

**FEC
FORM 3X**

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

Office Use Only

1. **NAME OF COMMITTEE (in full)** **TYPE OR PRINT ▼** Example: If typing, type over the lines.
SUN HEALTHCARE GROUP, INC. POLITICAL ACTION COMMITTEE D/B/A SUN HEALTHCARE P.A.C.

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER ▼** **CITY ▲** **STATE ▲** **ZIP CODE ▲**
 3. IS THIS REPORT **NEW (N)** **OR** **AMENDED (A)**

4. **TYPE OF REPORT (Choose One)**
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day **POST-Election** Report for the: General (30G) Runoff (30R) Special (30S)
Election on / / in the State of
11 / 06 / 2012

5. **Covering Period** / / 10 / 18 / 2012 through / / 11 / 26 / 2012

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

Signature of Treasurer *DAVID MASON* [Electronically Filed] Date / / 11 / 30 / 2012

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

Table with 8 columns for Office Use Only.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		168329.99
(b) Cash on Hand at Beginning of Reporting Period.....	140435.07	
(c) Total Receipts (from Line 19)	10197.29	122841.37
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	150632.36	291171.36
7. Total Disbursements (from Line 31).....	42400.00	182939.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	108232.36	108232.36
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

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).....	9262.79	85209.70
(ii) Unitemized	534.50	34722.31
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	9797.29	119932.01
(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)	9797.29	119932.01
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.....	400.00	2900.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	9.36
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	10197.29	122841.37
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	10197.29	122841.37

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	42400.00	182900.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	25.00
(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	25.00
29. Other Disbursements	0.00	14.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	42400.00	182939.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	42400.00	182939.00

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	9797.29	119932.01
34. Total Contribution Refunds (from Line 28(d))	0.00	25.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9797.29	119907.01
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
SUN HEALTHCARE GROUP, INC. POLITICAL ACTION COMMITTEE D/B/A SUN HEALTHCARE P.A.C.

A. MICHAEL ADAMS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1133 WILHELM ST
 City DEFIANC State OH Zip Code 43512-2952
 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 ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2012
Transaction ID : SA11AI.26122
 Amount of Each Receipt this Period
 10.00

B. MARY AGUILAR
 Full Name (Last, First, Middle Initial)
 Mailing Address 520 WESTWINDS DR
 City PALM HARBOR State FL Zip Code 34683-1119
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SUN HEALTHCARE GROUP INC Occupation MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2012
Transaction ID : SA11AI.26123
 Amount of Each Receipt this Period
 30.00

C. SALLIE AMSTADT
 Full Name (Last, First, Middle Initial)
 Mailing Address 8200 BEVERLY HILLS NE
 City ALBUQUERQUE State NM Zip Code 87122-3608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SUN HEALTHCARE GROUP INC Occupation DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2012
Transaction ID : SA11AI.26125
 Amount of Each Receipt this Period
 45.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 85.00
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: PAGE 7 OF 53
(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.

Full Name (Last, First, Middle Initial)
A. CHERYL BAKER
 Mailing Address 280 COUNTY RD 341
 City State Zip Code
 FLORENCE AL 35634
 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 ▼
 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 15 / 2012
Transaction ID : SA11Al.26128
 Amount of Each Receipt this Period
 30.00

Full Name (Last, First, Middle Initial)
B. CHERYL BENJAMIN
 Mailing Address 35 SUNSET DRIVE
 City State Zip Code
 TAUNTON MA 02780-1303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SUN HEALTHCARE GROUP INC ACCOUNT MANAGER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1288.08

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 15 / 2012
Transaction ID : SA11Al.26129
 Amount of Each Receipt this Period
 161.01

Full Name (Last, First, Middle Initial)
C. ALAIN BERNARD
 Mailing Address 55 FAITH DR
 City State Zip Code
 DERRY NH 03038-5500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SUN HEALTHCARE GROUP INC REG DIR OF OPS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 480.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 15 / 2012
Transaction ID : SA11Al.26130
 Amount of Each Receipt this Period
 60.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 251.01
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: PAGE 8 OF 53
(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. KARI BERRETT
 Full Name (Last, First, Middle Initial)
 Mailing Address 1417 N GRAMERCY
 City OGDEN State UT Zip Code 84404-3846
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SUN HEALTHCARE GROUP INC Occupation ADMINISTRATIVE ASSISTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 15 / 2012
Transaction ID : SA11AI.26131
 Amount of Each Receipt this Period
 50.00

B. MICHELE BLUNT
 Full Name (Last, First, Middle Initial)
 Mailing Address 1131 HUNTERS TRAIL
 City MASCOUTAH State IL Zip Code 62258-2768
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SUN HEALTHCARE GROUP INC Occupation DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 15 / 2012
Transaction ID : SA11AI.26132
 Amount of Each Receipt this Period
 60.00

C. MICHAEL BOLEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 4127 EAST 46TH ST
 City TULSA State OK Zip Code 74135-4722
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SUN HEALTHCARE GROUP INC Occupation DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 15 / 2012
Transaction ID : SA11AI.26133
 Amount of Each Receipt this Period
 60.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 170.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
SUN HEALTHCARE GROUP, INC. POLITICAL ACTION COMMITTEE D/B/A SUN HEALTHCARE P.A.C.

A. KRISTIN BOLOS
 Full Name (Last, First, Middle Initial)
 Mailing Address 3471 N 400 W

City PLEASANT VIEW	State UT	Zip Code 84414-2192
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FEC ID number of contributing federal political committee. **C**

Name of Employer SUN HEALTHCARE GROUP INC	Occupation BUSINESS DEVELOPMENT DIRECTOR
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 15 / 2012
Transaction ID : SA11AI.26134

Amount of Each Receipt this Period
 30.00

B. MARGARET BOWDEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 5737 HIGHWAY 20 S

City COVINGTON	State GA	Zip Code 30016-4411
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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 ▼
 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 15 / 2012
Transaction ID : SA11AI.26136

Amount of Each Receipt this Period
 30.00

C. LAURAH BRANAM
 Full Name (Last, First, Middle Initial)
 Mailing Address 215 DUNCAN LN

City WINCHESTER	State TN	Zip Code 37398-2517
--------------------	-------------	------------------------

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 ▼
 480.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 15 / 2012
Transaction ID : SA11AI.26137

Amount of Each Receipt this Period
 60.00

SUBTOTAL of Receipts This Page (optional).....▶	120.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
SUN HEALTHCARE GROUP, INC. POLITICAL ACTION COMMITTEE D/B/A SUN HEALTHCARE P.A.C.

Full Name (Last, First, Middle Initial) A. TANA BRANCH-PHILPOT		Date of Receipt
Mailing Address PO BOX 114		<input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2012"/>
City	State	Zip Code
ESTILL SPRINGS	TN	37330
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
SUN HEALTHCARE GROUP INC	BUSINESS DEVELOPMENT DIRECTOR	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="240.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="30.00"/>
Transaction ID : SA11AI.26138		

Full Name (Last, First, Middle Initial) B. JULIE BRASWELL		Date of Receipt
Mailing Address 1358 ARARAT RD PO BOX 17		<input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2012"/>
City	State	Zip Code
ARARAT	NC	27007-8084
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
SUN HEALTHCARE GROUP INC	ADMINISTRATOR	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="600.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="75.00"/>
Transaction ID : SA11AI.26139		

Full Name (Last, First, Middle Initial) C. CAROL BRITT		Date of Receipt
Mailing Address 302 N SCOTT ST		<input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2012"/>
City	State	Zip Code
MADISONVILLE	KY	42431-1737
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
SUN HEALTHCARE GROUP, INC	ADMINISTRATOR	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="240.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="30.00"/>
Transaction ID : SA11AI.26140		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="135.00"/>
TOTAL 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 11 OF 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
SUN HEALTHCARE GROUP, INC. POLITICAL ACTION COMMITTEE D/B/A SUN HEALTHCARE P.A.C.

A. CAROL BROCKMEYER
 Full Name (Last, First, Middle Initial)
 Mailing Address 2801 SANDY HOOK RD
 City State Zip Code
 FOREST HILL MD 21050-1909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SUN HEALTHCARE GROUP INC DIRECTOR
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2012
Transaction ID : SA11AI.26141
 Amount of Each Receipt this Period
 30.00

B. BRENDA BURCHAM
 Full Name (Last, First, Middle Initial)
 Mailing Address 15911 E DAKOTA PL
 APT 101
 City State Zip Code
 AURORA CO 80017-2159
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SUN HEALTHCARE GROUP, INC MEDICARE SPECIALIST
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 943.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2012
Transaction ID : SA11AI.26142
 Amount of Each Receipt this Period
 82.00

C. SUSAN CALL
 Full Name (Last, First, Middle Initial)
 Mailing Address 1770 CLOVERDALE DRIVE
 City State Zip Code
 LANCASTER OH 43130-7879
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SUN HEALTHCARE GROUP INC DIRECTOR
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2012
Transaction ID : SA11AI.26145
 Amount of Each Receipt this Period
 60.00

SUBTOTAL of Receipts This Page (optional).....▶	172.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 53
	<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. DEBBIE CASCADEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 350 SMALLING RD
 City ADOLPHUS State KY Zip Code 42120-6235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SUN HEALTHCARE GROUP INC Occupation REGIONAL DIRECTOR CLINICAL OPS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 15 / 2012
Transaction ID : SA11AI.26146
 Amount of Each Receipt this Period
 30.00

B. ELLEN CASEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 148 COOK HILL RD
 City WALLINGFORD State CT Zip Code 06492-3409
 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 ▼ 480.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 15 / 2012
Transaction ID : SA11AI.26147
 Amount of Each Receipt this Period
 60.00

C. GLEN CAVALLO
 Full Name (Last, First, Middle Initial)
 Mailing Address 2917 Lakeside Drive
 City Greenwood State AR Zip Code 72936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sun Healthcare Group, Inc. Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2492.40

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 15 / 2012
Transaction ID : SA11AI.26148
 Amount of Each Receipt this Period
 311.55

SUBTOTAL of Receipts This Page (optional).....▶	401.55
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: PAGE 13 OF 53
(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. BERNARD CENTA
 Full Name (Last, First, Middle Initial)
 Mailing Address 150 COUNTRYSIDE DR
 City MEDINA State OH Zip Code 44256-3819
 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 ▼ 456.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 15 / 2012
Transaction ID : SA11AI.26149
 Amount of Each Receipt this Period
 57.00

B. T. KEVIN CLEARY
 Full Name (Last, First, Middle Initial)
 Mailing Address 54 TEMPLETON ST
 City WEST HAVEN State CT Zip Code 06516-7024
 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 ▼ 875.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 15 / 2012
Transaction ID : SA11AI.26150
 Amount of Each Receipt this Period
 150.00

C. BETTY CLUNE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1930 PEBBLE LAKE CIR
 City BIRMINGHAM State AL Zip Code 35235-2965
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SUN HEALTHCARE GROUP INC Occupation REGIONAL ACCOUNTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 15 / 2012
Transaction ID : SA11AI.26151
 Amount of Each Receipt this Period
 60.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 267.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
SUN HEALTHCARE GROUP, INC. POLITICAL ACTION COMMITTEE D/B/A SUN HEALTHCARE P.A.C.

A. ROBBIN COLEMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 8709 PINE TOP DR
 City RICHMOND State VA Zip Code 23294-6023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SUN HEALTHCARE GROUP INC Occupation RECRUITMENT MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 15 / 2012
Transaction ID : SA11AI.26152
 Amount of Each Receipt this Period
 60.00

B. DONALD CRIGER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1415 N ROCKINGHAM AVE
 City NIXA State MO Zip Code 65714-7649
 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 ▼ 840.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 15 / 2012
Transaction ID : SA11AI.26154
 Amount of Each Receipt this Period
 105.00

C. CHARLES CRUSH
 Full Name (Last, First, Middle Initial)
 Mailing Address 71 MESSENGER ST APT 809
 City PLAINVILLE State MA Zip Code 02762-5032
 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 ▼ 230.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 15 / 2012
Transaction ID : SA11AI.26155
 Amount of Each Receipt this Period
 30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 195.00
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 15 OF 53
	<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"/>	<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. GAIL CUSHING
 Full Name (Last, First, Middle Initial)
 Mailing Address 204 FISH HATCHERY RD
 City WINCHESTER State NH Zip Code 03470-4808
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SUN HEALTHCARE GROUP INC DIRECTOR OF NURSES
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 480.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 15 / 2012
Transaction ID : SA11AI.26157
 Amount of Each Receipt this Period
 60.00

B. DAVID CWIERTNIA
 Full Name (Last, First, Middle Initial)
 Mailing Address 1412 PARTRIDGE TRL
 City TEGA CAY State SC Zip Code 29708-8334
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SUN HEALTHCARE GROUP INC MANAGER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 15 / 2012
Transaction ID : SA11AI.26158
 Amount of Each Receipt this Period
 75.00

C. MARTIN DAMIAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 109 PATTEN RD
 City TEWKSBURY State MA Zip Code 01876-3927
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SUN HEALTHCARE GROUP, INC DIRECTOR
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 15 / 2012
Transaction ID : SA11AI.26159
 Amount of Each Receipt this Period
 150.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 285.00
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: PAGE 16 OF 53
(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.

Full Name (Last, First, Middle Initial)
A. KATHERINE DAVIS

Mailing Address 16450 CHALET CIRCLE

City WESTFIELD State IN Zip Code 46074-8781

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

Name of Employer SUN HEALTHCARE GROUP, INC Occupation VICE PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1150.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 15 / 2012
Transaction ID : SA11AI.26160

Amount of Each Receipt this Period
 150.00

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

Mailing Address 18 CAROL LANE

City BLACKSTONE State MA Zip Code 01504-1379

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

Name of Employer SUN HEALTHCARE GROUP INC Occupation DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 480.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 15 / 2012
Transaction ID : SA11AI.26161

Amount of Each Receipt this Period
 60.00

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

Mailing Address 200 ELIZABETH DR

City STANFIELD State NC Zip Code 28163-6628

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

Name of Employer SUN HEALTHCARE GROUP INC Occupation DIRECTOR OF PROVIDER DEVELOP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 15 / 2012
Transaction ID : SA11AI.26163

Amount of Each Receipt this Period
 45.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 255.00

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: PAGE 17 OF 53
(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. DENNIS DINEEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 27 CHERRY TREE TRAIL
 City Wells State ME Zip Code 04090-2901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SUN HEALTHCARE GROUP, INC Occupation VP CLINICAL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 11 / 15 / 2012
Transaction ID : SA11AI.26165
 Amount of Each Receipt this Period 75.00

B. JASON DOBRY
 Full Name (Last, First, Middle Initial)
 Mailing Address 11059 BRIDGEPOINTE CT NE
 City ALBUQUERQUE State NM Zip Code 87111-7413
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SUN HEALTHCARE GROUP, INC Occupation VP PURCH/CLIN PRODUCTS & SVCS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 960.00

Date of Receipt 11 / 15 / 2012
Transaction ID : SA11AI.26167
 Amount of Each Receipt this Period 120.00

C. BARBARA EAREGOOD
 Full Name (Last, First, Middle Initial)
 Mailing Address 10045 OGLETHORPE WAY
 City ELK GROVE State CA Zip Code 95624-1352
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SUN HEALTHCARE GROUP INC Occupation CLINICAL SVCS COORDINATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 11 / 15 / 2012
Transaction ID : SA11AI.26168
 Amount of Each Receipt this Period 60.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 255.00
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 18 OF 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
SUN HEALTHCARE GROUP, INC. POLITICAL ACTION COMMITTEE D/B/A SUN HEALTHCARE P.A.C.

A. RANDY EDWARDS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1100 STEEL

City BUTTE	State MT	Zip Code 59701-2136
---------------	-------------	------------------------

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 ▼
 480.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 15 / 2012
Transaction ID : SA11AI.26169

Amount of Each Receipt this Period
 60.00

B. SARA FARMER
 Full Name (Last, First, Middle Initial)
 Mailing Address 9035 VILLAGE

City ALBUQUERQUE	State NM	Zip Code 87122
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FEC ID number of contributing federal political committee. **C**

Name of Employer SUN HEALTHCARE GROUP, INC	Occupation DIRECTOR
---	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 888.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 15 / 2012
Transaction ID : SA11AI.26171

Amount of Each Receipt this Period
 111.00

C. DIANA FISHER
 Full Name (Last, First, Middle Initial)
 Mailing Address 2635 CRESTPARK ROAD

City KNOXVILLE	State TN	Zip Code 37912-4428
-------------------	-------------	------------------------

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

Name of Employer SUN HEALTHCARE GROUP INC	Occupation INTERIM ADMINISTRATOR
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 15 / 2012
Transaction ID : SA11AI.26172

Amount of Each Receipt this Period
 30.00

SUBTOTAL of Receipts This Page (optional).....▶	201.00
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 19 OF 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
SUN HEALTHCARE GROUP, INC. POLITICAL ACTION COMMITTEE D/B/A SUN HEALTHCARE P.A.C.

A. SHARON FISHER
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 GARFIELD LANE EAST
 City ANDOVER State MA Zip Code 01810-5870
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SUN HEALTHCARE GROUP INC Occupation VP OF BUSINESS DEVELOPMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1602.00

Date of Receipt 11 / 15 / 2012
Transaction ID : SA11AI.26173
 Amount of Each Receipt this Period 200.25

B. PHYLIS FOSTER
 Full Name (Last, First, Middle Initial)
 Mailing Address 195 PHILLIPS BRANCH RD
 City VILAS State NC Zip Code 28692-9436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SUN HEALTHCARE GROUP INC Occupation RECRUITMENT MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 15 / 2012
Transaction ID : SA11AI.26174
 Amount of Each Receipt this Period 45.00

C. PATRICIA FREEMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1718 SANDY RIDGE WAY
 City HOOVER State AL Zip Code 35244-8281
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SUN HEALTHCARE GROUP INC Occupation ASSISTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 583.68

Date of Receipt 11 / 15 / 2012
Transaction ID : SA11AI.26175
 Amount of Each Receipt this Period 72.96

SUBTOTAL of Receipts This Page (optional)..... ▶ 318.21
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: PAGE 20 OF 53
(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. MICHAEL GASSIS
 Full Name (Last, First, Middle Initial)
 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 ▼ 1080.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2012
Transaction ID : SA11AI.26177
 Amount of Each Receipt this Period
 135.00

B. MARIAN E GAUDIOSO
 Full Name (Last, First, Middle Initial)
 Mailing Address 34 FRANCIS DR
 City SEYMOUR State CT Zip Code 06483-2006
 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 ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2012
Transaction ID : SA11AI.26178
 Amount of Each Receipt this Period
 30.00

C. DORIS GERAY
 Full Name (Last, First, Middle Initial)
 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 ▼ 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2012
Transaction ID : SA11AI.26179
 Amount of Each Receipt this Period
 60.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 225.00
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 OF 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
SUN HEALTHCARE GROUP, INC. POLITICAL ACTION COMMITTEE D/B/A SUN HEALTHCARE P.A.C.

A. JAMES GRADY
 Full Name (Last, First, Middle Initial)
 Mailing Address 1311 OLD TAYLOR TRAIL
 City GOSHEN State KY Zip Code 40026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SUN HEALTHCARE GROUP, INC Occupation REGIONAL VICE PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1615.44

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 15 / 2012
Transaction ID : SA11AI.26181
 Amount of Each Receipt this Period
 201.93

B. LORI GREER-HARRIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1625 CR 2100
 City CANEY State KS Zip Code 67333-8580
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SUN HEALTHCARE GROUP INC Occupation DIRECTOR OF CLINICAL REIMBURSEMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 880.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 15 / 2012
Transaction ID : SA11AI.26182
 Amount of Each Receipt this Period
 40.00

C. KELLY GRIESEMER
 Full Name (Last, First, Middle Initial)
 Mailing Address 623 COVERED BRIDGE DR
 City DELAWARE State OH Zip Code 43015-3192
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SUN HEALTHCARE GROUP INC Occupation DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 15 / 2012
Transaction ID : SA11AI.26184
 Amount of Each Receipt this Period
 120.00

SUBTOTAL of Receipts This Page (optional).....▶	361.93
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 22 OF 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
SUN HEALTHCARE GROUP, INC. POLITICAL ACTION COMMITTEE D/B/A SUN HEALTHCARE P.A.C.

Full Name (Last, First, Middle Initial) A. KERRY HANSEN		Date of Receipt
Mailing Address 8520 41ST ST W		M M / D D / Y Y Y Y Y 11 / 15 / 2012
City	State	Zip Code
UNIVERSITY PLACE	WA	98466-1551
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.26186
C		Amount of Each Receipt this Period
		60.00
Name of Employer	Occupation	
SUN HEALTHCARE GROUP INC	ADMINISTRATOR	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	480.00	

Full Name (Last, First, Middle Initial) B. MICHAEL HASENSTAB		Date of Receipt
Mailing Address 9304 NATIONWIDE ST NW		M M / D D / Y Y Y Y Y 11 / 15 / 2012
City	State	Zip Code
ALBUQUERQUE	NM	87114-4557
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.26187
C		Amount of Each Receipt this Period
		150.00
Name of Employer	Occupation	
SUN HEALTHCARE GROUP, INC	DIRECTOR	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	1200.00	

Full Name (Last, First, Middle Initial) C. KIMBERLY HAUXHURST		Date of Receipt
Mailing Address 1207 Monterey Street		M M / D D / Y Y Y Y Y 11 / 15 / 2012
City	State	Zip Code
Madera	CA	93637
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.26188
C		Amount of Each Receipt this Period
		30.00
Name of Employer	Occupation	
SUN HEALTHCARE GROUP INC	STAFF	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	240.00	

SUBTOTAL of Receipts This Page (optional).....▶	240.00
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 23 OF 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
SUN HEALTHCARE GROUP, INC. POLITICAL ACTION COMMITTEE D/B/A SUN HEALTHCARE P.A.C.

A. JILL HERNANDEZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 224 BELLINGTON COMMON 2
 City LIVERMORE State CA Zip Code 94551
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SUN HEALTHCARE GROUP, INC. Occupation TPM-SPEECH THERAPIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 15 / 2012
Transaction ID : SA11AI.26190
 Amount of Each Receipt this Period 30.00

B. HEATHER HIGLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 373 MEHLENBACHER RD
 City LARGO State FL Zip Code 33770-1769
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SUN HEALTHCARE GROUP INC Occupation DIRECTOR-MARKETING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 11 / 15 / 2012
Transaction ID : SA11AI.26191
 Amount of Each Receipt this Period 60.00

C. BRENDA HILYER
 Full Name (Last, First, Middle Initial)
 Mailing Address 302 HAMPSTEAD ST
 City PRATTVILLE State AL Zip Code 36066-5546
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SUN HEALTHCARE GROUP, INC Occupation DIRECTOR OF NURSING SERVICES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 11 / 15 / 2012
Transaction ID : SA11AI.26192
 Amount of Each Receipt this Period 75.00

SUBTOTAL of Receipts This Page (optional).....▶ 165.00
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 24 OF 53
	<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.

Full Name (Last, First, Middle Initial) A. JEFFREY HOLM		Date of Receipt
Mailing Address 351 PYRITE TER		<input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2012"/>
City	State	Zip Code
COLORADO SPRINGS	CO	80904-4259
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.26193
Name of Employer	Occupation	Amount of Each Receipt this Period
SUN HEALTHCARE GROUP INC	ADMINISTRATOR	<input type="text" value="36.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="288.00"/>	

Full Name (Last, First, Middle Initial) B. ALYCE HOPPING		Date of Receipt
Mailing Address 130 FOXGLOVE LN		<input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2012"/>
City	State	Zip Code
LEXINGTON	NC	27292-0011
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.26194
Name of Employer	Occupation	Amount of Each Receipt this Period
SUN HEALTHCARE GROUP INC	ADMINISTRATOR	<input type="text" value="165.27"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1314.60"/>	

Full Name (Last, First, Middle Initial) C. DARIN HOPPING		Date of Receipt
Mailing Address 130 FOXGLOVE LN		<input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2012"/>
City	State	Zip Code
LEXINGTON	NC	27292-0011
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.26195
Name of Employer	Occupation	Amount of Each Receipt this Period
SUN HEALTHCARE GROUP, INC	REG DIR OF OPS	<input type="text" value="197.19"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1554.58"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="398.46"/>
TOTAL 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 25 OF 53
(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. GENICE HORNBERGER
 Full Name (Last, First, Middle Initial)
 Mailing Address 3485 NASHVILLE RD
 City TROY State OH Zip Code 45373-9232
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SUN HEALTHCARE GROUP, INC Occupation MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 726.00

Date of Receipt 11 / 15 / 2012
Transaction ID : SA11AI.26196
 Amount of Each Receipt this Period 33.00

B. SOMER HURSTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 8572 KY HIGHWAY 22 W
 City FALMOUTH State KY Zip Code 41040-7779
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SUN HEALTHCARE GROUP, INC Occupation REGIONAL DIRECTOR CLINICAL OPS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 15 / 2012
Transaction ID : SA11AI.26198
 Amount of Each Receipt this Period 30.00

C. GAIL JOHNSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 2465 83RD AVE
 City OSCEOLA State WI Zip Code 54020-4339
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SUN HEALTHCARE GROUP, INC Occupation CLINICAL DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 15 / 2012
Transaction ID : SA11AI.26200
 Amount of Each Receipt this Period 30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 93.00
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 26 OF 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
SUN HEALTHCARE GROUP, INC. POLITICAL ACTION COMMITTEE D/B/A SUN HEALTHCARE P.A.C.

Full Name (Last, First, Middle Initial) A. MARY JOHNSON		Date of Receipt
Mailing Address P O BOX 117		<input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2012"/>
City	State	Zip Code
ALTON	NH	03809-0117
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.26201
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="600.00"/>
Name of Employer	Occupation	
SUN HEALTHCARE GROUP INC	ADMINISTRATOR	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="480.00"/>	

Full Name (Last, First, Middle Initial) B. GEORGE JUDWARE		Date of Receipt
Mailing Address 116 HIGHVIEW AVE		<input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2012"/>
City	State	Zip Code
MELROSE	MA	02176-4135
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.26204
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="75.00"/>
Name of Employer	Occupation	
SUN HEALTHCARE GROUP INC	VICE PRESIDENT	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="600.00"/>	

Full Name (Last, First, Middle Initial) C. LINDA KARACOLOFF		Date of Receipt
Mailing Address 17 TENNYSON CMN		<input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2012"/>
City	State	Zip Code
SLINGERLANDS	NY	12159-2414
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.26205
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="120.00"/>
Name of Employer	Occupation	
SUN HEALTHCARE GROUP, INC	VP CLINICAL	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="960.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="255.00"/>
TOTAL 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 27 OF 53
	<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"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
SUN HEALTHCARE GROUP, INC. POLITICAL ACTION COMMITTEE D/B/A SUN HEALTHCARE P.A.C.

Full Name (Last, First, Middle Initial) A. DAN KEELING		Date of Receipt M M / D D / Y Y Y Y Y 11 / 15 / 2012 Transaction ID : SA11AI.26206
Mailing Address 2236 HEARTHSIDE DR		Amount of Each Receipt this Period 75.00
City ADA	State MI	Zip Code 49301-8383
FEC ID number of contributing federal political committee. C		
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 ▼ 600.00	

Full Name (Last, First, Middle Initial) B. WILLIAM KEENER		Date of Receipt M M / D D / Y Y Y Y Y 11 / 15 / 2012 Transaction ID : SA11AI.26207
Mailing Address 487 REIGATE DR		Amount of Each Receipt this Period 60.00
City KERNERSVILLE	State NC	Zip Code 27284-8077
FEC ID number of contributing federal political committee. C		
Name of Employer SUN HEALTHCARE GROUP INC	Occupation ADMINISTRATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) C. SHANNON KELLOGG		Date of Receipt M M / D D / Y Y Y Y Y 11 / 15 / 2012 Transaction ID : SA11AI.26208
Mailing Address 1309 LUSCH RD		Amount of Each Receipt this Period 99.36
City MARION	State OH	Zip Code 43302-7519
FEC ID number of contributing federal political committee. C		
Name of Employer SUN HEALTHCARE GROUP INC	Occupation ADMINISTRATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 790.26	

SUBTOTAL of Receipts This Page (optional).....▶	234.36
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: PAGE 28 OF 53
(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. MARK KILMER
Full Name (Last, First, Middle Initial)
Mailing Address 4529 ERIE STREET
City RACINE State WI Zip Code 53402-2809
FEC ID number of contributing federal political committee. **C**
Name of Employer SUN HEALTHCARE GROUP INC Occupation VP-REGIONAL
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 15 / 2012
Transaction ID : SA11AI.26209
Amount of Each Receipt this Period 30.00

B. DALE KIRRY
Full Name (Last, First, Middle Initial)
Mailing Address 12910 50TH PL W
City MUKILTEO State WA Zip Code 98275-5820
FEC ID number of contributing federal political committee. **C**
Name of Employer SUN HEALTHCARE GROUP INC Occupation VICE PRESIDENT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 15 / 2012
Transaction ID : SA11AI.26210
Amount of Each Receipt this Period 30.00

C. KATHLEEN KOCH
Full Name (Last, First, Middle Initial)
Mailing Address 3458 WHITEKIRK WAY
City CINCINNATI State OH Zip Code 45245
FEC ID number of contributing federal political committee. **C**
Name of Employer SUN HEALTHCARE GROUP INC Occupation DIRECTOR
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 480.00

Date of Receipt 11 / 15 / 2012
Transaction ID : SA11AI.26211
Amount of Each Receipt this Period 60.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 120.00
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 29 OF 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
SUN HEALTHCARE GROUP, INC. POLITICAL ACTION COMMITTEE D/B/A SUN HEALTHCARE P.A.C.

A. HEIDI KREIKEMEIER
 Full Name (Last, First, Middle Initial)
 Mailing Address 2359 SAINT DAVIDS SQ
 City KENNESAW State GA Zip Code 30152-6706
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SUN HEALTHCARE GROUP, INC Occupation DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 15 / 2012
Transaction ID : SA11AI.26212
 Amount of Each Receipt this Period
 60.00

B. MARY LADISH
 Full Name (Last, First, Middle Initial)
 Mailing Address 415 W JUNEAU ST
 City HUSTISFORD State WI Zip Code 53034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SUN HEALTHCARE GROUP INC Occupation DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 15 / 2012
Transaction ID : SA11AI.26213
 Amount of Each Receipt this Period
 20.00

C. MARK LAROCHE
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 TELO RD
 City WINDHAM State NH Zip Code 03087-1151
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SUN HEALTHCARE GROUP, INC Occupation REGIONAL VICE PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 960.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 15 / 2012
Transaction ID : SA11AI.26214
 Amount of Each Receipt this Period
 120.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 200.00
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 30 OF 53
	<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. JENNIFER LEJEUNE
 Full Name (Last, First, Middle Initial)
 Mailing Address 40 MEETINGHOUSE RD
 City WINDHAM State NH Zip Code 03087-1508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SUN HEALTHCARE GROUP, INC Occupation CLINICAL CASE MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 744.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2012
Transaction ID : SA11AI.26216
 Amount of Each Receipt this Period
 93.00

B. SUSAN LIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 14 WESTMONT RD
 City WETHERSFIELD State CT Zip Code 06109-3996
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SUN HEALTHCARE GROUP INC Occupation DIRECTOR-REHAB
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2012
Transaction ID : SA11AI.26217
 Amount of Each Receipt this Period
 30.00

C. LINDA LUNT
 Full Name (Last, First, Middle Initial)
 Mailing Address 104 FRENCHTOWN RD
 City ARGYLE State TX Zip Code 76226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SUN HEALTHCARE GROUP INC Occupation REGIONAL ACCOUNTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2012
Transaction ID : SA11AI.26218
 Amount of Each Receipt this Period
 30.00

SUBTOTAL of Receipts This Page (optional).....▶	153.00
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 31 OF 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
SUN HEALTHCARE GROUP, INC. POLITICAL ACTION COMMITTEE D/B/A SUN HEALTHCARE P.A.C.

A. ELENA MASSE
Full Name (Last, First, Middle Initial)

Mailing Address 10319 SANDY RIDGE RD SW

City ALBUQUERQUE State NM Zip Code 87121-3616

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

Name of Employer SUN HEALTHCARE GROUP INC Occupation ADMINISTRATIVE ASSISTANT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
11 / 15 / 2012
Transaction ID : SA11AI.26219

Amount of Each Receipt this Period
300.00

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

Mailing Address 14560 W KENSINGTON CT

City BOISE State ID Zip Code 83713-0975

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

Name of Employer SUN HEALTHCARE GROUP, INC Occupation VP OF BUSINESS DEVELOPMENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
11 / 15 / 2012
Transaction ID : SA11AI.26221

Amount of Each Receipt this Period
150.00

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

Mailing Address 4041 VIA MARISOL APT 102

City LOS ANGELES State CA Zip Code 90042-5065

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 ▼ 1061.48

Date of Receipt
11 / 15 / 2012
Transaction ID : SA11AI.26224

Amount of Each Receipt this Period
146.58

SUBTOTAL of Receipts This Page (optional)..... ▶ 326.58

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 32 OF 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
SUN HEALTHCARE GROUP, INC. POLITICAL ACTION COMMITTEE D/B/A SUN HEALTHCARE P.A.C.

A. REBECCA MILLS
 Full Name (Last, First, Middle Initial)
 Mailing Address 7001 LEGEND OAKS LN
 City KNOXVILLE State TN Zip Code 37918-9480
 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 ▼ 480.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 15 / 2012
Transaction ID : SA11AI.26225
 Amount of Each Receipt this Period
 60.00

B. MICHAEL MILNE
 Full Name (Last, First, Middle Initial)
 Mailing Address 11633 HEAVYTREE CT
 City GOLDRIVER State CA Zip Code 95670-7633
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SUN HEALTHCARE GROUP INC Occupation VP-REGIONAL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 15 / 2012
Transaction ID : SA11AI.26226
 Amount of Each Receipt this Period
 60.00

C. CASSANDRA MISTRETТА
 Full Name (Last, First, Middle Initial)
 Mailing Address 803 PRATT AVE NE
 City HUNTSVILLE State AL Zip Code 35801
 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 ▼ 1303.55

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 15 / 2012
Transaction ID : SA11AI.26227
 Amount of Each Receipt this Period
 190.38

SUBTOTAL of Receipts This Page (optional)..... ▶ 310.38
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 33 OF 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
SUN HEALTHCARE GROUP, INC. POLITICAL ACTION COMMITTEE D/B/A SUN HEALTHCARE P.A.C.

A. KATHLEEN MITCHELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 8051 CLARKSON CT
 City DENVER State CO Zip Code 80229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SUN HEALTHCARE GROUP INC Occupation DIRECTOR OF NURSES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 15 / 2012
Transaction ID : SA11AI.26228
 Amount of Each Receipt this Period
 30.00

B. ROSE MOSS
 Full Name (Last, First, Middle Initial)
 Mailing Address 2703 ESTES LN
 City PADUCAH State KY Zip Code 42003-0273
 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 ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 15 / 2012
Transaction ID : SA11AI.26229
 Amount of Each Receipt this Period
 30.00

C. KEVIN MULFORD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7911 CHADWICK DR
 City NEW PORT RICHEY State FL Zip Code 34654-6069
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SUN HEALTHCARE GROUP INC Occupation DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1422.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 15 / 2012
Transaction ID : SA11AI.26230
 Amount of Each Receipt this Period
 177.75

SUBTOTAL of Receipts This Page (optional).....▶	237.75
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 34 OF 53
	<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.

A. LINDA MULLEN-WINER
 Full Name (Last, First, Middle Initial)
 Mailing Address 693 ANDREW COURT
 City BENICIA State CA Zip Code 94510-3942
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SUN HEALTHCARE GROUP, INC Occupation VP-REGIONAL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 11 / 15 / 2012
Transaction ID : SA11AI.26231
 Amount of Each Receipt this Period 105.00

B. CYNTHIA MYERS
 Full Name (Last, First, Middle Initial)
 Mailing Address 3588 CAVE CREEK MANOR
 City LAS CRUCES State NM Zip Code 88011-4016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SUN HEALTHCARE GROUP, INC Occupation REG DIR OF OPS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 936.00

Date of Receipt 11 / 15 / 2012
Transaction ID : SA11AI.26232
 Amount of Each Receipt this Period 117.00

C. TIM NEEDLES
 Full Name (Last, First, Middle Initial)
 Mailing Address 2918 CARMEL DR
 City GREAT FALLS State MT Zip Code 59404-3754
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SUN HEALTHCARE GROUP INC Occupation REGIONAL VICE PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 11 / 15 / 2012
Transaction ID : SA11AI.26233
 Amount of Each Receipt this Period 60.00

SUBTOTAL of Receipts This Page (optional).....▶	282.00
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 35 OF 53
<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. CAROL A. NICHOLS
 Full Name (Last, First, Middle Initial)
 Mailing Address 192 BREEZEWALK DRIVE
 City VALLEJO State CA Zip Code 94591
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SUN HEALTHCARE GROUP INC Occupation DIVISION FINANCE MANAGER - SUNBRIDGE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 15 / 2012
Transaction ID : SA11AI.26235
 Amount of Each Receipt this Period
 75.00

B. KATHLEEN NICHOLS
 Full Name (Last, First, Middle Initial)
 Mailing Address 74 GREENWOOD RD
 City DUBLIN State NH Zip Code 03444-8220
 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 ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 15 / 2012
Transaction ID : SA11AI.26236
 Amount of Each Receipt this Period
 30.00

C. DENISE OGDEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 411 COLLEY LN
 City ST. SIMONS ISLAND State GA Zip Code 31522-9778
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SUN HEALTHCARE GROUP, INC Occupation REGIONAL DIR OF OPERATIONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 15 / 2012
Transaction ID : SA11AI.26239
 Amount of Each Receipt this Period
 45.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00
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 36 OF 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
SUN HEALTHCARE GROUP, INC. POLITICAL ACTION COMMITTEE D/B/A SUN HEALTHCARE P.A.C.

A. FRANK PARR
 Full Name (Last, First, Middle Initial)
 Mailing Address 9604 NOCHE VISTA NW
 City ALBUQUERQUE State NM Zip Code 87114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SUN HEALTHCARE GROUP, INC Occupation VICE PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 920.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 15 / 2012
Transaction ID : SA11AI.26241
 Amount of Each Receipt this Period
 80.00

B. DEBORAH PENCE
 Full Name (Last, First, Middle Initial)
 Mailing Address 9520 MAY DAY ST
 City LA PLATA State MD Zip Code 20646-3144
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SUN HEALTHCARE GROUP INC Occupation COMPLIANCE DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 15 / 2012
Transaction ID : SA11AI.26242
 Amount of Each Receipt this Period
 75.00

C. AMY PHELPS
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 73
 City ABERDEEN State KY Zip Code 42201-0073
 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 ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 15 / 2012
Transaction ID : SA11AI.26244
 Amount of Each Receipt this Period
 30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 185.00
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: PAGE 37 OF 53
(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. KAREN PRICE
 Full Name (Last, First, Middle Initial)
 Mailing Address 11268 S 352
 City EARLBORO State OK Zip Code 74840-9019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SUN HEALTHCARE GROUP INC CLINICAL REIMBURSEMENT MANAGER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 15 / 2012
Transaction ID : SA11AI.26245
 Amount of Each Receipt this Period
 30.00

B. NABIL RAFAIL
 Full Name (Last, First, Middle Initial)
 Mailing Address 8868 Boydton Street
 City Rosemead State CA Zip Code 91770
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SUN HEALTHCARE GROUP INC DIRECTOR OF EMPLOYEE SAFETY
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 15 / 2012
Transaction ID : SA11AI.26247
 Amount of Each Receipt this Period
 75.00

C. JENNIFER RAYMOND
 Full Name (Last, First, Middle Initial)
 Mailing Address 500 JENIFER CT
 City SANTA ROSA State CA Zip Code 95404-2759
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SUN HEALTHCARE GROUP INC DIRECTOR
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 480.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 15 / 2012
Transaction ID : SA11AI.26248
 Amount of Each Receipt this Period
 60.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 165.00
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 38 OF 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
SUN HEALTHCARE GROUP, INC. POLITICAL ACTION COMMITTEE D/B/A SUN HEALTHCARE P.A.C.

Full Name (Last, First, Middle Initial)
A. LAURENCE REED

Mailing Address **2617 PEGASUS CT**

City BRANDON	State FL	Zip Code 33511-7033
------------------------	--------------------	-------------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
11 / 15 / 2012

Transaction ID : SA11AI.26249

Amount of Each Receipt this Period
30.00

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

Mailing Address **208 LOMA VERDE DRIVE**

City BELEN	State NM	Zip Code 87002-5948
----------------------	--------------------	-------------------------------

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

Name of Employer SUN HEALTHCARE GROUP INC	Occupation DIRECTOR OF FINANCIAL PLANNING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
11 / 15 / 2012

Transaction ID : SA11AI.26251

Amount of Each Receipt this Period
30.00

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

Mailing Address **781 BRENT ST**

City MANCHESTER	State NH	Zip Code 03103-7731
---------------------------	--------------------	-------------------------------

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 ▼ **720.00**

Date of Receipt
11 / 15 / 2012

Transaction ID : SA11AI.26253

Amount of Each Receipt this Period
90.00

SUBTOTAL of Receipts This Page (optional).....▶	150.00
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: PAGE 39 OF 53
(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. JOSEPH RUDD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1756 S MAGIC MILL PL
 City BOISE State ID Zip Code 83709-1446
 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 ▼ 240.00

Date of Receipt 11 / 15 / 2012
Transaction ID : SA11AI.26254
 Amount of Each Receipt this Period 30.00

B. ELIZABETH SALVO
 Full Name (Last, First, Middle Initial)
 Mailing Address 2927 SUNSET HILLS
 City ESCONDIDO State CA Zip Code 92025-7854
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SUN HEALTHCARE GROUP INC Occupation DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 15 / 2012
Transaction ID : SA11AI.26257
 Amount of Each Receipt this Period 75.00

C. GREG SANCHEZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 9124 BERRYESSA RD NE
 City ALBUQUERQUE State NM Zip Code 87122-4206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SUN HEALTHCARE GROUP, INC Occupation DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 11 / 15 / 2012
Transaction ID : SA11AI.26259
 Amount of Each Receipt this Period 30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 135.00
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 40 OF 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
SUN HEALTHCARE GROUP, INC. POLITICAL ACTION COMMITTEE D/B/A SUN HEALTHCARE P.A.C.

A. ROSELLA SANCHEZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 6B DEANS CT
 City SANTA FE State NM Zip Code 87508-1372
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SUN HEALTHCARE GROUP INC Occupation DIRECTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **230.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 15 / 2012
Transaction ID : SA11AI.26260
 Amount of Each Receipt this Period
20.00

B. BRENDA SANDERS HAGAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 2967 ESCALANTE DRIVE
 City LAS CRUCES State NM Zip Code 88012-7571
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SUN HEALTHCARE GROUP INC Occupation REGIONAL DIRECTOR CLINICAL OPS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **360.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 15 / 2012
Transaction ID : SA11AI.26261
 Amount of Each Receipt this Period
45.00

C. RONALD SANDOVAL
 Full Name (Last, First, Middle Initial)
 Mailing Address 1603 VAN CLEAVE RD NW
 City ALBUQUERQUE State NM Zip Code 87107-3441
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SUN HEALTHCARE GROUP, INC Occupation FINANCIAL ANALYST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **240.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 15 / 2012
Transaction ID : SA11AI.26262
 Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional)..... **95.00**
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 41 OF 53
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
SUN HEALTHCARE GROUP, INC. POLITICAL ACTION COMMITTEE D/B/A SUN HEALTHCARE P.A.C.

Full Name (Last, First, Middle Initial) A. CASSEN SCANTLING		Date of Receipt
Mailing Address 8143 MORNING HARVEST DR		<input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2012"/>
City	State	Zip Code
FREDERICK	CO	80504-6777
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.26263
Name of Employer	Occupation	Amount of Each Receipt this Period
SUN HEALTHCARE GROUP, INC	FINANCIAL ANALYST	<input type="text" value="1000"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="220.00"/>	

Full Name (Last, First, Middle Initial) B. JANET SCOTT		Date of Receipt
Mailing Address 6331 FERNE AVE		<input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2012"/>
City	State	Zip Code
CYPRESS	CA	90630-4815
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.26264
Name of Employer	Occupation	Amount of Each Receipt this Period
SUN HEALTHCARE GROUP INC	COMPLIANCE SPECIALIST	<input type="text" value="6000"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="480.00"/>	

Full Name (Last, First, Middle Initial) C. LINDA SEAGER		Date of Receipt
Mailing Address 25 HOWE LANE		<input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2012"/>
City	State	Zip Code
HOLLIS	NH	03049
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.26265
Name of Employer	Occupation	Amount of Each Receipt this Period
SUN HEALTHCARE GROUP, INC.	ADMINISTRATOR	<input type="text" value="3000"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="380.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="100.00"/>
TOTAL 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 42 OF 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
SUN HEALTHCARE GROUP, INC. POLITICAL ACTION COMMITTEE D/B/A SUN HEALTHCARE P.A.C.

A. SUE SMITH
 Full Name (Last, First, Middle Initial)
 Mailing Address 5900 MIMOSA PLACE NE
 City ALBUQUERQUE State NM Zip Code 87111-6272
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SUN HEALTHCARE GROUP, INC Occupation DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1026.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 15 / 2012
Transaction ID : SA11AI.26267
 Amount of Each Receipt this Period
 128.25

B. WENDELL SMITH
 Full Name (Last, First, Middle Initial)
 Mailing Address 201 BON HARBOR HLS
 City OWENSBORO State KY Zip Code 42301-8768
 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 ▼ 360.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 15 / 2012
Transaction ID : SA11AI.26268
 Amount of Each Receipt this Period
 45.00

C. MICHELLE SPRIGGS
 Full Name (Last, First, Middle Initial)
 Mailing Address 35 COCHECO AVE
 City ROCHESTER State NH Zip Code 03868-5819
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SUN HEALTHCARE GROUP INC Occupation DIRECTOR OF NURSES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 15 / 2012
Transaction ID : SA11AI.26271
 Amount of Each Receipt this Period
 90.00

SUBTOTAL of Receipts This Page (optional).....▶	263.25
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: PAGE 43 OF 53
(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. SEAN STEVENSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 49 ESSEX RD
 City BEDFORD State NH Zip Code 03110-4312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SUN HEALTHCARE GROUP INC Occupation VICE PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 15 / 2012
Transaction ID : SA11AI.26273
 Amount of Each Receipt this Period
 75.00

B. JENNIFER STRICKLAND
 Full Name (Last, First, Middle Initial)
 Mailing Address 263 HANOVER ST
 City PORTSMOUTH State NH Zip Code 03801-3919
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SUN HEALTHCARE GROUP INC Occupation DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 741.40

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 15 / 2012
Transaction ID : SA11AI.26276
 Amount of Each Receipt this Period
 111.21

C. MICHELLE TAYLOR
 Full Name (Last, First, Middle Initial)
 Mailing Address 8800 NEW HAMPTON RD NE
 City ALBUQUERQUE State NM Zip Code 87111-1887
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SUN HEALTHCARE GROUP, INC Occupation DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 862.80

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 15 / 2012
Transaction ID : SA11AI.26278
 Amount of Each Receipt this Period
 107.85

SUBTOTAL of Receipts This Page (optional)..... ▶ 294.06
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: PAGE 44 OF 53
(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. RAYMOND THIVIERGE
Full Name (Last, First, Middle Initial)
Mailing Address 11 GREENWAY RD
City WINDHAM State NH Zip Code 03087-1564
FEC ID number of contributing federal political committee. **C**
Name of Employer SUN HEALTHCARE GROUP INC Occupation CHIEF DEVELOPMENT OFFICER
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3092.40

Date of Receipt 11 / 15 / 2012
Transaction ID : SA11AI.26279
Amount of Each Receipt this Period 386.55

B. MARY THOMPSON
Full Name (Last, First, Middle Initial)
Mailing Address 123 CANARY DR
City ELIZABETHTOWN State KY Zip Code 42701-8553
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 ▼ 480.00

Date of Receipt 11 / 15 / 2012
Transaction ID : SA11AI.26281
Amount of Each Receipt this Period 60.00

C. ELIZABETH VOIGT
Full Name (Last, First, Middle Initial)
Mailing Address 7090 ROCKROSE TER
City CARLSBAD State CA Zip Code 92011-3955
FEC ID number of contributing federal political committee. **C**
Name of Employer SUN HEALTHCARE GROUP INC Occupation COMPLIANCE DIRECTOR
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 15 / 2012
Transaction ID : SA11AI.26284
Amount of Each Receipt this Period 30.00

SUBTOTAL of Receipts This Page (optional).....▶ 476.55
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 45 OF 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
SUN HEALTHCARE GROUP, INC. POLITICAL ACTION COMMITTEE D/B/A SUN HEALTHCARE P.A.C.

A. BRIAN WALTERS
 Full Name (Last, First, Middle Initial)
 Mailing Address 31710 JIM DAVIS RD
 City State Zip Code
 GALENA MD 21635-1417
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SUN HEALTHCARE GROUP INC DIRECTOR
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2012
Transaction ID : SA11AI.26285
 Amount of Each Receipt this Period
 30.00

B. JASON WEDEMEYER
 Full Name (Last, First, Middle Initial)
 Mailing Address 5807 WESTCHASE ST
 City State Zip Code
 ATLANTA GA 30336-2912
 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 ▼
 886.18

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2012
Transaction ID : SA11AI.26286
 Amount of Each Receipt this Period
 111.42

C. ELIZABETH WETZEL
 Full Name (Last, First, Middle Initial)
 Mailing Address 3029 RIVER WOODS DR
 City State Zip Code
 PARRISH FL 34219-8922
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SUN HEALTHCARE GROUP INC REGIONAL DIRECTOR CLINICAL OPS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2012
Transaction ID : SA11AI.26287
 Amount of Each Receipt this Period
 30.00

SUBTOTAL of Receipts This Page (optional).....▶	171.42
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 46 OF 53
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
SUN HEALTHCARE GROUP, INC. POLITICAL ACTION COMMITTEE D/B/A SUN HEALTHCARE P.A.C.

Full Name (Last, First, Middle Initial) A. BARBARA WHITE			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>11</td><td></td><td></td><td>15</td><td></td><td></td><td>2012</td><td></td><td></td><td></td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	11			15			2012			
M	M	/	D	D	/	Y	Y	Y	Y																
11			15			2012																			
Mailing Address 101 Sun Avenue NE			Transaction ID : SA11AI.26288																						
City Albuquerque	State NM	Zip Code 87109	Amount of Each Receipt this Period <table border="1"> <tr> <td>240.00</td> </tr> </table>			240.00																			
240.00																									
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>240.00</td> </tr> </table>				240.00																			
240.00																									
Name of Employer SUN HEALTHCARE GROUP INC		Occupation ADMINISTRATOR																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																									

Full Name (Last, First, Middle Initial) B. KAREN WILLIAMS			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>11</td><td></td><td></td><td>15</td><td></td><td></td><td>2012</td><td></td><td></td><td></td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	11			15			2012			
M	M	/	D	D	/	Y	Y	Y	Y																
11			15			2012																			
Mailing Address 3719 E 57TH ST			Transaction ID : SA11AI.26289																						
City CLEVELAND	State OH	Zip Code 44105-3306	Amount of Each Receipt this Period <table border="1"> <tr> <td>42.31</td> </tr> </table>			42.31																			
42.31																									
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>930.82</td> </tr> </table>				930.82																			
930.82																									
Name of Employer SUN HEALTHCARE GROUP, INC		Occupation ADMINISTRATOR																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																									

Full Name (Last, First, Middle Initial) C. DONALD WILSON			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>11</td><td></td><td></td><td>15</td><td></td><td></td><td>2012</td><td></td><td></td><td></td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	11			15			2012			
M	M	/	D	D	/	Y	Y	Y	Y																
11			15			2012																			
Mailing Address 1082 VILLITA LOOP			Transaction ID : SA11AI.26290																						
City LAS CRUCES	State NM	Zip Code 88007-6825	Amount of Each Receipt this Period <table border="1"> <tr> <td>161.97</td> </tr> </table>			161.97																			
161.97																									
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>1288.20</td> </tr> </table>				1288.20																			
1288.20																									
Name of Employer SUN HEALTHCARE GROUP, INC		Occupation ADMINISTRATOR																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																									

SUBTOTAL of Receipts This Page (optional).....▶	<table border="1"> <tr> <td>234.28</td> </tr> </table>	234.28
234.28		
TOTAL This Period (last page this line number only).....▶	<table border="1"> <tr> <td></td> </tr> </table>	

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

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

FOR LINE NUMBER: PAGE 47 OF 53
(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. BARBARA WOOD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3013 BOOGER HOLLOW RD SW
 City State Zip Code
 CAVE SPRING GA 30124-3401
 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 ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2012
Transaction ID : SA11AI.26291
 Amount of Each Receipt this Period
 300.00

B. KAREN WRIGHT
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 KIRRIEMUIR ROAD
 City State Zip Code
 STRATHAM NH 03885-2538
 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 ▼
 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2012
Transaction ID : SA11AI.26293
 Amount of Each Receipt this Period
 60.00

C. MARILYN YEAKLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 3117 SW 105TH ST
 City State Zip Code
 OKLAHOMA CITY OK 73170-2533
 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 ▼
 460.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2012
Transaction ID : SA11AI.26294
 Amount of Each Receipt this Period
 40.00

SUBTOTAL of Receipts This Page (optional).....▶	130.00
TOTAL This Period (last page this line number only).....▶	9262.79

**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 OF 53
<input 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 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.

A. COMMITTEE TO ELECT PAT STEADMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1257 CORONA STREET
 City DENVER State CO Zip Code 80218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 06 / 2012
Transaction ID : SA16.26295
 Amount of Each Receipt this Period
 400.00
 Contribution Refund

B.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	400.00
TOTAL This Period (last page this line number only).....▶	400.00

**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.

Full Name (Last, First, Middle Initial)

A. BENISHEK FOR CONGRESS, INC.

Mailing Address PO BOX 108

City State Zip Code
GLADSTONE MI 49837

Purpose of Disbursement
Contribution

011

Candidate Name

DANIEL J. M.D. BENISHEK

Category/
Type

Office Sought: House
 Senate
 President
State: MI District: 01

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 18 / 2012

Transaction ID : **SB23.26106**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. CHARLIE SUMMERS FOR SENATE

Mailing Address P O BOX 511

City State Zip Code
SCARBOROUGH ME 04074

Purpose of Disbursement
Contribution

011

Candidate Name

CHARLES EDWARD JR SUMMERS

Category/
Type

Office Sought: House
 Senate
 President
State: ME District: 00

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 18 / 2012

Transaction ID : **SB23.26103**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE

Mailing Address 120 MARYLAND AVENUE NE

City State Zip Code
WASHINGTON DC 20002

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 18 / 2012

Transaction ID : **SB23.26091**

Amount of Each Disbursement this Period

2500.00

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

10000.00

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.

Full Name (Last, First, Middle Initial)

A. DSCC RECOUNT FUND

Mailing Address 120 MARYLAND AVENUE NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 18 / 2012

Transaction ID : SB23.26092

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF DAVE JOYCE

Mailing Address 320 KENARDEN DRIVE

City CLEVELAND State OH Zip Code 44143

Purpose of Disbursement
Contribution

011

Candidate Name

DAVID P JOYCE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OH District: 14

Date of Disbursement

MM / DD / YYYY
10 / 18 / 2012

Transaction ID : SB23.26112

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. HOOSIERS FOR RICHARD MOURDOCK INC

Mailing Address PO BOX 1583

City INDIANAPOLIS State IN Zip Code 46206

Purpose of Disbursement
Contribution

011

Candidate Name

RICHARD E MOURDOCK

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IN District: 00

Date of Disbursement

MM / DD / YYYY
10 / 18 / 2012

Transaction ID : SB23.26098

Amount of Each Disbursement this Period

2500.00

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

15000.00

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.

Full Name (Last, First, Middle Initial)

A. JIM RENACCI FOR CONGRESS

Mailing Address 150 SMOKERISE DRIVE

City WADSWORTH State OH Zip Code 44281

Purpose of Disbursement
Contribution

011

Candidate Name

JAMES B RENACCI

Category/
Type

Office Sought: House
 Senate
 President
State: OH District: 16

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		18		2012

Transaction ID : SB23.26115

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial)

B. JOE MIKLOSI FOR CONGRESS

Mailing Address PO BOX 3975

City GREENWOOD VILLAGE State CO Zip Code 80155

Purpose of Disbursement
Contribution

011

Candidate Name

JOE MIKLOSI

Category/
Type

Office Sought: House
 Senate
 President
State: CO District: 06

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2012

Transaction ID : SB23.26116

Amount of Each Disbursement this Period

400.00

Full Name (Last, First, Middle Initial)

C. JOHN A PEREZ FOR ASSEMBLY 2012

Mailing Address 1225 8TH STREET
SUITE 150

City SACRAMENTO State CA Zip Code 95814

Purpose of Disbursement
Contribution - State Election

011

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		06		2012

Transaction ID : SB23.26119

Amount of Each Disbursement this Period

1000.00

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

4900.00

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

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**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.

Full Name (Last, First, Middle Initial)

A. JON RUNYAN FOR CONGRESS, INC

Mailing Address PO BOX 225

City COLONIA State NJ Zip Code 07067

Purpose of Disbursement
Contribution

011

Candidate Name

JON RUNYAN

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NJ District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	2

Transaction ID : SB23.26109

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Mailing Address 320 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
Contribution

011

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	2

Transaction ID : SB23.26094

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. NATIONAL REPUBLICAN SENATORIAL COMMITTEE

Mailing Address 425 SECOND STREET NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
Contribution

011

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	2

Transaction ID : SB23.26097

Amount of Each Disbursement this Period

5	0	0	0	.	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

1	0	0	0	.	0	0
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TOTAL This Period (last page this line number only)..... ▶

1	0	0	0	.	0	0
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**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.

Full Name (Last, First, Middle Initial)

A. SCOTT BROWN FOR US SENATE COMMITTEE INC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2012

Mailing Address 337 SUMMER STREET

Transaction ID : SB23.26101

City State Zip Code
BOSTON MA 02210

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement
Contribution

011
Category/ Type

Candidate Name

SCOTT P BROWN

Office Sought: House
 Senate
 President
State: MA District: 00

Disbursement For: 2012
 Primary General
 Other (specify) ▼

B.

Date of Disbursement

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

Mailing Address

Amount of Each Disbursement this Period

--

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

C.

Date of Disbursement

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

Mailing Address

Amount of Each Disbursement this Period

--

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

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

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

2500.00

42400.00
