



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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="2005"/>		<input type="text" value="15,100.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="15,100.00"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="19,436.10"/>	<input type="text" value="19,436.10"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<input type="text" value="34,536.10"/>	<input type="text" value="34,536.10"/>
7. Total Disbursements (from Line 31) .....	<input type="text" value="1,061.10"/>	<input type="text" value="1,061.10"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<input type="text" value="33,475.00"/>	<input type="text" value="33,475.00"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0"/>	

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. 02/2003)

Page 3

Write or Type Committee Name

Report Covering the Period: From:  /  /  To:  /  /

**I. Receipts**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

<b>11. Contributions (other than loans) From:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	15,121.24	15,121.24
(ii) Unitemized.....	4,314.86	4,314.86
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	19,436.10	19,436.10
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	19,436.10	19,436.10
<b>12. Transfers From Affiliated/Other Party Committees.....</b>	0	0
<b>13. All Loans Received.....</b>	0	0
<b>14. Loan Repayments Received.....</b>	0	0
<b>15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....</b>	0	0
<b>16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....</b>	0	0
<b>17. Other Federal Receipts (Dividends, Interest, etc.).....</b>	0	0
<b>18. Transfers from Non-Federal and Levin Funds</b>		
(a) Non-Federal Account (from Schedule H3).....	0	0
(b) Levin Funds (from Schedule H5).....	0	0
(c) Total Transfers (add 18(a) and 18(b))..	0	0
<b>19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶</b>	19,436.10	19,436.10
<b>20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶</b>	19,436.10	19,436.10

**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	0
(ii) Non-Federal Share.....	0	0
(b) Other Federal Operating Expenditures .....	1,000.00	1,000.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1,000.00	1,000.00
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		
24. Independent Expenditures (use Schedule E).....		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F) .....	0	0
26. Loan Repayments Made.....	-	-
27. Loans Made.....	-	-
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	-	-
(b) Political Party Committees .....	-	-
(c) Other Political Committees (such as PACs).....	-	-
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0	0
29. Other Disbursements .....	61.10	61.10
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....		
(ii) "Levin" Share .....		
(b) Federal Election Activity Paid Entirely With Federal Funds .....		
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1,061.10	1,061.10
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1,061.10	1,061.10

**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) .....	1,943.61	
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1,943.61	
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	1,000.00	
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1,000.00	

20030307 14:47

**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	OF
<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 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)

RehabCare Group, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Adam, Donald

Mailing Address

11576 New London Drive

City

Creve Coeur

State

MO

Zip Code

63141

FEC ID number of contributing federal political committee.

C

Name of Employer

RehabCare Group, Inc.

Occupation

Management

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

06 / 17 / 2005

Amount of Each Receipt this Period

458.37

Full Name (Last, First, Middle Initial)

B. Cohen, Camille

Mailing Address

1830 E. Siggard Drive

City

Salt Lake City

State

UT

Zip Code

84106

FEC ID number of contributing federal political committee.

C

Name of Employer

RehabCare Group, Inc.

Occupation

Management

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

06 / 17 / 2005

Amount of Each Receipt this Period

458.37

Full Name (Last, First, Middle Initial)

C. Doerner, Peter

Mailing Address

2009 Micanopy Trail

City

Nokomis

State

FL

Zip Code

34275

FEC ID number of contributing federal political committee.

C

Name of Employer

RehabCare Group, Inc.

Occupation

Management

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

06 / 17 / 2005

Amount of Each Receipt this Period

462.00

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

1,378.74

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

00  
01  
02  
03  
04  
05  
06  
07  
08  
09  
10  
11  
12

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

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

FOR LINE NUMBER:		PAGE		OF
<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 type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

RehabCare Group, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Flores, Luis

Mailing Address

4031 S. Narcissus Way

City State Zip Code

Denver CO 80237

FEC ID number of contributing federal political committee.

C

Name of Employer

RehabCare Group, Inc.

Occupation

Management

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

06 / 21 / 2005

Amount of Each Receipt this Period

1,000.00

Full Name (Last, First, Middle Initial)

B. Germanese, Vincent

Mailing Address

940 Kimswick Manor Lane

City State Zip Code

Ballwin MO 63011

FEC ID number of contributing federal political committee.

C

Name of Employer

RehabCare Group, Inc.

Occupation

Management

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

06 / 17 / 2005

Amount of Each Receipt this Period

1,155.00

Full Name (Last, First, Middle Initial)

C. Hardaway, Brent

Mailing Address

1704 Apricot Glen

City State Zip Code

Austin TX 78746

FEC ID number of contributing federal political committee.

C

Name of Employer

RehabCare Group, Inc.

Occupation

Management

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

06 / 17 / 2005

Amount of Each Receipt this Period

4,583.37

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

2,613.37

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

250588733

**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 OF

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

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NAME OF COMMITTEE (In Full)

RehabCare Group, Inc.

Full Name (Last, First, Middle Initial)

**A. Hawkins, Natasha**

Mailing Address

902 Tenlynn Court

City

Ladue

State

MO

Zip Code

63124

FEC ID number of contributing federal political committee.

C

Name of Employer

RehabCare Group, Inc.

Occupation

Management

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

06 / 17 / 2005

Amount of Each Receipt this Period

458.37

Full Name (Last, First, Middle Initial)

**B. Jones, Colleen**

Mailing Address

5625 N. 139th Avenue

City

Omaha

State

NE

Zip Code

68164

FEC ID number of contributing federal political committee.

C

Name of Employer

RehabCare Group, Inc.

Occupation

Management

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

06 / 21 / 2005

Amount of Each Receipt this Period

275.00

Full Name (Last, First, Middle Initial)

**C. Litwinski, Donna**

Mailing Address

PO Box 15708

City

Long Beach

State

CA

Zip Code

90815

FEC ID number of contributing federal political committee.

C

Name of Employer

RehabCare Group, Inc.

Occupation

Management

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

06 / 17 / 2005

Amount of Each Receipt this Period

250.00

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

983.37

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

2503667340

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

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NAME OF COMMITTEE (In Full)  
RehabCare Group, Inc.

**A. Maguire, Cheryl**

Full Name (Last, First, Middle Initial)  
Mailing Address  
9537 W. Pinnacle Vista Drive  
City Peoria State AZ Zip Code 85383

Date of Receipt: 06 / 17 / 2005

Amount of Each Receipt this Period: 250.00

FEC ID number of contributing federal political committee: C

Name of Employer: RehabCare Group, Inc. Occupation: Management

Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date

**B. McWilliams, John**

Full Name (Last, First, Middle Initial)  
Mailing Address  
46 Old Belle Monte Road  
City Chesterfield State MO Zip Code 63017

Date of Receipt: 06 / 17 / 2005

Amount of Each Receipt this Period: 458.37

FEC ID number of contributing federal political committee: C

Name of Employer: RehabCare Group, Inc. Occupation: Management

Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date

**C. Salmon, Howard**

Full Name (Last, First, Middle Initial)  
Mailing Address  
4512 S. Jupiter Drive  
City Salt Lake City State UT Zip Code 84124

Date of Receipt: 06 / 17 / 2005

Amount of Each Receipt this Period: 229.13

FEC ID number of contributing federal political committee: C

Name of Employer: RehabCare Group, Inc. Occupation: Management

Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date

SUBTOTAL of Receipts This Page (optional): 937.50

TOTAL This Period (last page this line number only):

25034007301

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

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NAME OF COMMITTEE (In Full)  
RehabCare Group, Inc.

**A. Sauber, Alan**

Full Name (Last, First, Middle Initial)  
Mailing Address  
6327 Seton House Lane  
City: Charlotte State: NC Zip Code: 28277

Date of Receipt: 06 / 17 / 2005

FEC ID number of contributing federal political committee: C

Amount of Each Receipt this Period: 550.00

Name of Employer: RehabCare Group, Inc. Occupation: Management

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date

**B. Short, John**

Full Name (Last, First, Middle Initial)  
Mailing Address  
7733 Forsyth Blvd, Suite 2300  
City: Clayton State: MO Zip Code: 63105

Date of Receipt: 06 / 17 / 2005

FEC ID number of contributing federal political committee: C

Amount of Each Receipt this Period: 2,291.63

Name of Employer: RehabCare Group, Inc. Occupation: Management

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date

**C. Snell, Barbara**

Full Name (Last, First, Middle Initial)  
Mailing Address  
610 Pacific Avenue  
City: Webster Groves State: MO Zip Code: 63119

Date of Receipt: 06 / 17 / 2005

FEC ID number of contributing federal political committee: C

Amount of Each Receipt this Period: 200.00

Name of Employer: RehabCare Group, Inc. Occupation: Management

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date

SUBTOTAL of Receipts This Page (optional) ..... 3,041.63

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

2503687342



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

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NAME OF COMMITTEE (In Full)  
RehabCare Group, Inc. PAC

Full Name (Last, First, Middle Initial) <b>A. Welch, Colleen</b>		Date of Receipt 02 / 08 / 2005
Mailing Address 109 Lynnwood Terrace		Amount of Each Receipt this Period 5,000.00
City Nashville	State TN	
Zip Code 37205		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C		
Name of Employer RehabCare Group, Inc.	Occupation Board of Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ [ ]	

Full Name (Last, First, Middle Initial) <b>B. Frisch, Jay</b>		Date of Receipt 02 / 04 / 2005
Mailing Address 3008 Acorn Court		Amount of Each Receipt this Period 250.00
City Schenectady	State NY	
Zip Code 12303		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ [ ]	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt [ ] / [ ] / [ ]
Mailing Address		Amount of Each Receipt this Period [ ]
City	State	
Zip Code		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ [ ]	

SUBTOTAL of Receipts This Page (optional).....▶	5,250.00
TOTAL This Period (last page this line number only).....▶	15,126.24

2501887344

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE	OF
	<input type="checkbox"/> 21b <input type="checkbox"/> 27	<input type="checkbox"/> 22 <input type="checkbox"/> 28a	<input type="checkbox"/> 23 <input type="checkbox"/> 28b	<input type="checkbox"/> 24 <input type="checkbox"/> 28c	<input type="checkbox"/> 25 <input type="checkbox"/> 29	<input type="checkbox"/> 26 <input type="checkbox"/> 30b		

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NAME OF COMMITTEE (In Full)  
RehabCare Group, Inc. PAC

**A.** Full Name (Last, First, Middle Initial)  
Ensign for Senate

Date of Disbursement  
02 / 10 / 2005

Mailing Address

City: Washington State: D.C. Zip Code

Purpose of Disbursement: Fundraising Dinner

Candidate Name: U.S. Senator John Ensign

Office Sought:  House  Senate  President  
State: NV District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Amount of Each Disbursement this Period  
1,000.00

**B.** Full Name (Last, First, Middle Initial)

Date of Disbursement

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

Amount of Each Disbursement this Period

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

Date of Disbursement

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

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ..... 1,000.00

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

20050827

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 7/29/05
<input type="checkbox"/> USPS Priority Mail Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	Postmarked
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify): Next Business Day Delivery <input type="checkbox"/>	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

*Er* *8/3/05*  
**PREPARER** **DATE PREPARED**  
 (3/2005)

2503007346