

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
REHABCARE GROUP INC PAC

ADDRESS (number and street) 7733 FORSYTH BLVD SUITE 2300
ATTN: PAC PRESIDENT
 Check if different than previously reported. (ACC)
ST LOUIS MO 63105

2. **FEC IDENTIFICATION NUMBER** C00407130
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 Quarterly 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 (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on 11 04 2008 in the State of MO

5. Covering Period 10 16 2008 through 11 24 2008

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 Mr. Jeff A. Zadoks
Signature of Treasurer Electronically Filed by Mr. Jeff A. Zadoks Date 12 02 2008

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

FEC FORM 3X
(Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
REHABCARE GROUP INC PAC

Report Covering the Period: From:

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		40985.26
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	35278.84									
(c) Total Receipts (from Line 19)	5501.17	61835.23								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	40780.01	102820.49								
7. Total Disbursements (from Line 31)	5516.46	67556.94								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	35263.55	35263.55								
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
REHABCARE GROUP INC PAC

Report Covering the Period: From:

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

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	4653.30	54677.64
(i) Itemized (use Schedule A)	847.87	7157.59
(ii) Unitemized	5501.17	61835.23
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	5501.17	61835.23
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 Transfer (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))	5501.17	61835.23
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	5501.17	61835.23

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	16.46	56.94
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	16.46	56.94
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5500.00	67500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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) Shared 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))..	5516.46	67556.94
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5516.46	67556.94

DETAILED SUMMARY PAGE
of Disbursements

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	5501.17	61835.23
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5501.17	61835.23
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	16.46	56.94
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	16.46	56.94

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 / 16
	<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)
REHABCARE GROUP INC PAC

A.	Full Name (Last, First, Middle Initial) Mr. Donald A Adam	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address 11576 New London Drive	Transaction ID: SA11AI.5201
	City State Zip Code Creve Coeur MO 63141	Amount of Each Receipt this Period 238.10
	FEC ID number of contributing federal political committee. C	payroll deduction
	Name of Employer Occupation RehabCare Group, Inc Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 952.40	

B.	Full Name (Last, First, Middle Initial) Kenneth K Adams	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address 5606 Vickery Blvd	Transaction ID: SA11AI.5215
	City State Zip Code Dallas TX 75206	Amount of Each Receipt this Period 31.25
	FEC ID number of contributing federal political committee. C	payroll deduction
	Name of Employer Occupation RehabCare Group, Inc mngmt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 468.75	

C.	Full Name (Last, First, Middle Initial) Ms Dorene Albright	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address 1400 N Elmer Street	Transaction ID: SA11AI.5220
	City State Zip Code Griffith IN 46319	Amount of Each Receipt this Period 62.50
	FEC ID number of contributing federal political committee. C	payroll deduction
	Name of Employer Occupation RehabCare Group, Inc Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 247.50	

SUBTOTAL of Receipts This Page (optional)	331.85
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 / 16
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
REHABCARE GROUP INC PAC

A. Full Name (Last, First, Middle Initial)
Mr Mark Asnen

Mailing Address 2821 Cobblestone Crossing

City State Zip Code
Dayton OH 45458

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RehabCare Group, Inc Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 238.00

Date of Receipt MM / DD / YYYY
11 / 24 / 2008

Transaction ID: SA11AI.5218

Amount of Each Receipt this Period 59.50

payroll deduction

B. Full Name (Last, First, Middle Initial)
Mr Roger T Byrne

Mailing Address 724 Don Ron

City State Zip Code
St. Louis MO 63123

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RehabCare Group, Inc Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 218.82

Date of Receipt MM / DD / YYYY
11 / 24 / 2008

Transaction ID: SA11AI.5222

Amount of Each Receipt this Period 52.10

payroll deduction

C. Full Name (Last, First, Middle Initial)
Katherine J Corrigan

Mailing Address 7733 Forsyth Blvd
Ste 2300

City State Zip Code
St. Louis MO 63105

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RehabCare Group, Inc Mngmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt MM / DD / YYYY
11 / 24 / 2008

Transaction ID: SA11AI.5219

Amount of Each Receipt this Period 50.00

payroll deduction

SUBTOTAL of Receipts This Page (optional) 161.60

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 8 / 16
	<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)
REHABCARE GROUP INC PAC

A.	Full Name (Last, First, Middle Initial) Mr Michael J Dixon	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address 2694 Whitetail Ln	Transaction ID: SA11AI.5214
	City O'Fallon State MO Zip Code 63366	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	payroll deduction
Name of Employer RehabCare Group, Inc	Occupation Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

B.	Full Name (Last, First, Middle Initial) Mr. Peter H Doerner	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address 2009 Micanopy Tr	Transaction ID: SA11AI.5199
	City Nokomis State FL Zip Code 34275	Amount of Each Receipt this Period 238.10
	FEC ID number of contributing federal political committee. C	payroll deduction
Name of Employer RehabCare Group, Inc	Occupation Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 952.40	

C.	Full Name (Last, First, Middle Initial) Dick S Escue	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address 1026 Station Bend Lane	Transaction ID: SA11AI.5207
	City St. Louis State MO Zip Code 63122	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	payroll deduction
Name of Employer RehabCare Group, Inc.	Occupation mngmnt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	

SUBTOTAL of Receipts This Page (optional)	588.10
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 / 16
	<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)
REHABCARE GROUP INC PAC

A.	Full Name (Last, First, Middle Initial) Mr. Michael R Garcia	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address 742 Mark Wesley Lane	Transaction ID: SA11AI.5213
	City State Zip Code Ballwin MO 63021	Amount of Each Receipt this Period 208.35
	FEC ID number of contributing federal political committee. C	payroll deduction
Name of Employer RehabCare Group, Inc.	Occupation Executive Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.72	

B.	Full Name (Last, First, Middle Initial) Randy K Hamilton	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address 2700 Stonefield Lane	Transaction ID: SA11AI.5210
	City State Zip Code LaGrange KY 40031	Amount of Each Receipt this Period 142.86
	FEC ID number of contributing federal political committee. C	payroll deduction
Name of Employer RehabCare Group, Inc	Occupation management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 404.77	

C.	Full Name (Last, First, Middle Initial) Mr Michael A Katzfey	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address 1016 Tidewater Place Ct	Transaction ID: SA11AI.5223
	City State Zip Code Town and Country MO 63017	Amount of Each Receipt this Period 52.10
	FEC ID number of contributing federal political committee. C	payroll deduction
Name of Employer RehabCare Group, Inc	Occupation Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 218.82	

SUBTOTAL of Receipts This Page (optional)	403.31
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 10 / 16
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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 PAC

A.	Full Name (Last, First, Middle Initial) Richard E LaCourse	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address 35 Winding Lane	Transaction ID: SA11AI.5211
	City State Zip Code Basking Ridge NJ 07920	Amount of Each Receipt this Period 62.50
	FEC ID number of contributing federal political committee. C	payroll deduction
	Name of Employer Occupation RehabCare Group, Inc mngmt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 262.50	

B.	Full Name (Last, First, Middle Initial) Ms Linda J Maes	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address 20214 Water Point Trail	Transaction ID: SA11AI.5227
	City State Zip Code Kingwood TX 77346	Amount of Each Receipt this Period 59.50
	FEC ID number of contributing federal political committee. C	payroll deduction
	Name of Employer Occupation RehabCare Group, Inc Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.90	

C.	Full Name (Last, First, Middle Initial) Mr. Martin F Mann	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address 3603 Falkner Drive	Transaction ID: SA11AI.5221
	City State Zip Code Naperville IL 60564	Amount of Each Receipt this Period 52.05
	FEC ID number of contributing federal political committee. C	payroll deduction
	Name of Employer Occupation RehabCare Group, Inc. Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 218.61	

SUBTOTAL of Receipts This Page (optional)	174.05
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 16
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
REHABCARE GROUP INC PAC

A. Full Name (Last, First, Middle Initial)
Ms Deborah M Miller

Mailing Address 1085 Harness

City State Zip Code
St. Charles MO 63304

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

Name of Employer Occupation
RehabCare Group, Inc. management

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.5228

Amount of Each Receipt this Period
200.00

payroll deduction

B. Full Name (Last, First, Middle Initial)
Ms Janet L Nicoll

Mailing Address 4909 Laclede Avenue
Unit 1306

City State Zip Code
St. Louis MO 63108

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

Name of Employer Occupation
RehabCare Group, Inc. Management

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
874.86

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.5203

Amount of Each Receipt this Period
208.30

payroll deduction

C. Full Name (Last, First, Middle Initial)
Sharon L Noe

Mailing Address 13551 182nd Street

City State Zip Code
Linwood KS 66052

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

Name of Employer Occupation
RehabCare Group, Inc mngmt

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
875.07

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.5205

Amount of Each Receipt this Period
208.35

payroll deduction

SUBTOTAL of Receipts This Page (optional) ► **616.65**

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 12 / 16
(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)
REHABCARE GROUP INC PAC

A.

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

Mailing Address 6327 Seton House Ln

City State Zip Code
Charlotte NC 28277

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

Name of Employer Occupation
RehabCare Group, Inc Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.5206

Amount of Each Receipt this Period
250.00

payroll deduction

B.

Full Name (Last, First, Middle Initial)
Ms Sherrie Sharp

Mailing Address 44 Durance

City State Zip Code
Little Rock AR 72223

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

Name of Employer Occupation
RehabCare Group, Inc Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 218.82

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.5224

Amount of Each Receipt this Period
52.10

payroll deduction

C.

Full Name (Last, First, Middle Initial)
Dr. John H Short

Mailing Address 4377 McPherson

City State Zip Code
St. Louis MO 63108

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

Name of Employer Occupation
RehabCare Group, Inc CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1562.55

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.5216

Amount of Each Receipt this Period
520.85

payroll deduction

SUBTOTAL of Receipts This Page (optional) ► **822.95**

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 / 16
(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)
REHABCARE GROUP INC PAC

A.

Full Name (Last, First, Middle Initial)
Jay W Shreiner

Mailing Address 1800 S. Brentwood Blvd
Apt 223

City State Zip Code
St. Louis MO 63144

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

Name of Employer Occupation
RehabCare Group, Inc CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2023.85

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.5202

Amount of Each Receipt this Period
595.25

payroll deduction

B.

Full Name (Last, First, Middle Initial)
Ms Laurie A. Thomas

Mailing Address 3106 Montana del Sol

City State Zip Code
San Clemente CA 92673

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

Name of Employer Occupation
RehabCare Group, Inc Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1105.23

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.5208

Amount of Each Receipt this Period
263.15

payroll deduction

C.

Full Name (Last, First, Middle Initial)
Mr. David J Totaro

Mailing Address 4904 Pershing Place

City State Zip Code
St. Louis MO 63108

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

Name of Employer Occupation
RehabCare Group, Inc Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.06

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.5204

Amount of Each Receipt this Period
83.34

payroll deduction

SUBTOTAL of Receipts This Page (optional) ► **941.74**

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 / 16
	<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)
REHABCARE GROUP INC PAC

A.	Full Name (Last, First, Middle Initial) Ms Mary Pat Welc	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address 4342 McPherson	Transaction ID: SA11AI.5200
	City State Zip Code St. Louis MO 63108	Amount of Each Receipt this Period 238.10
	FEC ID number of contributing federal political committee. C	payroll deduction
	Name of Employer Occupation RehabCare Group, Inc Management Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 952.40	

B.	Full Name (Last, First, Middle Initial) Patricia S Williams	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address 1602 Vintage Ridge	Transaction ID: SA11AI.5212
	City State Zip Code Wildwood MO 63308	Amount of Each Receipt this Period 208.35
	FEC ID number of contributing federal political committee. C	payroll deduction
	Name of Employer Occupation RehabCare Group, Inc management Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 583.38	

C.	Full Name (Last, First, Middle Initial) Ms Peggy F Williams	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address 670 Saddle Dr	Transaction ID: SA11AI.5217
	City State Zip Code St. Louis MO 63303	Amount of Each Receipt this Period 59.50
	FEC ID number of contributing federal political committee. C	payroll deduction
	Name of Employer Occupation RehabCare Group, Inc. management Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 231.05	

SUBTOTAL of Receipts This Page (optional)	505.95
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 15 / 16
	(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)
REHABCARE GROUP INC PAC

A.

Full Name (Last, First, Middle Initial)
Ms Deborah K Wintner

Mailing Address 16339 Bellingham Dr

City State Zip Code
Chesterfield MO 63017

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

Name of Employer Occupation
RehabCare Group, Inc Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 218.82

Date of Receipt
MM / DD / YYYY
11 / 24 / 2008

Transaction ID: SA11AI.5225

Amount of Each Receipt this Period
52.10

payroll deduction

B.

Full Name (Last, First, Middle Initial)
Mr. Jeff A. Zadoks

Mailing Address 2024 Sundowner Ridge Drive

City State Zip Code
Wildwood MO 63011

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

Name of Employer Occupation
RehabCare Group, Inc Corporate Controller

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 231.00

Date of Receipt
MM / DD / YYYY
11 / 24 / 2008

Transaction ID: SA11AI.5226

Amount of Each Receipt this Period
55.00

payroll deduction

SUBTOTAL of Receipts This Page (optional)	107.10
TOTAL This Period (last page this line number only)	4653.30

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)
REHABCARE GROUP INC PAC

<p>A. Full Name (Last, First, Middle Initial) CARNAHAN IN CONGRESS</p> <p>Mailing Address 7370 Manchester Rd STE 20</p> <p>City St. Louis State MO Zip Code 63143</p> <p>Purpose of Disbursement House general</p> <p>Candidate Name RUSSELL CARNAHAN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 03</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5234</p> <p>Date of Disbursement 10 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) MCCONNELL SENATE COMMITTEE '08</p> <p>Mailing Address PO BOX 1496</p> <p>City LOUISVILLE State KY Zip Code 40201</p> <p>Purpose of Disbursement Senate general</p> <p>Candidate Name MITCH MCCONNELL</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5235</p> <p>Date of Disbursement 10 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>C. Full Name (Last, First, Middle Initial) NANCY BOYDA FOR CONGRESS</p> <p>Mailing Address PO Box 1474</p> <p>City Topeka State KS Zip Code 66601</p> <p>Purpose of Disbursement House general</p> <p>Candidate Name NANCY E E BOYDA</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 02</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5231</p> <p>Date of Disbursement 10 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p>

SUBTOTAL of Disbursements This Page (optional)	5500.00
TOTAL This Period (last page this line number only)	5500.00