

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
FEC MAIL ROOM
2002 FEB 20 P 1:11

Office Use Only

1. NAME OF COMMITTEE (In full) **USE FEC MAILING LABEL OR TYPE OR PRINT ▼** Example: If typing, type over the lines. **12FB4M5**

American Association for Homecare Political Action Committee (Homecare PAC)

ADDRESS (number and street) **625 Shaters Lane**
Suite 200
Alexandria VA 22304-1171

Check if different than previously reported. (ACC)

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

000357129

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

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:	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 15 Quarterly Report (Q1)	Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)
July 15 Quarterly Report (Q2)	(c) 12-Day PRE-Election Report for the:		Primary (12P)	General (12G)
October 15 Quarterly Report (Q3)	Report for the:		Convention (12C)	Special (12S)
<input checked="" type="checkbox"/> January 31 Year-End Report (YE)	Election on		In the State of	
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:		General (30G)	Runoff (30R)
Termination Report (TER)	Election on		In the State of	

5. Covering Period 07 01 2001 through 12 31 2001

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 Thomas A. Connaughton

Signature of Treasurer [Signature] Date 07 30 2002

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

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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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Page 2

Write or Type Committee Name

Homecare PAC

Report Covering the Period: From: *07 01 2001* To: *12 31 2001*

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <i>2001</i>		<i>2,508.87</i>
(b) Cash on Hand at Beginning of Reporting Period	<i>12,862.14</i>	
(c) Total Receipts (from Line 19)		
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<i>12,862.14</i>	<i>2,508.87</i>
7. Total Disbursements (from Line 30)	<i>10,278.86</i>	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<i>2,583.28</i>	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		

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 (Revised 1/01)

Page 3

Write or Type Committee Name

Homecare PAC

Report Covering the Period: From: 07' 01' 2001 To: 12' 31' 2001

1. 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)	-	
(ii) Unitemized	-	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	-	21,599.89
(b) Political Party Committees	-	
(c) Other Political Committees (such as PACs)	-	
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 32, page 4)	-	
12. Transfers From Affiliated/Other Party Committees	-	
13. All Loans Received	-	
14. Loan Repayments Received	-	
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 30, page 4)	-	
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	-	
17. Other Federal Receipts (Dividends, Interest, etc.)	-	
18. Transfers from Nonfederal Account for Joint Activity	-	
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	-	21,599.89
20. Total Federal Receipts (subtract Line 18 from Line 19)	-	21,599.89

DETAILED SUMMARY PAGE
of Disbursements

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Page 4

II. Disbursements		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share			
(ii) Non-Federal Share			
(b) Other Federal Operating Expenditures		3,943.94	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))		3,943.94	
22. Transfers to Affiliated/Other Party Committees			
23. Contributions to Federal Candidates/Committees and Other Political Committees		6,334.92	
24. Independent Expenditures (use Schedule E)			
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 5441a(d)) (use Schedule F)			
26. Loan Repayments Made			
27. Loans Made			
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees			
(b) Political Party Committees			
(c) Other Political Committees (such as PACs)			
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))			
29. Other Disbursements			
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 26, 27, 28(d), and 29)		10,278.86	
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)		10,278.86	
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from Line 11(d), page 3)			
33. Total Contribution Refunds (from Line 28(d))			
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)			
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))			
36. Offsets to Operating Expenditures (from Line 15, page 3)			
37. Net Operating Expenditures (subtract Line 36 from Line 35)			

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER (check only one)	PAGE 5 OF 7
	<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	

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)
Homecare PAC

A. **Roberti, Mark**
 Full Name (Last, First, Middle Initial)
 Mailing Address: **6442 Alloway Court**
 City: **Springfield** State: **VA** Zip Code: **22152**
 Purpose of Disbursement: **PAC letterhead logo design**
 Candidate Name: **N/A** Category/Type: **001**
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) **Admin**
 State: _____ District: _____
 Date of Disbursement: **07/07/2007**
 Amount of Each Disbursement this Period: **1,000.00**

B. **Specialties, Inc.**
 Full Name (Last, First, Middle Initial)
 Mailing Address: **3615 Wisconsin Ave, NW**
 City: **Washington** State: **DC** Zip Code: **20016**
 Purpose of Disbursement: **PAC event supplies (pins)**
 Candidate Name: **N/A** Category/Type: **001**
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) **Admin**
 State: _____ District: _____
 Date of Disbursement: **07/07/2007**
 Amount of Each Disbursement this Period: **1,944.92**

C. **Roberti, Mark**
 Full Name (Last, First, Middle Initial)
 Mailing Address: **6442 Alloway Court**
 City: **Springfield** State: **VA** Zip Code: **22152**
 Purpose of Disbursement: **PAC letterhead + envelopes printing**
 Candidate Name: **N/A** Category/Type: **001**
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) **Admin**
 State: _____ District: _____
 Date of Disbursement: **7/7/2007**
 Amount of Each Disbursement this Period: **999.02**

SUBTOTAL of Disbursements This Page (optional) **3,943.94**
 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)

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21b 22 23 24 25
 26 27 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
Homecare PAC

A. Bill Thomas Campaign Committee
 Full Name (Last, First, Middle Initial)
 Mailing Address: P.O. Box 395
 City: Bakersfield State: CA Zip Code: 93302
 Date of Disbursement: 07/25/2001
 Amount of Each Disbursement this Period: 2000.00
 Purpose of Disbursement: 011
 Candidate Name: Bill Thomas Category/Type
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: CA District: 21

B. Bistro Bis
 Full Name (Last, First, Middle Initial)
 Mailing Address: 15 E St, NW
 City: Washington State: DC Zip Code: 20001
 Date of Disbursement: 07/10/2001
 Amount of Each Disbursement this Period: 1334.92
 Purpose of Disbursement: 012
 Candidate Name: Bill Thomas Category/Type
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) In Kind Contribution
 State: CA District: 21

C. NRCC
 Full Name (Last, First, Middle Initial)
 Mailing Address: 370 First Street S.E.
 City: Washington, DC State: DC Zip Code: 20003
 Date of Disbursement: 10/30/2001
 Amount of Each Disbursement this Period: 1000.00
 Purpose of Disbursement: 011
 Candidate Name: Tim Greenwood Category/Type
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: PA District: 8

SUBTOTAL of Disbursements This Page (optional) 4334.92
 TOTAL This Period (last page this line number only) 4334.92

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

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

FOR LINE NUMBER:
(check only one)

PAGE **7** OF **7**

21b 22 23 24 25
 26 27 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
Homecare PAC

A. **MAPAC**
 Full Name (Last, First, Middle Initial)
 Mailing Address: **110-B East Broad St.**
 City: **Falls Church** State: **VA** Zip Code: **22046**
 Purpose of Disbursement: **Outreach** Category/Type
 Candidate Name: **Sen. Breaux**
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) **▼**
 State: **LA** District: **1**
 Date of Disbursement: **10/19/2001**
 Amount of Each Disbursement this Period: **1,000.00**

B. **Dave Camp for Congress**
 Full Name (Last, First, Middle Initial)
 Mailing Address: **P.O. Box 423**
 City: **Midland** State: **MI** Zip Code: **48640**
 Purpose of Disbursement: **Outreach** Category/Type
 Candidate Name: **Dave Camp**
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) **▼**
 State: **MI** District: **4**
 Date of Disbursement: **12/12/2001**
 Amount of Each Disbursement this Period: **1,000.00**

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 Purpose of Disbursement
 Candidate Name
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) **▼**
 State District
 Date of Disbursement
 Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) **7,000.00**
 TOTAL This Period (last page this line number only) **102,788.50**

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
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<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	

JAO
PREPARER

2/20/02
DATE PREPARED