

# 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

[Empty box for committee name]

Homecare & Hospice PAC

ADDRESS (number and street)

C/O Simone Consultants LLC

4130 Whitney Avenue

X Check if different than previously reported. (ACC)

Hamden

CT

06518

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIPCODE

C00431981

3. IS THIS REPORT

X

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)
- Mar 20 (M3)
- Apr 20 (M4)

- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)

- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)

- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- Convention (12C)
- General (12G)
- Special (12G)

Runoff (12R)

Election on

[Empty boxes for election date]

in the State of

[Empty box for state]

(d) 30-Day Post -Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on

[Empty boxes for election date]

in the State of

[Empty box for state]

5. Covering Period

07

01

2009

through

12

31

2009

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 Electronically Filed by Ruth L. Constant

Date

01

20

2010

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**

Write or Type Committee Name  
Homecare & Hospice PAC

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><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>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		31783.88
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	58389.31									
(c) Total Receipts (from Line 19) .....	35667.00	122441.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	94056.31	154224.88								
7. Total Disbursements (from Line 31) .....	85633.48	145802.05								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	8422.83	8422.83								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
Homecare & Hospice PAC

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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) .....	30350.00	110950.00
(ii) Unitemized .....	5317.00	11491.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	35667.00	122441.00
(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) .....	35667.00	122441.00
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 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)) .....	35667.00	122441.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	35667.00	122441.00

## DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	5133.48	10302.05
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	5133.48	10302.05
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	79000.00	134000.00
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 .....	1500.00	1500.00
(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)) .....	1500.00	1500.00
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))..	85633.48	145802.05
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	85633.48	145802.05

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	35667.00	122441.00
34. Total Contribution Refunds (from Line 28(d)) .....	1500.00	1500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	34167.00	120941.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	5133.48	10302.05
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	5133.48	10302.05

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 38

(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)  
Homecare & Hospice PAC

**A.**

Full Name (Last, First, Middle Initial)  
Sheryl Bellinger

Mailing Address 3140 North Buttercup Circle

City State Zip Code  
Erie CO 80516

FEC ID number of contributing federal political committee. C

Name of Employer Professional Home Health Care. Occupation owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt M M / D D / Y Y Y Y Y  
10 / 29 / 2009

**Transaction ID:** 91201.C480

Amount of Each Receipt this Period 1000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)  
Robert Blair

Mailing Address 402 SE G Street

City State Zip Code  
Grants Pass OR 97526

FEC ID number of contributing federal political committee. C

Name of Employer Riverside Home Health Care. Occupation operations manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt M M / D D / Y Y Y Y Y  
10 / 27 / 2009

**Transaction ID:** 91201.C478

Amount of Each Receipt this Period 500.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)  
Ellen Bolch

Mailing Address 703 Dancy Ave.

City State Zip Code  
Savannah GA 31409

FEC ID number of contributing federal political committee. C

Name of Employer THA Group. Occupation President/CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 6000.00

Date of Receipt M M / D D / Y Y Y Y Y  
10 / 15 / 2009

**Transaction ID:** 91012.C390

Amount of Each Receipt this Period 1000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... 2500.00

**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 / 38  
(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)  
Homecare & Hospice PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Walter Borginis</p> <p>Mailing Address 3525 Caley Road</p> <p>City State Zip Code Newtown Square PA 19073</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer VNA of Greater Philadelphia</p> <p>Occupation Exec. VP/CFO</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">500.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 2 / 1 7 / 2 0 0 9</span></p> <p><b>Transaction ID:</b> 00107.C514</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">500.00</span></p> <p>Receipt</p>
--	--

<p><b>B.</b> Full Name (Last, First, Middle Initial) Jennifer Chadwick</p> <p>Mailing Address PO Box 2019</p> <p>City State Zip Code Ruidoso NM 88355</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Ruidoso Home Care &amp; Hospice</p> <p>Occupation RN/Administrator</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 2 / 1 7 / 2 0 0 9</span></p> <p><b>Transaction ID:</b> 00107.C515</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p> <p>Receipt</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Richard Chesney</p> <p>Mailing Address 1133 Dundee Drive</p> <p>City State Zip Code Dresher PA 19025</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Healthcare Market Resources</p> <p>Occupation Healthcare Executive</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">500.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 9 / 0 4 / 2 0 0 9</span></p> <p><b>Transaction ID:</b> 91012.C372</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">500.00</span></p> <p>Receipt</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">2000.00</span>
<b>TOTAL</b> 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 / 38  
(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)  
Homecare & Hospice PAC

**A.**

Full Name (Last, First, Middle Initial)  
Marcylle Combs

Mailing Address 3 Bains Court

City Argyle State TX Zip Code 76226

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

Name of Employer FMS Regional Occupation owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5500.00

Date of Receipt: 10 / 16 / 2009  
**Transaction ID:** 91023.C476  
 Amount of Each Receipt this Period: 5000.00  
 Receipt

**B.**

Full Name (Last, First, Middle Initial)  
Daniel Cosentino

Mailing Address 1228 Adrian Drive

City Chanhassen State MN Zip Code 55317

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

Name of Employer Cardiocom Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 11 / 09 / 2009  
**Transaction ID:** 91201.C508  
 Amount of Each Receipt this Period: 1000.00  
 Receipt

**C.**

Full Name (Last, First, Middle Initial)  
Andrea Devoti

Mailing Address PO Box 475

City Valley Forge State PA Zip Code 19481

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

Name of Employer NAHC Occupation Executive Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt: 08 / 06 / 2009  
**Transaction ID:** 90824.C305  
 Amount of Each Receipt this Period: 250.00  
 Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **6250.00**

**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 9 / 38  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Homecare & Hospice PAC

**A.** Full Name (Last, First, Middle Initial)  
Andrea Devoti

Mailing Address PO Box 475

City State Zip Code  
Valley Forge PA 19481

FEC ID number of contributing federal political committee. C

Name of Employer NAHC      Occupation Executive Director

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt M M / D D / Y Y Y Y  
10 / 16 / 2009

**Transaction ID:** 91023.C465

Amount of Each Receipt this Period 1000.00

Receipt

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

Mailing Address 491 Holderman Place

City State Zip Code  
New Lebanon OH 45345-1513

FEC ID number of contributing federal political committee. C

Name of Employer Buckeye Home Health Care      Occupation owner

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y  
10 / 15 / 2009

**Transaction ID:** 91012.C389

Amount of Each Receipt this Period 250.00

Receipt

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

Mailing Address 491 Holderman Place

City State Zip Code  
New Lebanon OH 45345-1513

FEC ID number of contributing federal political committee. C

Name of Employer Buckeye Home Health Care      Occupation owner

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt M M / D D / Y Y Y Y  
10 / 15 / 2009

**Transaction ID:** 91012.C388

Amount of Each Receipt this Period 100.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... 1350.00

**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 10 / 38
	(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)  
Homecare & Hospice PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Rachael Fitzpatrick		Date of Receipt
	Mailing Address 9219 Bundoran		<input type="text" value="10"/> / <input type="text" value="16"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Orland Park	IL	60462
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 91023.C461
Name of Employer Angels at Home Health Care		Occupation home health	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="1000.00"/>
		<input type="text" value="1000.00"/>	Receipt

<b>B.</b>	Full Name (Last, First, Middle Initial) David Foster		Date of Receipt
	Mailing Address 1233 Monroe NE		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Albuquerque	NM	87110
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 91012.C392
Name of Employer Maroland LLC		Occupation home health care provider	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="1000.00"/>
		<input type="text" value="1000.00"/>	Receipt

<b>C.</b>	Full Name (Last, First, Middle Initial) Nicholas Gachassin		Date of Receipt
	Mailing Address 110 Port Royal Circle		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Lafayette	LA	70508
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 91012.C400
Name of Employer Gachassin Law Firm		Occupation attorney	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="2500.00"/>
		<input type="text" value="2500.00"/>	Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="4500.00"/>
<b>TOTAL</b> 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 11 / 38  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Homecare & Hospice PAC

**A.** Full Name (Last, First, Middle Initial)  
Joie Glenn  
 Mailing Address 5205 Molokai St., NE  
 City Albuquerque State NM Zip Code 87111  
 Date of Receipt 10 / 15 / 2009  
 Transaction ID: 91012.C387  
 Amount of Each Receipt this Period 500.00  
 Receipt  
 FEC ID number of contributing federal political committee. C  
 Name of Employer N. Mexico Assn of Home & Hospi Occupation Executive Director  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00

**B.** Full Name (Last, First, Middle Initial)  
Betty Gordon  
 Mailing Address 125 Coolidge Ave., #606  
 City Watertown State CT Zip Code 02472  
 Date of Receipt 07 / 24 / 2009  
 Transaction ID: 90824.C309  
 Amount of Each Receipt this Period 250.00  
 Receipt  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Simone Consultants Occupation consultant  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

**C.** Full Name (Last, First, Middle Initial)  
Betty Gordon  
 Mailing Address 125 Coolidge Ave., #606  
 City Watertown State CT Zip Code 02472  
 Date of Receipt 12 / 17 / 2009  
 Transaction ID: 00107.C513  
 Amount of Each Receipt this Period 1000.00  
 Receipt  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Simone Consultants Occupation consultant  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1750.00  
**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 12 / 38

(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)  
Homecare & Hospice PAC

**A.**

Full Name (Last, First, Middle Initial)  
Ambrose Hernandez

Mailing Address 5277 Old Brownsville Rd., Ste. 205

City State Zip Code  
Corpus Christi TX 78405

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

Name of Employer Occupation  
Legacy Home Health Agency President

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: 91023.C467

Amount of Each Receipt this Period

1000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)  
Timothy Huffman

Mailing Address 5391 Applewood Lane

City State Zip Code  
Lebanon OH 45036

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

Name of Employer Occupation  
Buckeye Home Health Care PT owner

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: 91023.C472

Amount of Each Receipt this Period

350.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)  
D. E. Lawrence

Mailing Address 501 Volusia Ave.

City State Zip Code  
Dayton OH 45409

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

Name of Employer Occupation  
Buckeye Home Health Care PT owner

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 9

Transaction ID: 91012.C391

Amount of Each Receipt this Period

350.00

Receipt

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

1700.00

**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 13 / 38

(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)  
Homecare & Hospice PAC

**A.**

Full Name (Last, First, Middle Initial)  
Larry Leahy

Mailing Address 222 Thiel Road

City State Zip Code  
Yoakum TX 77995

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

Name of Employer Occupation  
FMS Regional CFO

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: 91023.C462

Amount of Each Receipt this Period

250.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)  
Lawrence Leahy

Mailing Address 222 Thiele Drive

City State Zip Code  
Yoakum TX 77995

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

Name of Employer Occupation  
Foundation Management Services Vice President Finance

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
500.00

Date of Receipt

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

Transaction ID: 00107.C511

Amount of Each Receipt this Period

250.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)  
Michael Lee

Mailing Address 9705 Fox Bluff Lane

City State Zip Code  
Spring Grove IL 60081

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

Name of Employer Occupation  
Medline Industries Inc. President

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
1000.00

Date of Receipt

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

Transaction ID: 91201.C507

Amount of Each Receipt this Period

1000.00

Receipt

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

1500.00

**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 14 / 38  
(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)  
Homecare & Hospice PAC

**A.**

Full Name (Last, First, Middle Initial)  
Susan Levine

Mailing Address 4201 E. Keim Drive

City State Zip Code  
Paradise Valley AZ 85253

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

Name of Employer Occupation  
Hospice of the Valley Healthcare Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
10 / 15 / 2009

Transaction ID: 91012.C397

Amount of Each Receipt this Period  
500.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)  
Gary Moffitt

Mailing Address 6412 Tear Drop Court

City State Zip Code  
Farmington NM 87402

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

Name of Employer Occupation  
Basin Home Health, Inc. owner/operator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
10 / 28 / 2009

Transaction ID: 91201.C479

Amount of Each Receipt this Period  
1000.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)  
Patricia OBrien

Mailing Address 295 Temple St., #302

City State Zip Code  
West Roxbury MA 02132

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

Name of Employer Occupation  
Hebrew Senior Life Exec. Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
10 / 16 / 2009

Transaction ID: 91023.C469

Amount of Each Receipt this Period  
250.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1750.00**

**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 15 / 38  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Homecare & Hospice PAC

**A.** Full Name (Last, First, Middle Initial)  
Michele Quirolo  
Mailing Address 5 Raynor Ave.  
City State Zip Code  
Mount Vernon NY 10552  
FEC ID number of contributing federal political committee. **C**  
Name of Employer VNA of Hudson Valley Occupation President/CEO  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 950.00  
Date of Receipt MM / DD / YYYY 07 / 24 / 2009  
Transaction ID: 90824.C310  
Amount of Each Receipt this Period 250.00  
Receipt

**B.** Full Name (Last, First, Middle Initial)  
Michele Quirolo  
Mailing Address 5 Raynor Ave.  
City State Zip Code  
Mount Vernon NY 10552  
FEC ID number of contributing federal political committee. **C**  
Name of Employer VNA of Hudson Valley Occupation President/CEO  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1200.00  
Date of Receipt MM / DD / YYYY 10 / 15 / 2009  
Transaction ID: 91012.C395  
Amount of Each Receipt this Period 250.00  
Receipt

**C.** Full Name (Last, First, Middle Initial)  
Michele Quirolo  
Mailing Address 5 Raynor Ave.  
City State Zip Code  
Mount Vernon NY 10552  
FEC ID number of contributing federal political committee. **C**  
Name of Employer VNA of Hudson Valley Occupation President/CEO  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1450.00  
Date of Receipt MM / DD / YYYY 12 / 17 / 2009  
Transaction ID: 00107.C512  
Amount of Each Receipt this Period 250.00  
Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 750.00  
**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 / 38  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Homecare & Hospice PAC

**A.** Full Name (Last, First, Middle Initial)  
Robert Simone

Mailing Address 400 E. 70th St., Apt 908

City State Zip Code  
New York NY 10021

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Simione Consultants Principal

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt MM / DD / YYYY  
08 / 06 / 2009

**Transaction ID:** 90824.C307

Amount of Each Receipt this Period 50.00

Receipt

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

Mailing Address 22 Highland Street

City State Zip Code  
Milford MA 01757

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Overlock UNA Executive Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt MM / DD / YYYY  
07 / 24 / 2009

**Transaction ID:** 90824.C311

Amount of Each Receipt this Period 250.00

Receipt

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

Mailing Address 22 Highland Street

City State Zip Code  
Milford MA 01757

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Overlock UNA Executive Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1350.00

Date of Receipt MM / DD / YYYY  
10 / 15 / 2009

**Transaction ID:** 91012.C394

Amount of Each Receipt this Period 500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... 800.00

**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 17 / 38
	<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)  
Homecare & Hospice PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Stephen Stone	Date of Receipt MM / DD / YYYY 10 / 16 / 2009
	Mailing Address 5553 Winding Cape Way	<b>Transaction ID:</b> 91023.C464
	City State Zip Code Mason OH 45040	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Blackstone Home Care home care executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Susan Telli	Date of Receipt MM / DD / YYYY 10 / 16 / 2009
	Mailing Address 1209 North Rio Vista Blvd	<b>Transaction ID:</b> 91023.C475
	City State Zip Code Fort Lauderdale FL 33301	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation HospiceCare of Southeast FL Healthcare Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) David Tramontana	Date of Receipt MM / DD / YYYY 10 / 16 / 2009
	Mailing Address 7242 Crinstead Court	<b>Transaction ID:</b> 91023.C463
	City State Zip Code Cincinnati OH 45236	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Blackstone Home Care CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2500.00
<b>TOTAL</b> 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 18 / 38  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Homecare & Hospice PAC

**A.** Full Name (Last, First, Middle Initial)  
Pamela Wigglesworth  
Mailing Address RR 2 Box 39F  
City Alderson State WV Zip Code 24910  
FEC ID number of contributing federal political committee. **C**  
Name of Employer LHC Group Occupation state director  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 10 / 08 / 2009  
Transaction ID: 91012.C403  
Amount of Each Receipt this Period 1000.00  
Receipt

**B.** Full Name (Last, First, Middle Initial)  
Daniel Wilson  
Mailing Address PO Box 2493  
City Lindale State TX Zip Code 75771  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Paradigm Rehab & Nursing LP Occupation CEO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 10 / 16 / 2009  
Transaction ID: 91023.C471  
Amount of Each Receipt this Period 1000.00  
Receipt

**C.** Full Name (Last, First, Middle Initial)  
James Wilson  
Mailing Address 554 Hwy 790  
City Bronston State KY Zip Code 42518  
FEC ID number of contributing federal political committee. **C**  
Name of Employer LHC Group Occupation home health  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 10 / 12 / 2009  
Transaction ID: 91012.C404  
Amount of Each Receipt this Period 1000.00  
Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3000.00  
**TOTAL** This Period (last page this line number only) ..... ► 30350.00

# 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)

PAGE 19 / 38

<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Morgan, Meredith & Associates  Mailing Address 2875 Towerview Rd., Ste. 1000  City Herndon State VA Zip Code 20171-  Purpose of Disbursement FEC reporting & admin services Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 90717.E113 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 1 6 / 2 0 0 9	Amount of Each Disbursement this Period 500.00  FEC REPORTING & ADMIN SERVICES
<b>B.</b>	Full Name (Last, First, Middle Initial) Morgan, Meredith & Associates  Mailing Address 2875 Towerview Rd., Ste. 1000  City Herndon State VA Zip Code 20171-  Purpose of Disbursement FEC reporting & admin services Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 90824.E120 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 7 / 2 0 0 9	Amount of Each Disbursement this Period 550.00  FEC REPORTING & ADMIN SERVICES
<b>C.</b>	Full Name (Last, First, Middle Initial) Morgan, Meredith & Associates  Mailing Address 2875 Towerview Rd., Ste. 1000  City Herndon State VA Zip Code 20171-  Purpose of Disbursement FEC reporting & admin services Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 91012.E126 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 9	Amount of Each Disbursement this Period 800.00  FEC REPORTING & ADMIN SERVICES

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1850.00
<b>TOTAL</b> 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 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

A.	Full Name (Last, First, Middle Initial) Morgan, Meredith & Associates	Transaction ID: 91022.E146
	Mailing Address 2875 Towerview Rd., Ste. 1000	Date of Disbursement 10 / 13 / 2009
	City Herndon State VA Zip Code 20171-	Amount of Each Disbursement this Period 300.00
	Purpose of Disbursement FEC reporting & admin services	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	FEC REPORTING & ADMIN SERVICES
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Morgan, Meredith & Associates	Transaction ID: 91201.E159
	Mailing Address 2875 Towerview Rd., Ste. 1000	Date of Disbursement 11 / 16 / 2009
	City Herndon State VA Zip Code 20171-	Amount of Each Disbursement this Period 612.50
	Purpose of Disbursement FEC reporting & admin services	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	FEC REPORTING & ADMIN SERVICES
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Morgan, Meredith & Associates	Transaction ID: 00111.E176
	Mailing Address 2875 Towerview Rd., Ste. 1000	Date of Disbursement 12 / 04 / 2009
	City Herndon State VA Zip Code 20171-	Amount of Each Disbursement this Period 300.00
	Purpose of Disbursement FEC reporting & admin services	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	FEC REPORTING & ADMIN SERVICES
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **1212.50**

**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)

PAGE 21 / 38

<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

A.	Full Name (Last, First, Middle Initial) Morgan, Meredith & Associates	Transaction ID: 00107.E167 Date of Disbursement 12 / 28 / 2009
	Mailing Address 2875 Towerview Rd., Ste. 1000	Amount of Each Disbursement this Period 400.00
	City Herndon State VA Zip Code 20171-	
	Purpose of Disbursement FEC reporting & admin services	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		FEC REPORTING & ADMIN SERVICES

B.	Full Name (Last, First, Middle Initial) Paypal.com	Transaction ID: 91012.E136 Date of Disbursement 08 / 06 / 2009
	Mailing Address 2145 Hamilton Avenue	Amount of Each Disbursement this Period 11.05
	City San Jose State CA Zip Code 95125-	
	Purpose of Disbursement merchant service charge	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		MERCHANT SERVICE CHARGE

C.	Full Name (Last, First, Middle Initial) Paypal.com	Transaction ID: 91012.E137 Date of Disbursement 08 / 10 / 2009
	Mailing Address 2145 Hamilton Avenue	Amount of Each Disbursement this Period 1.75
	City San Jose State CA Zip Code 95125-	
	Purpose of Disbursement merchant service charge	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		MERCHANT SERVICE CHARGE

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>412.80</b>
<b>TOTAL</b> 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 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

A.	Full Name (Last, First, Middle Initial) Paypal.com	Transaction ID: 91012.E134 Date of Disbursement 09 / 30 / 2009
	Mailing Address 2145 Hamilton Avenue	Amount of Each Disbursement this Period 3.20
	City San Jose State CA Zip Code 95125-	
	Purpose of Disbursement merchant service charge Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		MERCHANT SERVICE CHARGE

B.	Full Name (Last, First, Middle Initial) Paypal.com	Transaction ID: 91012.E135 Date of Disbursement 10 / 12 / 2009
	Mailing Address 2145 Hamilton Avenue	Amount of Each Disbursement this Period 61.80
	City San Jose State CA Zip Code 95125-	
	Purpose of Disbursement merchant service charge Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		MERCHANT SERVICE CHARGE

C.	Full Name (Last, First, Middle Initial) Paypal.com	Transaction ID: 91201.E155 Date of Disbursement 10 / 31 / 2009
	Mailing Address 2145 Hamilton Avenue	Amount of Each Disbursement this Period 73.40
	City San Jose State CA Zip Code 95125-	
	Purpose of Disbursement merchant service charge Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		MERCHANT SERVICE CHARGE

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	138.40
<b>TOTAL</b> 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)

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<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

A.	Full Name (Last, First, Middle Initial) Paypal.com	Transaction ID: 91201.E160 Date of Disbursement 11 / 20 / 2009
	Mailing Address 2145 Hamilton Avenue	Amount of Each Disbursement this Period 29.30
	City San Jose State CA Zip Code 95125-	
	Purpose of Disbursement merchant service charge Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		MERCHANT SERVICE CHARGE

B.	Full Name (Last, First, Middle Initial) Simione Consultants	Transaction ID: 91012.E127 Date of Disbursement 09 / 07 / 2009
	Mailing Address 4130 Whitney Ave.	Amount of Each Disbursement this Period 136.22
	City Hamden State CT Zip Code 06518-	
	Purpose of Disbursement reimburse postage Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		REIMBURSE POSTAGE

C.	Full Name (Last, First, Middle Initial) Simione Consultants	Transaction ID: 91022.E145 Date of Disbursement 10 / 13 / 2009
	Mailing Address 4130 Whitney Ave.	Amount of Each Disbursement this Period 188.45
	City Hamden State CT Zip Code 06518-	
	Purpose of Disbursement reimburse postage Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		REIMBURSE POSTAGE

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	353.97
<b>TOTAL</b> 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 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

A.	Full Name (Last, First, Middle Initial) Wachovia Bank	Transaction ID: 90824.E124 Date of Disbursement 07 / 01 / 2009
	Mailing Address 215 Pennsylvania Ave., SE	Amount of Each Disbursement this Period 50.00
	City Washington State DC Zip Code 20003-	
	Purpose of Disbursement merchant service charge Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		MERCHANT SERVICE CHARGE

B.	Full Name (Last, First, Middle Initial) Wachovia Bank	Transaction ID: 90824.E125 Date of Disbursement 07 / 03 / 2009
	Mailing Address 215 Pennsylvania Ave., SE	Amount of Each Disbursement this Period 30.00
	City Washington State DC Zip Code 20003-	
	Purpose of Disbursement merchant service charge Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		MERCHANT SERVICE CHARGE

C.	Full Name (Last, First, Middle Initial) Wachovia Bank	Transaction ID: 91012.E138 Date of Disbursement 08 / 03 / 2009
	Mailing Address 215 Pennsylvania Ave., SE	Amount of Each Disbursement this Period 50.00
	City Washington State DC Zip Code 20003-	
	Purpose of Disbursement merchant service fee Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		MERCHANT SERVICE FEE

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	130.00
<b>TOTAL</b> 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)

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<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

A.	Full Name (Last, First, Middle Initial) Wachovia Bank	Transaction ID: 91012.E139 Date of Disbursement 08 / 04 / 2009
	Mailing Address 215 Pennsylvania Ave., SE	Amount of Each Disbursement this Period 30.00
	City Washington State DC Zip Code 20003-	
	Purpose of Disbursement merchant service fee Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		MERCHANT SERVICE FEE

B.	Full Name (Last, First, Middle Initial) Wachovia Bank	Transaction ID: 91022.E148 Date of Disbursement 09 / 01 / 2009
	Mailing Address 215 Pennsylvania Ave., SE	Amount of Each Disbursement this Period 50.00
	City Washington State DC Zip Code 20003-	
	Purpose of Disbursement merchant service charge Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		MERCHANT SERVICE CHARGE

C.	Full Name (Last, First, Middle Initial) Wachovia Bank	Transaction ID: 91022.E149 Date of Disbursement 09 / 02 / 2009
	Mailing Address 215 Pennsylvania Ave., SE	Amount of Each Disbursement this Period 30.00
	City Washington State DC Zip Code 20003-	
	Purpose of Disbursement merchant service charge Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		MERCHANT SERVICE CHARGE

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>110.00</b>
<b>TOTAL</b> 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 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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Wachovia Bank</p> <p>Mailing Address 215 Pennsylvania Ave., SE</p> <p>City Washington State DC Zip Code 20003-</p> <p>Purpose of Disbursement check order charge</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 91022.E150 <b>Date of Disbursement:</b> 09 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 68.81</p> <p>CHECK ORDER CHARGE</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Wachovia Bank</p> <p>Mailing Address 215 Pennsylvania Ave., SE</p> <p>City Washington State DC Zip Code 20003-</p> <p>Purpose of Disbursement merchant service charge</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 91201.E164 <b>Date of Disbursement:</b> 10 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 50.00</p> <p>MERCHANT SERVICE CHARGE</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Wachovia Bank</p> <p>Mailing Address 215 Pennsylvania Ave., SE</p> <p>City Washington State DC Zip Code 20003-</p> <p>Purpose of Disbursement monthly merchant service fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 91201.E165 <b>Date of Disbursement:</b> 10 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 30.00</p> <p>MONTHLY MERCHANT SERVICE FEE</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	148.81
<b>TOTAL</b> 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 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

A.	Full Name (Last, First, Middle Initial) Wachovia Bank	Transaction ID: 00107.E168 Date of Disbursement 11 / 02 / 2009
	Mailing Address 215 Pennsylvania Ave., SE	Amount of Each Disbursement this Period 561.10
	City Washington State DC Zip Code 20003-	
	Purpose of Disbursement merchant service charge Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		MERCHANT SERVICE CHARGE

B.	Full Name (Last, First, Middle Initial) Wachovia Bank	Transaction ID: 00107.E169 Date of Disbursement 11 / 03 / 2009
	Mailing Address 215 Pennsylvania Ave., SE	Amount of Each Disbursement this Period 32.25
	City Washington State DC Zip Code 20003-	
	Purpose of Disbursement merchant service charge Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		MERCHANT SERVICE CHARGE

C.	Full Name (Last, First, Middle Initial) Wachovia Bank	Transaction ID: 00107.E170 Date of Disbursement 11 / 16 / 2009
	Mailing Address 215 Pennsylvania Ave., SE	Amount of Each Disbursement this Period 35.00
	City Washington State DC Zip Code 20003-	
	Purpose of Disbursement stop payment charge Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		STOP PAYMENT CHARGE

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	628.35
<b>TOTAL</b> 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)

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<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Wachovia Bank <hr/> Mailing Address 215 Pennsylvania Ave., SE <hr/> City Washington State DC Zip Code 20003- <hr/> Purpose of Disbursement merchant service charge Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00108.E171 Date of Disbursement 12 / 01 / 2009	Amount of Each Disbursement this Period 117.95 <hr/> MERCHANT SERVICE CHARGE
<b>B.</b>	Full Name (Last, First, Middle Initial) Wachovia Bank <hr/> Mailing Address 215 Pennsylvania Ave., SE <hr/> City Washington State DC Zip Code 20003- <hr/> Purpose of Disbursement merchant service charge Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00108.E172 Date of Disbursement 12 / 02 / 2009	Amount of Each Disbursement this Period 30.70 <hr/> MERCHANT SERVICE CHARGE

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

148.65

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

5133.48

**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)

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<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Becerra For Congress</p> <p>Mailing Address PO Box 261060</p> <p>City Los Angeles State CA Zip Code 90026-</p> <p>Purpose of Disbursement POLITICAL CONTRIBUTION</p> <p>Candidate Name XAVIER BECERRA</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 31</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 91022.E142 <b>Date of Disbursement</b> 09 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>POLITICAL CONTRIBUTION</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Ben Cardin For Senate</p> <p>Mailing Address PO Box 21093</p> <p>City Catonsville State MD Zip Code 21228-</p> <p>Purpose of Disbursement POLITICAL CONTRIBUTION</p> <p>Candidate Name BENJAMIN L CARDIN</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 03</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 91201.E162 <b>Date of Disbursement</b> 10 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>POLITICAL CONTRIBUTION</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Braley for Congress</p> <p>Mailing Address PO Box 300</p> <p>City Waterloo State IA Zip Code 50704-</p> <p>Purpose of Disbursement POLITICAL CONTRIBUTION</p> <p>Candidate Name BRUCE L BRALEY</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 91022.E140 <b>Date of Disbursement</b> 09 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>POLITICAL CONTRIBUTION</p>

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

8500.00

**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)  
Homecare & Hospice PAC

A.	Full Name (Last, First, Middle Initial) Citizens For Harkin	Transaction ID: 91027.E151 Date of Disbursement 10 / 26 / 2009
	Mailing Address PO Box 811	Amount of Each Disbursement this Period 5000.00
	City Des Moines State IA Zip Code 50304- Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name THOMAS RICHARD HARKIN Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 00 Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	POLITICAL CONTRIBUTION

B.	Full Name (Last, First, Middle Initial) Collins For Senator	Transaction ID: 90824.E118 Date of Disbursement 07 / 22 / 2009
	Mailing Address PO Box 1096	Amount of Each Disbursement this Period 1000.00
	City Bangor State ME Zip Code 04402- Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name SUSAN M COLLINS Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 00 Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	POLITICAL CONTRIBUTION

C.	Full Name (Last, First, Middle Initial) Collins For Senator	Transaction ID: 90717.E114 Date of Disbursement 07 / 16 / 2009
	Mailing Address PO Box 1096	Amount of Each Disbursement this Period 1000.00
	City Bangor State ME Zip Code 04402- Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name SUSAN M COLLINS Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 00 Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	POLITICAL CONTRIBUTION

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	7000.00
<b>TOTAL</b> 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

A.	Full Name (Last, First, Middle Initial) Congressman Waxman Campaign Committee	Transaction ID: 91022.E143 Date of Disbursement 11 / 16 / 2009
	Mailing Address 6380 Wilshire Blvd. #1612	Amount of Each Disbursement this Period 5000.00
	City Los Angeles State CA Zip Code 90048-	
	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type
	Candidate Name HENRY A. WAXMAN	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 30	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		POLITICAL CONTRIBUTION

B.	Full Name (Last, First, Middle Initial) Congressman Waxman Campaign Committee	Transaction ID: 91022.E144 Date of Disbursement 11 / 16 / 2009
	Mailing Address 6380 Wilshire Blvd. #1612	Amount of Each Disbursement this Period 2500.00
	City Los Angeles State CA Zip Code 90048-	
	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type
	Candidate Name HENRY A. WAXMAN	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 30	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		POLITICAL CONTRIBUTION

C.	Full Name (Last, First, Middle Initial) Enzi for U.S. Senate	Transaction ID: 91012.E132 Date of Disbursement 09 / 28 / 2009
	Mailing Address PO Box 2775	Amount of Each Disbursement this Period 2500.00
	City Cody State WY Zip Code 82414-	
	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type
	Candidate Name MICHAEL B ENZI	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WY District: 00	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		POLITICAL CONTRIBUTION

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	10000.00
<b>TOTAL</b> 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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Friends For Harry Reid</p> <p>Mailing Address P.O. Box 19163</p> <p>City Las Vegas State NV Zip Code 89132-</p> <p>Purpose of Disbursement POLITICAL CONTRIBUTION</p> <p>Candidate Name HARRY REID</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90824.E122 <b>Date of Disbursement</b> 08 / 07 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>POLITICAL CONTRIBUTION</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Friends Of Blanche Lincoln</p> <p>Mailing Address PO Box 3197</p> <p>City Little Rock State AR Zip Code 72203-</p> <p>Purpose of Disbursement POLITICAL CONTRIBUTION</p> <p>Candidate Name BLANCHE LAMBERT LINCOLN</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 00111.E173 <b>Date of Disbursement</b> 11 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>POLITICAL CONTRIBUTION</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Friends Of John Thune</p> <p>Mailing Address 200 North Phillips Ave Ste L101</p> <p>City Sioux Falls State SD Zip Code 57104-</p> <p>Purpose of Disbursement POLITICAL CONTRIBUTION</p> <p>Candidate Name JOHN THUNE</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 00111.E177 <b>Date of Disbursement</b> 12 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>POLITICAL CONTRIBUTION</p>

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

7000.00

**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)  
Homecare & Hospice PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Friends Of Kent Conrad</p> <p>Mailing Address PO Box 812</p> <p>City Bismarck State ND Zip Code 58502-</p> <p>Purpose of Disbursement POLITICAL CONTRIBUTION</p> <p>Candidate Name GAYLORD KENT CONRAD</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 00</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90717.E115 <b>Date of Disbursement</b> 07 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>POLITICAL CONTRIBUTION</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Friends Of Schumer</p> <p>Mailing Address 509 Madison Ave, Ste 1902</p> <p>City New York State NY Zip Code 10022-</p> <p>Purpose of Disbursement POLITICAL CONTRIBUTION</p> <p>Candidate Name CHARLES E SCHUMER</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90824.E119 <b>Date of Disbursement</b> 07 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>POLITICAL CONTRIBUTION</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Friends of John McCain Inc.</p> <p>Mailing Address PO Box 16664</p> <p>City Arlington State VA Zip Code 22214-</p> <p>Purpose of Disbursement POLITICAL CONTRIBUTION</p> <p>Candidate Name JOHN S MCCAIN</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 91201.E156 <b>Date of Disbursement</b> 11 / 07 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>POLITICAL CONTRIBUTION</p>

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

7500.00

**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)  
Homecare & Hospice PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Gillibrand For Senate</p> <p>Mailing Address 313 C Street NE</p> <p>City Washington State DC Zip Code 20002-</p> <p>Purpose of Disbursement POLITICAL CONTRIBUTION</p> <p>Candidate Name KIRSTEN ELIZABETH GILLIBRAND</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 91027.E152</p> <p>Date of Disbursement 10 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>POLITICAL CONTRIBUTION</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Gillibrand For Senate</p> <p>Mailing Address 313 C Street NE</p> <p>City Washington State DC Zip Code 20002-</p> <p>Purpose of Disbursement POLITICAL CONTRIBUTION</p> <p>Candidate Name KIRSTEN ELIZABETH GILLIBRAND</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 91027.E153</p> <p>Date of Disbursement 10 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>POLITICAL CONTRIBUTION</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) John Kerry for Senate</p> <p>Mailing Address PO Box 78116, Ste 710</p> <p>City Washington State DC Zip Code 20013-</p> <p>Purpose of Disbursement POLITICAL CONTRIBUTION</p> <p>Candidate Name JOHN F KERRY</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 00</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 91012.E129</p> <p>Date of Disbursement 09 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>POLITICAL CONTRIBUTION</p>

**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)  
Homecare & Hospice PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) John Lewis for Congress</p> <p>Mailing Address PO Box 2323, Suite 5300</p> <p>City Atlanta State TX Zip Code 30301-</p> <p>Purpose of Disbursement POLITICAL CONTRIBUTION</p> <p>Candidate Name JOHN R. LEWIS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 05</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 91012.E131</p> <p>Date of Disbursement 09 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>POLITICAL CONTRIBUTION</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) John Lewis for Congress</p> <p>Mailing Address PO Box 2323, Suite 5300</p> <p>City Atlanta State TX Zip Code 30301-</p> <p>Purpose of Disbursement POLITICAL CONTRIBUTION</p> <p>Candidate Name JOHN R. LEWIS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 05</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 91027.E154</p> <p>Date of Disbursement 10 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>POLITICAL CONTRIBUTION</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Kendrick Meek for Florida</p> <p>Mailing Address 111 NW 183rd Street, Ste 325</p> <p>City Miami State FL Zip Code 33169-</p> <p>Purpose of Disbursement POLITICAL CONTRIBUTION</p> <p>Candidate Name KENDRICK B MEEK</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 91022.E147</p> <p>Date of Disbursement 10 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>POLITICAL CONTRIBUTION</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

8500.00

**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)

PAGE 36 / 38

<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

A.	Full Name (Last, First, Middle Initial) Leahy for U.S. Senator Committee	Transaction ID: 91012.E133 Date of Disbursement 09 / 30 / 2009
	Mailing Address PO Box 1042	Amount of Each Disbursement this Period 2500.00
	City Montpelier State VT Zip Code 05601-	
	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type
	Candidate Name PATRICK LEAHY	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: VT District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		POLITICAL CONTRIBUTION

B.	Full Name (Last, First, Middle Initial) Moran for Kansas	Transaction ID: 90824.E123 Date of Disbursement 08 / 12 / 2009
	Mailing Address PO Box 1151	Amount of Each Disbursement this Period 1000.00
	City Hays State KS Zip Code 67601-	
	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type
	Candidate Name JERRY MORAN	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		POLITICAL CONTRIBUTION

C.	Full Name (Last, First, Middle Initial) Nelson 2012	Transaction ID: 00111.E175 Date of Disbursement 12 / 04 / 2009
	Mailing Address PO Box 8666	Amount of Each Disbursement this Period 5000.00
	City Omaha State NE Zip Code 68108-	
	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type
	Candidate Name E BENJAMIN NELSON	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 00	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		POLITICAL CONTRIBUTION

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	8500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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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

<b>A.</b>	Full Name (Last, First, Middle Initial) Nelson 2012  Mailing Address PO Box 8666  City Omaha State NE Zip Code 68108-  Purpose of Disbursement POLITICAL CONTRIBUTION  Candidate Name E BENJAMIN NELSON  Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 00  Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00111.E174 Date of Disbursement 12 / 04 / 2009	Amount of Each Disbursement this Period 5000.00  POLITICAL CONTRIBUTION
<b>B.</b>	Full Name (Last, First, Middle Initial) People for Patty Murray US Senate  Mailing Address PO Box 3662  City Seattle State WA Zip Code 98124-  Purpose of Disbursement POLITICAL CONTRIBUTION  Candidate Name PATTY MURRAY  Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 00  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 91012.E130 Date of Disbursement 09 / 08 / 2009	Amount of Each Disbursement this Period 1000.00  POLITICAL CONTRIBUTION
<b>C.</b>	Full Name (Last, First, Middle Initial) Wyden For Senate  Mailing Address PO Box 3498  City Portland State OR Zip Code 97208-  Purpose of Disbursement POLITICAL CONTRIBUTION  Candidate Name RONALD LEE WYDEN  Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 00  Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 91022.E141 Date of Disbursement 09 / 17 / 2009	Amount of Each Disbursement this Period 1000.00  POLITICAL CONTRIBUTION

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	79000.00

# 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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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

<b>A.</b> Full Name (Last, First, Middle Initial) Ellen Bolch <hr/> Mailing Address 703 Dancy Ave. <hr/> City Savannah State GA Zip Code 31409- <hr/> Purpose of Disbursement Refund of Contribution refund excess con Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 91201.E161 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00 <hr/> Category/Type 010
<b>B.</b> Full Name (Last, First, Middle Initial) Marcyllle Combs <hr/> Mailing Address 3 Bains Court <hr/> City Argyle State TX Zip Code 76226- <hr/> Purpose of Disbursement Refund of Contribution refund excess con Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 91201.E163 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 9
	Amount of Each Disbursement this Period 500.00 <hr/> Category/Type 010

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	1500.00