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 1500 EAST OCEAN BLVD	<b>Transaction ID:</b> SA11AI.15276
	City State Zip Code NEWPORT BEACH CA 92661-1434	Amount of Each Receipt this Period 461.54
	FEC ID number of contributing federal political committee. <b>C</b>	PR DEDUCTION (\$ 1.0% biweekly)
Name of Employer SUN HEALTHCARE GROUP, INC	Occupation PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1846.16	

<b>C.</b>	Full Name (Last, First, Middle Initial) RICHARD MATROS	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 14 SCENIC BLUFF	<b>Transaction ID:</b> SA11AI.15277
	City State Zip Code NEWPORT COAST CA 92657	Amount of Each Receipt this Period 476.00
	FEC ID number of contributing federal political committee. <b>C</b>	PR DEDUCTION (\$ 238 biweekly)
Name of Employer SUN HEALTHCARE GROUP, INC	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1904.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1037.54
<b>TOTAL</b> 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 35 / 57
	<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.

<b>A.</b>	Full Name (Last, First, Middle Initial) MARY MCCONNELL	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 2919 SCOTT RD	<b>Transaction ID:</b> SA11AI.15279
	City State Zip Code SWANTON OH 43558-9419	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. <b>C</b>	PR DEDUCTION (\$ 20 bi-weekly)
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 ▼ 260.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) LAURIE MCCULLOUGH-BENNER	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 371 COLONIAL LN	<b>Transaction ID:</b> SA11AI.15280
	City State Zip Code DAYTON OH 45429-2184	Amount of Each Receipt this Period 66.00
	FEC ID number of contributing federal political committee. <b>C</b>	PR DEDUCTION (\$ 33 bi-weekly)
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 ▼ 429.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) SHARON MCGLINN	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 161 STONECLIFFE AISLE	<b>Transaction ID:</b> SA11AI.15283
	City State Zip Code IRVINE CA 92603	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	PR DEDUCTION (\$ 25 bi-weekly)
Name of Employer SUN HEALTHCARE GROUP, INC	Occupation VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	156.00
<b>TOTAL</b> 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 36 / 57
<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.

<b>A.</b>	Full Name (Last, First, Middle Initial) DEBBIE MCLARTY		Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 5928 CHACO LOOP NE		<b>Transaction ID:</b> SA11AI.15285
	City	State	Zip Code
	RIO RANCHO	NM	87144
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer SUN HEALTHCARE GROUP, INC		Occupation SVP (SENIOR VICE PRESIDENT)	PR DEDUCTION (\$ 100 biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) ROBERT MCMAHAN		Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 87 FRANKLIN ST UNIT 103		<b>Transaction ID:</b> SA11AI.15286
	City	State	Zip Code
	QUINCY	MA	02169-7857
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 134.60
Name of Employer SUN HEALTHCARE GROUP, INC		Occupation VICE PRESIDENT	PR DEDUCTION (\$ 1.0% biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 849.18	

<b>C.</b>	Full Name (Last, First, Middle Initial) DONNA MEGREY		Date of Receipt MM / DD / YYYY 06 / 22 / 2009
	Mailing Address 1498 ANDREA DR		<b>Transaction ID:</b> SA11AI.15064
	City	State	Zip Code
	BRUNSWICK	OH	44212
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer SUNBRIDGE		Occupation VICE PRESIDENT CLINICAL OPERATIONS	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>834.60</b>
<b>TOTAL</b> 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 37 / 57
	<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.

<b>A.</b>	Full Name (Last, First, Middle Initial) MICHAEL MEYER	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 4041 VIA MARISOL APT 102	<b>Transaction ID:</b> SA11AI.15290
	City LOS ANGELES State CA Zip Code 90042-5065	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. <b>C</b>	PR DEDUCTION (\$ 40 bi-weekly)
	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 ▼ 520.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MICHAEL MILNE	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 11633 HEAVYTREE CT	<b>Transaction ID:</b> SA11AI.15293
	City GOLDRIVER State CA Zip Code 95670-7633	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. <b>C</b>	PR DEDUCTION (\$ 20 bi-weekly)
	Name of Employer SUN HEALTHCARE GROUP, INC Occupation VP-REGIONAL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) JUDITH MONK	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 6 SUMMERWIND	<b>Transaction ID:</b> SA11AI.15296
	City IRVINE State CA Zip Code 92614-5440	Amount of Each Receipt this Period 46.93
	FEC ID number of contributing federal political committee. <b>C</b>	PR DEDUCTION (\$ 1.0% biweekly)
	Name of Employer SUN HEALTHCARE GROUP, INC Occupation EXECUTIVE ASST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 266.93	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>166.93</b>
<b>TOTAL</b> 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 38 / 57
	<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.

<b>A.</b>	Full Name (Last, First, Middle Initial) LOURDES MONTERO	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 6806 SHANNOPIN DR APT 1515	<b>Transaction ID:</b> SA11AI.15297
	City State Zip Code CHARLOTTE NC 28270-2338	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. <b>C</b>	PR DEDUCTION (\$ 20 bi-weekly)
	Name of Employer Occupation SUN HEALTHCARE GROUP, INC CLINICAL SVCS COORDINATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) LINDA MULLEN-WINER	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 693 ANDREW COURT	<b>Transaction ID:</b> SA11AI.15303
	City State Zip Code BENICIA CA 94510-3942	Amount of Each Receipt this Period 70.00
	FEC ID number of contributing federal political committee. <b>C</b>	PR DEDUCTION (\$ 35 bi-weekly)
	Name of Employer Occupation SUN HEALTHCARE GROUP, INC VP-REGIONAL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 405.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) CYNTHIA MYERS	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 3588 CAVE CREEK MANOR	<b>Transaction ID:</b> SA11AI.15305
	City State Zip Code LAS CRUCES NM 88011-4016	Amount of Each Receipt this Period 78.00
	FEC ID number of contributing federal political committee. <b>C</b>	PR DEDUCTION (\$ 39 bi-weekly)
	Name of Employer Occupation SUN HEALTHCARE GROUP, INC REG DIR OF OPS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 507.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	188.00
<b>TOTAL</b> 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 39 / 57						
	(check only one)							
	<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

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.

<b>A.</b>	Full Name (Last, First, Middle Initial) RENEE NEAL		Date of Receipt MM / DD / YYYY 06 / 15 / 2009		
	Mailing Address 6620 W 112TH PL		<b>Transaction ID:</b> SA11AI.15306		
	City WESTMINSTER	State CO	Zip Code 80020-3042	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 MEDICARE SPECIALIST	Aggregate Year-to-Date 390.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) TIM NEEDLES		Date of Receipt MM / DD / YYYY 06 / 15 / 2009		
	Mailing Address 2918 CARMEL DR		<b>Transaction ID:</b> SA11AI.15307		
	City GREAT FALLS	State MT	Zip Code 59404-3754	Amount of Each Receipt this Period 40.00	
	FEC ID number of contributing federal political committee. C		PR DEDUCTION (\$ 20 bi-weekly)		
	Name of Employer SUN HEALTHCARE GROUP, INC	Occupation REGIONAL VICE PRESIDENT	Aggregate Year-to-Date 260.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) PETER NYLAND		Date of Receipt MM / DD / YYYY 06 / 15 / 2009		
	Mailing Address 4 VIA ALCALDE		<b>Transaction ID:</b> SA11AI.15314		
	City SANDIA PARK	State NM	Zip Code 87047	Amount of Each Receipt this Period 117.31	
	FEC ID number of contributing federal political committee. C		PR DEDUCTION (\$ 1.0% biweekly)		
	Name of Employer SUN HEALTHCARE GROUP, INC	Occupation SVP PURCHASING AND DEVELOPMENT	Aggregate Year-to-Date 447.31		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>217.31</b>
<b>TOTAL</b> 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 40 / 57
	<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.

<b>A.</b>	Full Name (Last, First, Middle Initial) KEVIN OCONNELL	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 12218 ADMIRALS LANDING BLVD	<b>Transaction ID:</b> SA11AI.15318
	City State Zip Code INDIANAPOLIS IN 46236-9178	Amount of Each Receipt this Period 138.46
	FEC ID number of contributing federal political committee. <b>C</b>	PR DEDUCTION (\$ 1.0% biweekly)
	Name of Employer Occupation SUN HEALTHCARE GROUP, INC VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 899.99	

<b>B.</b>	Full Name (Last, First, Middle Initial) LAURA OVERTON	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 533 South Hibiscus Way	<b>Transaction ID:</b> SA11AI.15320
	City State Zip Code Anaheim CA 92808	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	PR DEDUCTION (\$ 25 bi-weekly)
	Name of Employer Occupation Sun Healthcare Group, Inc. Corporate Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) FRANK PARR	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 9604 NOCHE VISTA NW	<b>Transaction ID:</b> SA11AI.15322
	City State Zip Code ALBUQUERQUE NM 87114	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. <b>C</b>	PR DEDUCTION (\$ 40 bi-weekly)
	Name of Employer Occupation SUN HEALTHCARE GROUP, INC VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>268.46</b>
<b>TOTAL</b> 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 41 / 57
	<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.

<b>A.</b>	Full Name (Last, First, Middle Initial) MELISSA PASS	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 11152 ALTA SIERRA DR	<b>Transaction ID:</b> SA11AI.15323
	City State Zip Code GRASS VALLEY CA 95949-6845	Amount of Each Receipt this Period 76.84
	FEC ID number of contributing federal political committee. C	PR DEDUCTION (\$ 1.0% biweekly)
	Name of Employer Occupation SUN HEALTHCARE GROUP, INC REGIONAL ACCOUNTANT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 494.44	

<b>B.</b>	Full Name (Last, First, Middle Initial) DEBORAH PENCE	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 9520 MAY DAY ST	<b>Transaction ID:</b> SA11AI.15324
	City State Zip Code LA PLATA MD 20646-3144	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	PR DEDUCTION (\$ 25 bi-weekly)
	Name of Employer Occupation SUN HEALTHCARE GROUP, INC COMPLIANCE DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) RICHARD PERANTON	Date of Receipt MM / DD / YYYY 06 / 22 / 2009
	Mailing Address 5301 Kensington Court	<b>Transaction ID:</b> SA11AI.15059
	City State Zip Code Flower Mound TX 75022	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation Sun Healthcare Group, Inc. CareerStaff President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1126.84
<b>TOTAL</b> 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 42 / 57
	<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.

<b>A.</b>	Full Name (Last, First, Middle Initial) CONNIE PIERCE	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 8236 E ELKHORN	<b>Transaction ID:</b> SA11AI.15326
	City State Zip Code SELMA CA 93662-9453	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. <b>C</b>	PR DEDUCTION (\$ 30 bi-weekly)
	Name of Employer Occupation SUN HEALTHCARE GROUP, INC DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) KELLY PRIEGNITZ	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 3600 N MAXWELL DRIVE	<b>Transaction ID:</b> SA11AI.15330
	City State Zip Code FOREST PARK OK 73121	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	PR DEDUCTION (\$ 50 bi-weekly)
	Name of Employer Occupation SUN HEALTHCARE GROUP, INC CORPORATE COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) LAURIE PRINCE	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 43 WILSON RD	<b>Transaction ID:</b> SA11AI.15331
	City State Zip Code PORTSMOUTH NH 03801-5737	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. <b>C</b>	PR DEDUCTION (\$ 10 bi-weekly)
	Name of Employer Occupation SUN HEALTHCARE GROUP, INC CLINICAL CASE MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>180.00</b>
<b>TOTAL</b> 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 43 / 57
	<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.

<b>A.</b>	Full Name (Last, First, Middle Initial) NABIL RAFAIL	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 8868 Boydton Street	<b>Transaction ID:</b> SA11AI.15332
	City State Zip Code Rosemead CA 91770	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	PR DEDUCTION (\$ 25 bi-weekly)
	Name of Employer Occupation Sun Healthcare Group, Inc. Director of Employee Safety	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) PATRICIA REEL	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 210 FLORIDA DR	<b>Transaction ID:</b> SA11AI.15336
	City State Zip Code LOWER BURRELL PA 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 Occupation SUN HEALTHCARE GROUP, INC CLINICAL SVCS COORDINATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) TERESA REINHARDT	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 10416 RIDGECIRCLE DR	<b>Transaction ID:</b> SA11AI.15338
	City State Zip Code ALBUQUERQUE NM 87114-5639	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	PR DEDUCTION (\$ 20 bi-weekly)
	Name of Employer Occupation SUN HEALTHCARE GROUP, INC DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	150.00
<b>TOTAL</b> 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 44 / 57
	<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.

<b>A.</b>	Full Name (Last, First, Middle Initial) BRANDI RIDDLE		Date of Receipt
	Mailing Address 7312 BLUE MOON LN NE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 15 / 2009
	City	State	Zip Code
	ALBUQUERQUE	NM	87113
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.15340
Name of Employer SUN HEALTHCARE GROUP, INC		Occupation CONTROLLER/SENIOR DIRECTOR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 392.32	<input type="text"/> 88.08
		PR DEDUCTION (\$ 1.0% biweekly)	

<b>B.</b>	Full Name (Last, First, Middle Initial) REGINA RIES		Date of Receipt
	Mailing Address PO BOX 261261		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 15 / 2009
	City	State	Zip Code
	HIGHLANDS RANCH	CO	80163-1261
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.15342
Name of Employer SUN HEALTHCARE GROUP, INC		Occupation CORPORATE COUNSEL	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00	<input type="text"/> 40.00
		PR DEDUCTION (\$ 20 bi-weekly)	

<b>C.</b>	Full Name (Last, First, Middle Initial) CURTIS RODOWICZ		Date of Receipt
	Mailing Address 6 2ND AVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 15 / 2009
	City	State	Zip Code
	OLD SAYBROOK	CT	06475-1419
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.15345
Name of Employer SUN HEALTHCARE GROUP, INC		Occupation ADMINISTRATOR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00	<input type="text"/> 60.00
		PR DEDUCTION (\$ 30 bi-weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 198.08
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 45 / 57
	<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.

<b>A.</b>	Full Name (Last, First, Middle Initial) LUANNE ROGERS	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 28 CAPTAINS WAY	<b>Transaction ID:</b> SA11AI.15348
	City State Zip Code EXETER NH 03833	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. <b>C</b>	PR DEDUCTION (\$ 30 bi-weekly)
	Name of Employer Occupation SUN HEALTHCARE GROUP, INC REGIONAL MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) JERRALD ROLES	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 3870 FAIRWAY DRIVE	<b>Transaction ID:</b> SA11AI.15349
	City State Zip Code CAMERON PARK CA 95682	Amount of Each Receipt this Period 193.85
	FEC ID number of contributing federal political committee. <b>C</b>	PR DEDUCTION (\$ 1.0% biweekly)
	Name of Employer Occupation SUN HEALTHCARE GROUP, INC SVP (SENIOR VICE PRESIDENT)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1183.85	

<b>C.</b>	Full Name (Last, First, Middle Initial) DAVID ROSS	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 781 BRENT ST	<b>Transaction ID:</b> SA11AI.15352
	City State Zip Code MANCHESTER NH 03103-7731	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. <b>C</b>	PR DEDUCTION (\$ 30 bi-weekly)
	Name of Employer Occupation SUN HEALTHCARE GROUP, INC ADMINISTRATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>283.85</b>
<b>TOTAL</b> 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 46 / 57
	<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.

<b>A.</b>	Full Name (Last, First, Middle Initial) ELIZABETH SALVO	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 2927 SUNSET HILLS	<b>Transaction ID:</b> SA11AI.15357
	City State Zip Code ESCONDIDO CA 92025-7854	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	PR DEDUCTION (\$ 25 bi-weekly)
	Name of Employer Occupation SUN HEALTHCARE GROUP, INC DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) DEB SANDERFIELD	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 10012 STRATHFIELD LANE	<b>Transaction ID:</b> SA11AI.15360
	City State Zip Code HIGHLANDS RANCH CO 80126-8856	Amount of Each Receipt this Period 130.00
	FEC ID number of contributing federal political committee. <b>C</b>	PR DEDUCTION (\$ 65 bi-weekly)
	Name of Employer Occupation SUN HEALTHCARE GROUP, INC VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 845.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) RONALD SANDOVAL	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 1603 VAN CLEAVE RD NW	<b>Transaction ID:</b> SA11AI.15362
	City State Zip Code ALBUQUERQUE NM 87107-3441	Amount of Each Receipt this Period 52.30
	FEC ID number of contributing federal political committee. <b>C</b>	PR DEDUCTION (\$ 1.0% biweekly)
	Name of Employer Occupation SUN HEALTHCARE GROUP, INC FINANCIAL ANALYST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 339.95	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>232.30</b>
<b>TOTAL</b> 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 47 / 57
	<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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) JOANNE SCAFATI	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 55 KNOLLWOOD RD	<b>Transaction ID:</b> SA11AI.15363
	City NORTH HAVEN State CT Zip Code 06473-4328	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. <b>C</b>	PR DEDUCTION (\$ 20 bi-weekly)
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 ▼ 260.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) CATHERINE SCHLAEFER	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address P O BOX 1260	<b>Transaction ID:</b> SA11AI.15364
	City ATLANTIC BEACH State NC Zip Code 28512-1260	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	PR DEDUCTION (\$ 25 bi-weekly)
Name of Employer SUN HEALTHCARE GROUP, INC	Occupation REGIONAL DIETITIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) TIMOTHY SCHULTZ	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 4442 LESTON AVE	<b>Transaction ID:</b> SA11AI.15365
	City DAYTON State OH Zip Code 45424-5947	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	PR DEDUCTION (\$ 25 bi-weekly)
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 ▼ 325.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>140.00</b>
<b>TOTAL</b> 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 48 / 57
	<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.

<b>A.</b>	Full Name (Last, First, Middle Initial) REBECCA SCOTT	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 7001 LEGENDS OAK LN	<b>Transaction ID:</b> SA11AI.15368
	City State Zip Code KNOXVILLE TN 37918-9480	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. <b>C</b>	PR DEDUCTION (\$ 20 bi-weekly)
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 ▼ 260.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) SANDRA SEKELY	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 202 HARBOR WOODS PL	<b>Transaction ID:</b> SA11AI.15369
	City State Zip Code NEWPORT BEACH CA 92660-7824	Amount of Each Receipt this Period 82.38
	FEC ID number of contributing federal political committee. <b>C</b>	PR DEDUCTION (\$ 1.0% biweekly)
Name of Employer SUN HEALTHCARE GROUP, INC	Occupation DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 287.44	

<b>C.</b>	Full Name (Last, First, Middle Initial) LOGAN SEXTON	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 15189 SURREY BND	<b>Transaction ID:</b> SA11AI.15370
	City State Zip Code BROOKSVILLE FL 34609-9521	Amount of Each Receipt this Period 159.62
	FEC ID number of contributing federal political committee. <b>C</b>	PR DEDUCTION (\$ 1.0% biweekly)
Name of Employer SUN HEALTHCARE GROUP, INC	Occupation SVP-OPERATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 459.62	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>282.00</b>
<b>TOTAL</b> 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 49 / 57
	<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.

<b>A.</b>	Full Name (Last, First, Middle Initial) BRYAN SHAUL	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 16732 WESTFIELD LN	<b>Transaction ID:</b> SA11AI.15372
	City State Zip Code HUNTINGTON BEACH CA 92649	Amount of Each Receipt this Period 341.92
	FEC ID number of contributing federal political committee. <b>C</b>	PR DEDUCTION (\$ 1.0% biweekly)
	Name of Employer Occupation SUN HEALTHCARE GROUP, INC CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2156.92	

<b>B.</b>	Full Name (Last, First, Middle Initial) SANDRA SHEEHAN	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 4820 HURON RD NE	<b>Transaction ID:</b> SA11AI.15373
	City State Zip Code RIO RANCHO NM 87144-7736	Amount of Each Receipt this Period 140.00
	FEC ID number of contributing federal political committee. <b>C</b>	PR DEDUCTION (\$ 70 bi-weekly)
	Name of Employer Occupation SUN HEALTHCARE GROUP, INC VP CLINICAL INFO SYSTEMS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 910.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) SUE SMITH	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 5900 MIMOSA PLACE NE	<b>Transaction ID:</b> SA11AI.15375
	City State Zip Code ALBUQUERQUE NM 87111-6272	Amount of Each Receipt this Period 70.00
	FEC ID number of contributing federal political committee. <b>C</b>	PR DEDUCTION (\$ 35 bi-weekly)
	Name of Employer Occupation SUN HEALTHCARE GROUP, INC DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 455.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	551.92
<b>TOTAL</b> 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 50 / 57
	<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.

<b>A.</b>	Full Name (Last, First, Middle Initial) CAROLINA SORIANO		Date of Receipt
	Mailing Address 10501 RODEO DRIVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 15 / 2009
	City	State	Zip Code
	ANAHEIM	CA	92804-5812
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.15377
Name of Employer SUN HEALTHCARE GROUP, INC		Occupation BENEFIT SERVICE SPECIALIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 520.00	<input type="text"/> 80.00
			PR DEDUCTION (\$ 40 bi-weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) STEPHEN SPINELLI		Date of Receipt
	Mailing Address 677 QUINCY SHORES DR APT 208		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 15 / 2009
	City	State	Zip Code
	QUINCY	MA	02170-2200
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.15380
Name of Employer SUN HEALTHCARE GROUP, INC		Occupation VP-CORP EDUCATION & TRAINING	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00	<input type="text"/> 40.00
			PR DEDUCTION (\$ 20 bi-weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) PERRY STEEN		Date of Receipt
	Mailing Address 4248 INDIAN SPRINGS DRIVE NE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 15 / 2009
	City	State	Zip Code
	ALBUQUERQUE	NM	87109-1912
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.15383
Name of Employer SUN HEALTHCARE GROUP, INC.		Occupation SUNDANCE DIRECTOR OF FINANCE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00	<input type="text"/> 40.00
			PR DEDUCTION (\$ 20 bi-weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 160.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 51 / 57
	<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.

<b>A.</b>	Full Name (Last, First, Middle Initial) SEAN STEVENSON		Date of Receipt
	Mailing Address 49 ESSEX RD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 15 / 2009
	City	State	Zip Code
	BEDFORD	NH	03110-4312
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.15384
Name of Employer SUN HEALTHCARE GROUP, INC		Occupation VICE PRESIDENT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 325.00	<input type="text"/> 50.00
			PR DEDUCTION (\$ 25 bi-weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) YVETTE STONE		Date of Receipt
	Mailing Address 409 JASMINE ST UNIT A		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 15 / 2009
	City	State	Zip Code
	LAGUNA BEACH	CA	92651-1615
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.15387
Name of Employer SUN HEALTHCARE GROUP, INC		Occupation ADMINISTRATIVE ASSISTANT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	<input type="text"/> 40.00
			PR DEDUCTION (\$ 20 bi-weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) JENNIFER STRICKLAND		Date of Receipt
	Mailing Address 263 HANOVER ST		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 15 / 2009
	City	State	Zip Code
	PORTSMOUTH	NH	03801-3919
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.15388
Name of Employer SUN HEALTHCARE GROUP, INC		Occupation DIRECTOR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 340.80	<input type="text"/> 87.20
			PR DEDUCTION (\$ 1.0% biweekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 177.20
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 52 / 57
	<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.

<b>A.</b>	Full Name (Last, First, Middle Initial) RAYMOND TALAMONA		Date of Receipt
	Mailing Address 5 WINDY KNOLL DR		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 15 / 2009
	City	State	Zip Code
	BERLIN	CT	06037-3750
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.15391
Name of Employer SUN HEALTHCARE GROUP, INC		Occupation VICE PRESIDENT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 445.00	<input type="text"/> 40.00
			PR DEDUCTION (\$ 20 bi-weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) MARY THOMPSON		Date of Receipt
	Mailing Address 123 CANARY DR		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 15 / 2009
	City	State	Zip Code
	ELIZABETHTOWN	KY	42701-8553
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.15396
Name of Employer SUN HEALTHCARE GROUP, INC		Occupation ADMINISTRATOR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00	<input type="text"/> 40.00
			PR DEDUCTION (\$ 20 bi-weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) EDWARD TYSON		Date of Receipt
	Mailing Address 540 ORRS BRIDGE RD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 15 / 2009
	City	State	Zip Code
	CAMP HILL	PA	17011-1445
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.15399
Name of Employer SUN HEALTHCARE GROUP, INC		Occupation VICE PRESIDENT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 377.00	<input type="text"/> 102.00
			PR DEDUCTION (\$ 77 bi-weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 182.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 53 / 57
	<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.

<b>A.</b>	Full Name (Last, First, Middle Initial) GREGG WAYCASTER	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 2020 GARLAND CT	<b>Transaction ID:</b> SA11AI.15404
	City State Zip Code BIRMINGHAM AL 35242	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	PR DEDUCTION (\$ 75 bi-weekly)
	Name of Employer Occupation SUN HEALTHCARE GROUP, INC VP - OPERATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 975.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) KAREN WILLIAMS	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 3719 E 57TH ST	<b>Transaction ID:</b> SA11AI.15409
	City State Zip Code CLEVELAND OH 44105-3306	Amount of Each Receipt this Period 57.42
	FEC ID number of contributing federal political committee. C	PR DEDUCTION (\$ 1.0% biweekly)
	Name of Employer Occupation SUN HEALTHCARE GROUP, INC ADMINISTRATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 371.30	

<b>C.</b>	Full Name (Last, First, Middle Initial) DONALD WILSON	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 1082 VILLITA LOOP	<b>Transaction ID:</b> SA11AI.15410
	City State Zip Code LAS CRUCES NM 88007-6825	Amount of Each Receipt this Period 102.26
	FEC ID number of contributing federal political committee. C	PR DEDUCTION (\$ 1.0% biweekly)
	Name of Employer Occupation SUN HEALTHCARE GROUP, INC ADMINISTRATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 656.10	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	309.68
<b>TOTAL</b> 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 54 / 57
<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.

<b>A.</b>	Full Name (Last, First, Middle Initial) KAREN WRIGHT		Date of Receipt
	Mailing Address 25 KIRRIEMUIR ROAD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 06 / 15 / 2009
	City	State	Zip Code
	STRATHAM	NH	03885-2538
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.15414
Name of Employer SUN HEALTHCARE GROUP, INC		Occupation ADMINISTRATOR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 520.00	<input type="text"/> 80.00
			PR DEDUCTION (\$ 20 weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) MARILYN YEAKLEY		Date of Receipt
	Mailing Address 3117 SW 105TH ST		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 06 / 15 / 2009
	City	State	Zip Code
	OKLAHOMA CITY	OK	73170-2533
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.15415
Name of Employer SUN HEALTHCARE GROUP, INC		Occupation ADMINISTRATOR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00	<input type="text"/> 40.00
			PR DEDUCTION (\$ 20 bi-weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) KENNETH ZIELINSKI		Date of Receipt
	Mailing Address 10468 BELMONT MEADOWS LN		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 06 / 15 / 2009
	City	State	Zip Code
	PERRYSBURG	OH	43551-3799
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.15416
Name of Employer SUN HEALTHCARE GROUP, INC		Occupation ADMINISTRATOR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 325.00	<input type="text"/> 50.00
			PR DEDUCTION (\$ 25 bi-weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 170.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/> 14409.98

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 55 / 57	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" 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.

<b>A.</b>	Full Name (Last, First, Middle Initial) STABENOW FOR US SENATE		Date of Receipt	
	Mailing Address PO BOX 4945		M M / D D / Y Y Y Y 06 / 22 / 2009	
	City	State	Zip Code	<b>Transaction ID:</b> SA16.15420
	EAST LANSING	MI	48826	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		C C00344473	2000.00
Name of Employer		Occupation	Refund	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	2000.00

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

A.	Full Name (Last, First, Middle Initial) AMERICA'S LEADERSHIP PAC	Transaction ID: SB23.15033 Date of Disbursement 06 / 12 / 2009
	Mailing Address 607 14th Street, NW, Suite 800	Amount of Each Disbursement this Period 2000.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Contribution Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

B.	Full Name (Last, First, Middle Initial) CONGRESSMAN WAXMAN CAMPAIGN COMMITTEE	Transaction ID: SB23.15430 Date of Disbursement 06 / 16 / 2009
	Mailing Address 6380 Wilshire Blvd. #1612	Amount of Each Disbursement this Period 5000.00
	City Los Angeles State CA Zip Code 90048	
	Purpose of Disbursement Contribution Candidate Name HENRY A. WAXMAN	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 30	

C.	Full Name (Last, First, Middle Initial) DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE	Transaction ID: SB23.15046 Date of Disbursement 06 / 05 / 2009
	Mailing Address 430 South Capitol Street, SE 2nd Floor	Amount of Each Disbursement this Period 6000.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Contribution Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

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

13000.00

**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)

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

**A.** Full Name (Last, First, Middle Initial)  
**EARL POMEROY FOR CONGRESS**

Mailing Address P.O. Box 9336

City Fargo State ND Zip Code 58106

Purpose of Disbursement  
Contribution

Candidate Name  
**EARL R. POMEROY**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: ND District: 00

**Transaction ID:** SB23.15048

Date of Disbursement

/  /

Amount of Each Disbursement this Period

**B.** Full Name (Last, First, Middle Initial)  
**KENDRICK MEEK FOR FLORIDA**

Mailing Address 111 NW 183RD STREET SUITE 325

City MIAMI State FL Zip Code 33169

Purpose of Disbursement  
Contribution

Candidate Name  
**KENDRICK B MEEK**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: FL District: 00

**Transaction ID:** SB23.15037

Date of Disbursement

/  /

Amount of Each Disbursement this Period

**C.** Full Name (Last, First, Middle Initial)  
**KENTUCKY DEMOCRATIC PARTY**

Mailing Address c/o KAHCF  
9403 MILL BROOK ROAD

City LOUISVILLE State KY Zip Code 40223

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

**Transaction ID:** SB23.15043

Date of Disbursement

/  /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

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