

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.

12FE4M5

Homecare & Hospice PAC

ADDRESS (number and street) ▼

C/O Simone Consultants LLC
4130 Whitney Avenue
Hamden CT 06518

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00431981

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:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on _____ / _____ / _____ in the State of _____

- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on _____ / _____ / _____ in the State of _____

5. Covering Period / / through / /

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 Ruth L. Constant

Signature of Treasurer *Ruth L. Constant*

[Electronically Filed] Date

11 / 19 / 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.

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Homecare & Hospice PAC

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"/>		19670.92
(b) Cash on Hand at Beginning of Reporting Period.....	28970.10	
(c) Total Receipts (from Line 19)	0.00	120297.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	28970.10	139967.92
7. Total Disbursements (from Line 31).....	17545.21	128543.03
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	11424.89	11424.89
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Homecare & Hospice PAC

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).....	0.00	107675.00
(ii) Unitemized	0.00	5622.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	0.00	113297.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	7000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	0.00	120297.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total 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))..... ▶	0.00	120297.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	0.00	120297.00

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	2045.21	10543.03
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2045.21	10543.03
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15500.00	118000.00
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	0.00
(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	0.00
29. Other Disbursements	0.00	0.00
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)) ..	17545.21	128543.03
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	17545.21	128543.03

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	0.00	120297.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	120297.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2045.21	10543.03
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2045.21	10543.03

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA
Transaction ID :

amended to reflect 2 additional political contributions.

Form/Schedule:
Transaction ID:

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

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

NAME OF COMMITTEE (In Full)
Homecare & Hospice PAC

Full Name (Last, First, Middle Initial)

A. Authorize.net

Mailing Address PO Box 8999

City San Francisco State CA Zip Code 94128-

Purpose of Disbursement
merchant service charge

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 02 / 2012

Transaction ID : 21008.E545

Amount of Each Disbursement this Period

30.00

MERCHANT SERVICE CHARGE

Full Name (Last, First, Middle Initial)

B. Authorize.net

Mailing Address PO Box 8999

City San Francisco State CA Zip Code 94128-

Purpose of Disbursement
merchant service charge

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 05 / 2012

Transaction ID : 21010.E548

Amount of Each Disbursement this Period

30.00

MERCHANT SERVICE CHARGE

Full Name (Last, First, Middle Initial)

C. Elavon

Mailing Address 7300 Champman Hwy

City Knoxville State TN Zip Code 37920-

Purpose of Disbursement
merchant service charge

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 02 / 2012

Transaction ID : 21008.E544

Amount of Each Disbursement this Period

84.95

MERCHANT SERVICE CHARGE

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

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

144.95

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

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NAME OF COMMITTEE (In Full)
Homecare & Hospice PAC

Full Name (Last, First, Middle Initial)

A. Elavon

Mailing Address 7300 Champman Hwy

City Knoxville State TN Zip Code 37920-

Purpose of Disbursement
merchant service charge

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 04 / 2012

Transaction ID : 21010.E547

Amount of Each Disbursement this Period

84.95

MERCHANT SERVICE CHARGE

Full Name (Last, First, Middle Initial)

B. Election Compliance Services

Mailing Address 22780 Indian Creek Drive, Ste. 100

City Dulles State VA Zip Code 20166-

Purpose of Disbursement
reporting services

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 07 / 2012

Transaction ID : 21008.E522

Amount of Each Disbursement this Period

522.50

REPORTING SERVICES

Full Name (Last, First, Middle Initial)

C. Election Compliance Services

Mailing Address 22780 Indian Creek Drive, Ste. 100

City Dulles State VA Zip Code 20166-

Purpose of Disbursement
reporting services

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2012

Transaction ID : 21008.E528

Amount of Each Disbursement this Period

800.00

REPORTING SERVICES

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

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

1407.45

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

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NAME OF COMMITTEE (In Full)
Homecare & Hospice PAC

Full Name (Last, First, Middle Initial)

A. Election Compliance Services

Mailing Address 22780 Indian Creek Drive, Ste. 100

City Dulles State VA Zip Code 20166-

Purpose of Disbursement reporting services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 24 / 2012

Transaction ID : 21008.E529

Amount of Each Disbursement this Period

455.00

REPORTING SERVICES

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

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

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

455.00

2007.40

**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)
Homecare & Hospice PAC

Full Name (Last, First, Middle Initial)

A. Cantor for Congress

Mailing Address P. O. Box 17813

City Richmond State VA Zip Code 23226-

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name
ERIC IVAN CANTOR

Office Sought: House
 Senate
 President
State: VA District: 07

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 21008.E531

Amount of Each Disbursement this Period

POLITICAL CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. Carmona For Arizona

Mailing Address P. O. Box 12339

City Tucson State AZ Zip Code 85732-

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name
RICHARD CARMONA

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 21008.E535

Amount of Each Disbursement this Period

POLITICAL CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. Collins For Senator

Mailing Address PO Box 1096

City Bangor State ME Zip Code 04402-

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name
SUSAN M COLLINS

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 21010.E546

Amount of Each Disbursement this Period

POLITICAL CONTRIBUTION

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

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)
Homecare & Hospice PAC

Full Name (Last, First, Middle Initial)

A. Deb Fischer For US Senate, Inc.

Mailing Address 317 S. 12th

City Lincoln State NE Zip Code 68508-

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name
DEBRA S FISCHER

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 07 / 2012

Transaction ID : 21008.E523

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. Donnelly for Indiana

Mailing Address 1050- 17th Street NW, Ste. 590

City Washington State DC Zip Code 20036-

Purpose of Disbursement
POLITICAL CONTRTIBUTION

Candidate Name
JOSEPH S DONNELLY

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 24 / 2012

Transaction ID : 21008.E533

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRTIBUTION

Full Name (Last, First, Middle Initial)

C. Feinstein For Senate

Mailing Address 1801 Avenue of the Stars, STE 829

City Los Angeles State CA Zip Code 90067-

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name
DIANNE FEINSTEIN

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 07 / 2012

Transaction ID : 21008.E525

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

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

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

3000.00

**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)
Homecare & Hospice PAC

Full Name (Last, First, Middle Initial)

A. Friends Of Chris Murphy

Mailing Address P. O. Box 127

City Cheshire State CT Zip Code 06410-

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name
CHRISTOPHER S MURPHY

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: CT District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	1	2

Transaction ID : 21008.E534

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

POLITICAL CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. Friends Of Sherrod Brown

Mailing Address P. O. Box 76187

City Washington State DC Zip Code 20013-

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name
SHERROD BROWN

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: OH District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	1	2

Transaction ID : 21008.E532

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

POLITICAL CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. George Allen For US Senate

Mailing Address 2819 North Parham Road suite 210

City Richmond State VA Zip Code 23294-

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name
GEORGE ALLEN

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: VA District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	1	2

Transaction ID : 21008.E530

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0

POLITICAL CONTRIBUTION

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

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

4	0	0	0	0	0	0	0	0	0

4	0	0	0	0	0	0	0	0	0

**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)
Homecare & Hospice PAC

Full Name (Last, First, Middle Initial)

A. John Kerry for Senate

Mailing Address PO Box 78116, Ste 710

City Washington State DC Zip Code 20013-

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name
JOHN F KERRY

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	4			2	0	1	2		

Transaction ID : 21008.E526

Amount of Each Disbursement this Period

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

POLITICAL CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. Martin Heinrich For Senate

Mailing Address P. O. Box 25763

City Albuquerque State NM Zip Code 87125-

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name
MARTIN TREVOR HEINRICH

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	7			2	0	1	2		

Transaction ID : 21008.E524

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

POLITICAL CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. Walberg For Congress

Mailing Address P. O. Box 1362

City Jackson State MI Zip Code 49204-1362

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name
TIMOTHY L. WALBERG

Office Sought: House
 Senate
 President
State: MI District: 07

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	2		

Transaction ID : 21008.E539

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
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POLITICAL CONTRIBUTION

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

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

4	5	0	0	.	0	0
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1	5	5	0	0	.	0	0
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