

**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

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.

**A. Sauber, Alan**

Full Name (Last, First, Middle Initial)  
Sauber, Alan

Mailing Address  
6327 Seton House Lane

City: Charlotte State: NC Zip Code: 28277

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: 550.00

**B. Short, John**

Full Name (Last, First, Middle Initial)  
Short, John

Mailing Address  
7733 Forsyth Blvd, Suite 2300

City: Clayton State: MO Zip Code: 63105

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: 2,291.63

**C. Snell, Barbara**

Full Name (Last, First, Middle Initial)  
Snell, Barbara

Mailing Address  
610 Pacific Avenue

City: Webster Groves State: MO Zip Code: 63119

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: 200.00

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

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

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