

**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

Mariner Health Care, Inc. Federal Political Action Committee

ADDRESS (number and street)

One Ravinia Drive

Suite 1500

Check if different than previously reported. (ACC)

Atlanta

GA

30346

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00294371

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)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)

Jun 20 (M6)

X 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)

Report for the:

Convention (12C)

Special (12S)

Election on

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

08

01

2004

through

08

31

2004

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

Cynthia Rifkin

Signature of Treasurer

Electronically Filed by Cynthia Rifkin

Date

09

16

2004

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. 02/2003)

**SUMMARY PAGE**

**OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Mariner Health Care, Inc. Federal Political Action Committee

Report Covering the Period: From: <sup>M</sup>08 <sup>D</sup>01 <sup>Y</sup>2004 To: <sup>M</sup>08 <sup>D</sup>31 <sup>Y</sup>2004

	<b>COLUMN A</b> This Period	<b>COLUMN B</b> Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>Y</sup> 2004 <sup>Y</sup>		36197.07
(b) Cash on Hand at Beginning of Reporting Period .....	56095.46	
(c) Total Receipts (from Line 19) .....	3053.50	26551.88
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	59148.96	62748.95
<hr/>		
7. Total Disbursements (from Line 31) .....	8066.16	11666.15
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	51082.80	51082.80
<hr/>		
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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Mariner Health Care, Inc. Federal Political Action Committee

Report Covering the Period: From: <sup>M</sup>08 <sup>D</sup>01 <sup>Y</sup>2004 To: <sup>M</sup>08 <sup>D</sup>31 <sup>Y</sup>2004

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) .....	2348.00	
(ii) Unitemized .....	705.50	
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	3053.50	26551.88
(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) .....	3053.50	26551.88
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)) .....	3053.50	26551.88
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	3053.50	26551.88

**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.....	66.16	326.15
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	66.16	326.15
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7500.00	7500.00
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	90.00
(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	90.00
29. Other Disbursements.....	500.00	3750.00
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 ActMty (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))..	8066.16	11666.15
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31).....	8066.16	11666.15

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	3053.50	26551.88
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	90.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	3053.50	26461.88
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	66.16	326.15
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	66.16	326.15

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

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

FOR LINE NUMBER: PAGE 6 / 40

(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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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)  
Mariner Health Care, Inc. Federal Political Action Committee

Full Name (Last, First, Middle Initial) A. Todd E. Andrews		Date of Receipt M / D / Y 08 / 04 / 2004
Mailing Address 1939 Tulip Tree Lane		Transaction ID: R16114
City La Canada	State CA	Zip Code 91011
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Mariner Health Care Inc.,	Occupation President, West Region	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	

Full Name (Last, First, Middle Initial) B. Todd E. Andrews		Date of Receipt M / D / Y 08 / 18 / 2004
Mailing Address 1939 Tulip Tree Lane		Transaction ID: R16214
City La Canada	State CA	Zip Code 91011
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Mariner Health Care Inc.,	Occupation President, West Region	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	

Full Name (Last, First, Middle Initial) C. Paul T. Babinek		Date of Receipt M / D / Y 08 / 04 / 2004
Mailing Address 130B Rockfish Drive		Transaction ID: R16047
City Matthews	State NC	Zip Code 28105
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Mariner Health Care Inc.,	Occupation Rvp, Operations	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>100.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 7 / 40

(check only one)

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NAME OF COMMITTEE (In Full)  
Mariner Health Care, Inc. Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Paul T Babinski</b>		Date of Receipt M / D / Y 08 / 18 / 2004
Mailing Address 130B Rockfish Drive		Transaction ID: R16147
City Matthews	State NC	Zip Code 28105
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Mariner Health Care Inc.,	Occupation Rvp, Operations	Payroll Deduction
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) <b>B. Henry L Barber</b>		Date of Receipt M / D / Y 08 / 04 / 2004
Mailing Address 10500 Oak View Dr		Transaction ID: R16038
City Austin	State TX	Zip Code 78758
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Mariner Health Care Inc.,	Occupation Regional Controller	Payroll Deduction
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) <b>C. Henry L Barber</b>		Date of Receipt M / D / Y 08 / 18 / 2004
Mailing Address 10500 Oak View Dr		Transaction ID: R16138
City Austin	State TX	Zip Code 78758
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Mariner Health Care Inc.,	Occupation Regional Controller	Payroll Deduction
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>60.00</b>
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 8 / 40

(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)  
Mariner Health Care, Inc. Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Preston C Barnes</b>		Date of Receipt M / D / Y 08 / 11 / 2004
Mailing Address 4855 Garden Ranch Dr Apt E-203		Transaction ID: R16127
City	State	Zip Code
Colorado Springs	CO	80918
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Mariner Health Care Inc.,	Occupation Administrator	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

Full Name (Last, First, Middle Initial) <b>B. Preston C Barnes</b>		Date of Receipt M / D / Y 08 / 25 / 2004
Mailing Address 4855 Garden Ranch Dr Apt E-203		Transaction ID: R16228
City	State	Zip Code
Colorado Springs	CO	80918
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Mariner Health Care Inc.,	Occupation Administrator	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

Full Name (Last, First, Middle Initial) <b>C. Christopher Bland</b>		Date of Receipt M / D / Y 08 / 04 / 2004
Mailing Address 22402 Banister		Transaction ID: R16089
City	State	Zip Code
San Antonio	TX	78259
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Mariner Health Care Inc.,	Occupation Rvp, Operations	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>60.00</b>
TOTAL This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER:        PAGE 9 / 40  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
Mariner Health Care, Inc. Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Christopher Bland</b>		Date of Receipt M / D / Y 08 / 18 / 2004
Mailing Address 22402 Banister		Transaction ID: R16189
City	State	Zip Code
San Antonio	TX	78259
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Mariner Health Care Inc.,	Occupation Rvp, Operations	Payroll Deduction
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) <b>B. Rogelio Coronado</b>		Date of Receipt M / D / Y 08 / 04 / 2004
Mailing Address 421D Lake Tahoe		Transaction ID: R16066
City	State	Zip Code
Corpus Christi	TX	78413
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Mariner Health Care Inc.,	Occupation Rvp, Operations	Payroll Deduction
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>C. Rogelio Coronado</b>		Date of Receipt M / D / Y 08 / 18 / 2004
Mailing Address 421D Lake Tahoe		Transaction ID: R16189
City	State	Zip Code
Corpus Christi	TX	78413
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Mariner Health Care Inc.,	Occupation Rvp, Operations	Payroll Deduction
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>70.00</b>
<b>TOTAL</b> 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 10 / 40

(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)  
Mariner Health Care, Inc. Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Marjorie D Darrow</b>		Date of Receipt M / D / Y 08 / 04 / 2004
Mailing Address 1353 Brickyard Rd		Transaction ID: R16099
City West	State TX	Zip Code 76691
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Mariner Health Care Inc.	Occupation Administrator	Payroll Deduction
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) <b>B. Marjorie D Darrow</b>		Date of Receipt M / D / Y 08 / 18 / 2004
Mailing Address 1353 Brickyard Rd		Transaction ID: R16169
City West	State TX	Zip Code 76691
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Mariner Health Care Inc.	Occupation Administrator	Payroll Deduction
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) <b>C. Pamela H Duhon</b>		Date of Receipt M / D / Y 08 / 04 / 2004
Mailing Address 13435 Mill Grove Ln.		Transaction ID: R16085
City Dallas	State TX	Zip Code 75240
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Mariner Health Care Inc.	Occupation Administrator	Payroll Deduction
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>60.00</b>
TOTAL This Period (last page this line number only) .....	

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 11 / 40  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Mariner Health Care, Inc. Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Pamela H Duhon</b>		Date of Receipt M / D / Y 08 / 18 / 2004
Mailing Address 13435 Mill Grove Ln.		Transaction ID: R16165
City Dallas	State TX	Zip Code 75240
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Mariner Health Care Inc.	Occupation Administrator	Payroll Deduction
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) <b>B. Roy A Dumas</b>		Date of Receipt M / D / Y 08 / 04 / 2004
Mailing Address P. O. Box 72		Transaction ID: R16063
City Walnut Grove	State MS	Zip Code 39189
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Mariner Health Care Inc.,	Occupation Rvp, Operations	Payroll Deduction
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) <b>C. Roy A Dumas</b>		Date of Receipt M / D / Y 08 / 18 / 2004
Mailing Address P. O. Box 72		Transaction ID: R16163
City Walnut Grove	State MS	Zip Code 39189
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Mariner Health Care Inc.,	Occupation Rvp, Operations	Payroll Deduction
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>60.00</b>
TOTAL This Period (last page this line number only) .....	

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 12 / 40  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Mariner Health Care, Inc. Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Mark H Duncan</b>		Date of Receipt M / D / Y Y Y Y 08 / 04 / 2004
Mailing Address 11712 Fm 17		Transaction ID: R16090
City	State	Zip Code
Grand Saline	TX	75140
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Mariner Health Care Inc.	Occupation Administrator	Payroll Deduction
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) <b>B. Mark H Duncan</b>		Date of Receipt M / D / Y Y Y Y 08 / 18 / 2004
Mailing Address 11712 Fm 17		Transaction ID: R16160
City	State	Zip Code
Grand Saline	TX	75140
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Mariner Health Care Inc.	Occupation Administrator	Payroll Deduction
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) <b>C. Karan Elders</b>		Date of Receipt M / D / Y Y Y Y 08 / 04 / 2004
Mailing Address 1750 South Gessner		Transaction ID: R16037
City	State	Zip Code
Houston	TX	77063
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Mariner Health Care Inc.,	Occupation Regional Dir, Rehab	Payroll Deduction
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>60.00</b>
TOTAL This Period (last page this line number only) .....	

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 13 / 40  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Mariner Health Care, Inc. Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Karen Elders</b>		Date of Receipt M / D / Y 08 / 18 / 2004
Mailing Address 1750 South Gessner		Transaction ID: R16137
City Houston	State TX	Zip Code 77063
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Mariner Health Care Inc.,	Occupation Regional Dir, Rehab	Payroll Deduction
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) <b>B. Thomas D Foreberg</b>		Date of Receipt M / D / Y 08 / 04 / 2004
Mailing Address 310 Edwards		Transaction ID: R16081
City Riesel	State TX	Zip Code 76882
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Mariner Health Care Inc.	Occupation Administrator	Payroll Deduction
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>C. Thomas D Foreberg</b>		Date of Receipt M / D / Y 08 / 18 / 2004
Mailing Address 310 Edwards		Transaction ID: R161B1
City Riesel	State TX	Zip Code 76882
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Mariner Health Care Inc.	Occupation Administrator	Payroll Deduction
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>70.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 14 / 40

(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)  
Mariner Health Care, Inc. Federal Political Action Committee

Full Name (Last, First, Middle Initial) A. Boyd P Gentry		Date of Receipt M / D / Y 08 / 04 / 2004
Mailing Address 48 Northwood Ave.		Transaction ID: R16034
City Atlanta	State GA	Zip Code 30309
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 38.00
Name of Employer Mariner Health Care Inc.,	Occupation Svp, Treasurer	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 608.00	

Full Name (Last, First, Middle Initial) B. Boyd P Gentry		Date of Receipt M / D / Y 08 / 18 / 2004
Mailing Address 48 Northwood Ave.		Transaction ID: R16134
City Atlanta	State GA	Zip Code 30309
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 38.00
Name of Employer Mariner Health Care Inc.,	Occupation Svp, Treasurer	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 608.00	

Full Name (Last, First, Middle Initial) C. Candace D Gunderson		Date of Receipt M / D / Y 08 / 04 / 2004
Mailing Address 645B S. Van Gordon St		Transaction ID: R16112
City Littleton	State CO	Zip Code 80127
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Mariner Health Care Inc.,	Occupation Regional Controller	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	98.00
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 15 / 40  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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)  
Mariner Health Care, Inc. Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Candace D Gunderson</b>		Date of Receipt M / D / Y 08 / 18 / 2004
Mailing Address 845B S. Van Gordon St.		Transaction ID: R16212
City Littleton	State CO	Zip Code 80127
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Mariner Health Care Inc.,	Occupation Regional Controller	Payroll Deduction
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) <b>B. Donna Hendricksen</b>		Date of Receipt M / D / Y 08 / 04 / 2004
Mailing Address 120 Tenure Circle		Transaction ID: R16046
City Durham	State NC	Zip Code 27713
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Mariner Health Care Inc.,	Occupation VP, Clinical Services	Payroll Deduction
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) <b>C. Donna Hendricksen</b>		Date of Receipt M / D / Y 08 / 18 / 2004
Mailing Address 120 Tenure Circle		Transaction ID: R16146
City Durham	State NC	Zip Code 27713
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Mariner Health Care Inc.,	Occupation VP, Clinical Services	Payroll Deduction
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>60.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 16 / 40  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Mariner Health Care, Inc. Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Jennifer L Henkel</b>		Date of Receipt M / D / Y 08 / 11 / 2004
Mailing Address 1634 Anchor Place		Transaction ID: R16123
City Lafayette	State CO	Zip Code 80026
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Mariner Health Care Inc.,	Occupation Administrator	Payroll Deduction
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

Full Name (Last, First, Middle Initial) <b>B. Jennifer L Henkel</b>		Date of Receipt M / D / Y 08 / 25 / 2004
Mailing Address 1634 Anchor Place		Transaction ID: R16224
City Lafayette	State CO	Zip Code 80026
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Mariner Health Care Inc.,	Occupation Administrator	Payroll Deduction
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

Full Name (Last, First, Middle Initial) <b>C. Joyce A Jaeger</b>		Date of Receipt M / D / Y 08 / 04 / 2004
Mailing Address PO Box 93		Transaction ID: R16079
City Devilla	State TX	Zip Code 76523
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Mariner Health Care Inc.	Occupation Dir, Nursing Rn	Payroll Deduction
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>60.00</b>
TOTAL This Period (last page this line number only) .....	▶	



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

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

FOR LINE NUMBER: PAGE 17 / 40

(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)  
Mariner Health Care, Inc. Federal Political Action Committee

Full Name (Last, First, Middle Initial) A. Joyce A Jaeger		Date of Receipt M / D / Y 08 / 18 / 2004
Mailing Address PD Box B3		Transaction ID: R16179
City Davilla	State TX	Zip Code 76523
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Mariner Health Care Inc.	Occupation Dir, Nursing Rn	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) B. Sandra Klein		Date of Receipt M / D / Y 08 / 04 / 2004
Mailing Address 1602 Hawks Ridge		Transaction ID: R16083
City San Antonio	State TX	Zip Code 78248
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Mariner Health Care Inc.,	Occupation President, Southwest Region	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00	

Full Name (Last, First, Middle Initial) C. Sandra Klein		Date of Receipt M / D / Y 08 / 18 / 2004
Mailing Address 1602 Hawks Ridge		Transaction ID: R161B3
City San Antonio	State TX	Zip Code 78248
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Mariner Health Care Inc.,	Occupation President, Southwest Region	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>100.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 18 / 40  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Mariner Health Care, Inc. Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Sharon R Korashec</b>		Date of Receipt M / D / Y 08 / 04 / 2004
Mailing Address 24842 Quigley Chg. Rd.		Transaction ID: R16115
City Newhall	State CA	Zip Code 91321
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Mariner Health Care Inc.,	Occupation Rvp, Operations	Payroll Deduction
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>B. Sharon R Korashec</b>		Date of Receipt M / D / Y 08 / 18 / 2004
Mailing Address 24842 Quigley Chg. Rd.		Transaction ID: R16215
City Newhall	State CA	Zip Code 91321
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Mariner Health Care Inc.,	Occupation Rvp, Operations	Payroll Deduction
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>C. Jon J Leaver</b>		Date of Receipt M / D / Y 08 / 04 / 2004
Mailing Address 8046 Manderly Place		Transaction ID: R16080
City Converse	State TX	Zip Code 78109
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Mariner Health Care Inc.,	Occupation Administrator	Payroll Deduction
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>60.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:        PAGE 18 / 40  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
Mariner Health Care, Inc. Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Jon J Leaver</b>		Date of Receipt M / D / Y 08 / 18 / 2004
Mailing Address 8048 Manderly Place		Transaction ID: R16160
City Converse	State TX	Zip Code 78109
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Mariner Health Care Inc.,	Occupation Administrator	Payroll Deduction
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) <b>B. Peter E Lougee</b>		Date of Receipt M / D / Y 08 / 04 / 2004
Mailing Address 5192 Chesney Glen Dr		Transaction ID: R16030
City Castro Valley	State CA	Zip Code 94552
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Mariner Health Care Inc.,	Occupation Rvp, Operations	Payroll Deduction
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>C. Peter E Lougee</b>		Date of Receipt M / D / Y 08 / 18 / 2004
Mailing Address 5192 Chesney Glen Dr		Transaction ID: R16130
City Castro Valley	State CA	Zip Code 94552
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Mariner Health Care Inc.,	Occupation Rvp, Operations	Payroll Deduction
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>70.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 20 / 40

(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)  
Mariner Health Care, Inc. Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Todd A Mackenzie</b>		Date of Receipt M / D / Y 08 / 04 / 2004
Mailing Address 723 Thompson R.R.		Transaction ID: R16103
City Wimberley	State TX	Zip Code 78676
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 15.00
Name of Employer Mariner Health Care Inc.,	Occupation Administrator	Payroll Deduction
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>B. Todd A Mackenzie</b>		Date of Receipt M / D / Y 08 / 18 / 2004
Mailing Address 723 Thompson R.R.		Transaction ID: R16203
City Wimberley	State TX	Zip Code 78676
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 15.00
Name of Employer Mariner Health Care Inc.,	Occupation Administrator	Payroll Deduction
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>C. William Marshal</b>		Date of Receipt M / D / Y 08 / 04 / 2004
Mailing Address 7567 Upper River Rd		Transaction ID: R16055
City Tallasee	State AL	Zip Code 36078
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Mariner Health Care Inc.,	Occupation Rvp, Operations	Payroll Deduction
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	55.00
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 21 / 40  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Mariner Health Care, Inc. Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. William Marshal</b>		Date of Receipt M / D / Y 08 / 18 / 2004
Mailing Address 7587 Upper River Rd		Transaction ID: R16155
City Tallahassee	State AL	Zip Code 36078
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Mariner Health Care Inc.,	Occupation Rvp, Operations	Payroll Deduction
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B. Stefano Miele</b>		Date of Receipt M / D / Y 08 / 04 / 2004
Mailing Address 385 Laurel Chase Court		Transaction ID: R16054
City Atlanta	State GA	Zip Code 30327
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Mariner Health Care Inc.,	Occupation Svp, General Counsel	Payroll Deduction
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) <b>C. Stefano Miele</b>		Date of Receipt M / D / Y 08 / 18 / 2004
Mailing Address 385 Laurel Chase Court		Transaction ID: R16154
City Atlanta	State GA	Zip Code 30327
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Mariner Health Care Inc.,	Occupation Svp, General Counsel	Payroll Deduction
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>65.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 22 / 40  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Mariner Health Care, Inc. Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Timothy B Miller</b>		Date of Receipt M / D / Y Y Y Y 08 / 04 / 2004
Mailing Address 2013 Westway		Transaction ID: R16075
City	State	Zip Code
Garland	TX	75042
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Mariner Health Care Inc.	Occupation Dir, Nursing Rn	Payroll Deduction
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) <b>B. Timothy B Miller</b>		Date of Receipt M / D / Y Y Y Y 08 / 18 / 2004
Mailing Address 2013 Westway		Transaction ID: R16175
City	State	Zip Code
Garland	TX	75042
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Mariner Health Care Inc.	Occupation Dir, Nursing Rn	Payroll Deduction
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) <b>C. Deborah G Mitchell</b>		Date of Receipt M / D / Y Y Y Y 08 / 04 / 2004
Mailing Address 230 Spanish Circle		Transaction ID: R16089
City	State	Zip Code
Bandera	TX	78003
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Mariner Health Care Inc.,	Occupation Administrator	Payroll Deduction
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>60.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s)  
or each category of the  
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FOR LINE NUMBER: PAGE 23 / 40  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Mariner Health Care, Inc. Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Deborah G Mitchell</b>		Date of Receipt M / D / Y 08 / 18 / 2004
Mailing Address 230 Spanish Circle		Transaction ID: R16169
City	State	Zip Code
Bandera	TX	78003
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Mariner Health Care Inc.,	Occupation Administrator	Payroll Deduction
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) <b>B. Prudence N Mitchell</b>		Date of Receipt M / D / Y 08 / 11 / 2004
Mailing Address 406 North Main		Transaction ID: R16118
City	State	Zip Code
Yuma	CO	80759
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Mariner Health Care Inc.,	Occupation Administrator	Payroll Deduction
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

Full Name (Last, First, Middle Initial) <b>C. Prudence N Mitchell</b>		Date of Receipt M / D / Y 08 / 25 / 2004
Mailing Address 406 North Main		Transaction ID: R16219
City	State	Zip Code
Yuma	CO	80759
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Mariner Health Care Inc.,	Occupation Administrator	Payroll Deduction
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>60.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 24 / 40  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Mariner Health Care, Inc. Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Sandra K Miodorf</b>		Date of Receipt M / D / Y Y Y Y 08 / 04 / 2004
Mailing Address 193D Six Branches Drive		Transaction ID: R16109
City Roswell	State GA	Zip Code 30076
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Mariner Health Care Inc.,	Occupation VP, Clinical Services	Payroll Deduction
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) <b>B. Sandra K Miodorf</b>		Date of Receipt M / D / Y Y Y Y 08 / 18 / 2004
Mailing Address 193D Six Branches Drive		Transaction ID: R16209
City Roswell	State GA	Zip Code 30076
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Mariner Health Care Inc.,	Occupation VP, Clinical Services	Payroll Deduction
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) <b>C. Gregory W Moore</b>		Date of Receipt M / D / Y Y Y Y 08 / 04 / 2004
Mailing Address 501 Ogden		Transaction ID: R16072
City San Antonio	State TX	Zip Code 78212
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Mariner Health Care Inc.,	Occupation Rvp, Operations	Payroll Deduction
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>60.00</b>
TOTAL This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER: PAGE 25 / 40

(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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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)  
Mariner Health Care, Inc. Federal Political Action Committee

Full Name (Last, First, Middle Initial) A. Gregory W Moore		Date of Receipt M / D / Y 08 / 18 / 2004
Mailing Address 501 Ogden		Transaction ID: R16172
City San Antonio	State TX	Zip Code 78212
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Mariner Health Care Inc.,	Occupation Rvp, Operations	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) B. Janet L Morris		Date of Receipt M / D / Y 08 / 04 / 2004
Mailing Address 3350 Rosedale Drive		Transaction ID: R16087
City Abilene	State TX	Zip Code 79605
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Mariner Health Care Inc.	Occupation Administrator	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) C. Janet L Morris		Date of Receipt M / D / Y 08 / 18 / 2004
Mailing Address 3350 Rosedale Drive		Transaction ID: R16187
City Abilene	State TX	Zip Code 79605
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Mariner Health Care Inc.	Occupation Administrator	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>60.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 26 / 40

(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)  
Mariner Health Care, Inc. Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Thomas L Northington</b>		Date of Receipt M / D / Y 08 / 04 / 2004
Mailing Address 901 Bluebell		Transaction ID: R16067
City Kerrville	State TX	Zip Code 78028
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Mariner Health Care Inc.,	Occupation Administrator	Payroll Deduction
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) <b>B. Thomas L Northington</b>		Date of Receipt M / D / Y 08 / 18 / 2004
Mailing Address 901 Bluebell		Transaction ID: R16167
City Kerrville	State TX	Zip Code 78028
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Mariner Health Care Inc.,	Occupation Administrator	Payroll Deduction
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) <b>C. Terry P O'Malley</b>		Date of Receipt M / D / Y 08 / 04 / 2004
Mailing Address 531B Littlebrooke Ridge		Transaction ID: R16059
City Dunwoody	State GA	Zip Code 30338
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 77.00
Name of Employer Mariner Health Care Inc.,	Occupation Svp. Human Resources	Payroll Deduction
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1232.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>117.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 27 / 40  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Mariner Health Care, Inc. Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Terry P O'Malley</b>		Date of Receipt M / D / Y 08 / 18 / 2004
Mailing Address 531 B Littlebrooke Ridge		Transaction ID: R16159
City Dunwoody	State GA	Zip Code 30338
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 77.00
Name of Employer Mariner Health Care Inc.,	Occupation Svp, Human Resources	Payroll Deduction
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1232.00	

Full Name (Last, First, Middle Initial) <b>B. Paula J Padilla</b>		Date of Receipt M / D / Y 08 / 11 / 2004
Mailing Address 25380 Pleasantview Ct		Transaction ID: R16129
City Pueblo	State CO	Zip Code 81008
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Mariner Health Care Inc.,	Occupation Administrator	Payroll Deduction
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

Full Name (Last, First, Middle Initial) <b>C. Paula J Padilla</b>		Date of Receipt M / D / Y 08 / 25 / 2004
Mailing Address 25380 Pleasantview Ct		Transaction ID: R16230
City Pueblo	State CO	Zip Code 81008
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Mariner Health Care Inc.,	Occupation Administrator	Payroll Deduction
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>117.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 28 / 40

(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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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)  
Mariner Health Care, Inc. Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Edward Spencer Parker</b>		Date of Receipt M / D / Y 08 / 04 / 2004
Mailing Address 204B Edgemore Drive SE		Transaction ID: R16050
City Atlanta	State GA	Zip Code 30316
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Mariner Health Care Inc.,	Occupation Dir, Clinical Services	Payroll Deduction
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) <b>B. Edward Spencer Parker</b>		Date of Receipt M / D / Y 08 / 18 / 2004
Mailing Address 204B Edgemore Drive SE		Transaction ID: R16150
City Atlanta	State GA	Zip Code 30316
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Mariner Health Care Inc.,	Occupation Dir, Clinical Services	Payroll Deduction
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) <b>C. Kenneth Pitts</b>		Date of Receipt M / D / Y 08 / 04 / 2004
Mailing Address 1231 NW 102nd Blvd		Transaction ID: R16117
City Wildwood	State FL	Zip Code 34785
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 18.00
Name of Employer Mariner Health Care Inc.,	Occupation Regional Controller	Payroll Deduction
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 288.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>58.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 28 / 40

(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)  
Mariner Health Care, Inc. Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Kenneth Pitts</b>		Date of Receipt M / D / Y 08 / 18 / 2004
Mailing Address 1231 NW 102nd Blvd		Transaction ID: R16216
City Wildwood	State FL	Zip Code 34785
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 18.00
Name of Employer Mariner Health Care Inc.,	Occupation Regional Controller	Payroll Deduction
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 288.00	

Full Name (Last, First, Middle Initial) <b>B. Aruna Poddaboini</b>		Date of Receipt M / D / Y 08 / 04 / 2004
Mailing Address 777 Silver Spur Road		Transaction ID: R16061
City Rolling Hills	State CA	Zip Code 90274
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Mariner Health Care Inc.,	Occupation Svp. Operations	Payroll Deduction
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00	

Full Name (Last, First, Middle Initial) <b>C. Aruna Poddaboini</b>		Date of Receipt M / D / Y 08 / 18 / 2004
Mailing Address 777 Silver Spur Road		Transaction ID: R16161
City Rolling Hills	State CA	Zip Code 90274
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Mariner Health Care Inc.,	Occupation Svp. Operations	Payroll Deduction
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>98.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 30 / 40  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Mariner Health Care, Inc. Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Ada Porter</b>		Date of Receipt M / D / Y 08 / 04 / 2004
Mailing Address 1108 Dossett		Transaction ID: R16106
City Waco	State TX	Zip Code 76705
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 21.00
Name of Employer Mariner Health Care Inc.	Occupation Food Service Manager	Payroll Deduction
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00	

Full Name (Last, First, Middle Initial) <b>B. Ada Porter</b>		Date of Receipt M / D / Y 08 / 18 / 2004
Mailing Address 1108 Dossett		Transaction ID: R16206
City Waco	State TX	Zip Code 76705
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 21.00
Name of Employer Mariner Health Care Inc.	Occupation Food Service Manager	Payroll Deduction
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 338.00	

Full Name (Last, First, Middle Initial) <b>C. Johnnie M Richardson</b>		Date of Receipt M / D / Y 08 / 04 / 2004
Mailing Address 6830 Forest Mill Lane		Transaction ID: R16100
City Richmond	State TX	Zip Code 77469
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Mariner Health Care Inc.,	Occupation Rvp, Operations	Payroll Deduction
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>62.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 31 / 40  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
Mariner Health Care, Inc. Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Johnnie M Richardson</b>		Date of Receipt M / D / Y Y Y Y 08 / 18 / 2004
Mailing Address 863D Forest Mill Lane		Transaction ID: R16200
City Richmond	State TX	Zip Code 77469
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Mariner Health Care Inc.,	Occupation Rvp, Operations	Payroll Deduction
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) <b>B. Clarence Shelton</b>		Date of Receipt M / D / Y Y Y Y 08 / 04 / 2004
Mailing Address 112D Shannon Lynn Shores		Transaction ID: R16110
City Lincoln	State AL	Zip Code 35160
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Mariner Health Care Inc.,	Occupation President Mid America Region	Payroll Deduction
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00	

Full Name (Last, First, Middle Initial) <b>C. Clarence Shelton</b>		Date of Receipt M / D / Y Y Y Y 08 / 18 / 2004
Mailing Address 112D Shannon Lynn Shores		Transaction ID: R16210
City Lincoln	State AL	Zip Code 35160
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Mariner Health Care Inc.,	Occupation President Mid America Region	Payroll Deduction
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>100.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 32 / 40  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Mariner Health Care, Inc. Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. James E Sims Jr</b>		Date of Receipt M / D / Y 08 / 04 / 2004
Mailing Address 855 W Peachtree Street NW #1324		Transaction ID: R16042
City Atlanta	State GA	Zip Code 30308
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Mariner Health Care Inc.,	Occupation Regional Controller	Payroll Deduction
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B. James E Sims Jr</b>		Date of Receipt M / D / Y 08 / 18 / 2004
Mailing Address 855 W Peachtree Street NW #1324		Transaction ID: R16142
City Atlanta	State GA	Zip Code 30308
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Mariner Health Care Inc.,	Occupation Regional Controller	Payroll Deduction
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>C. Harin E Gugga</b>		Date of Receipt M / D / Y 08 / 04 / 2004
Mailing Address 525 Skyline Dr.		Transaction ID: R16081
City Victoria	State TX	Zip Code 77505
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Mariner Health Care Inc.	Occupation Administrator	Payroll Deduction
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>70.00</b>
TOTAL This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER: PAGE 33 / 40  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
Mariner Health Care, Inc. Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Harvin E Suggs</b>		Date of Receipt M / D / Y 08 / 18 / 2004
Mailing Address 525 Skyline Dr.		Transaction ID: R16191
City Victoria	State TX	Zip Code 77805
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Mariner Health Care Inc.	Occupation Administrator	Payroll Deduction
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) <b>B. Marybeth Thompson</b>		Date of Receipt M / D / Y 08 / 04 / 2004
Mailing Address 7512 Old Bee Caves Road		Transaction ID: R16113
City Austin	State TX	Zip Code 78735
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Mariner Health Care Inc.	Occupation District Dir, Sales and Mkt	Payroll Deduction
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) <b>C. Marybeth Thompson</b>		Date of Receipt M / D / Y 08 / 18 / 2004
Mailing Address 7512 Old Bee Caves Road		Transaction ID: R16213
City Austin	State TX	Zip Code 78735
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Mariner Health Care Inc.	Occupation District Dir, Sales and Mkt	Payroll Deduction
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>60.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 34 / 40  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Mariner Health Care, Inc. Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Tommy R Tolleson</b>		Date of Receipt M / D / Y 08 / 04 / 2004
Mailing Address 2101 Rockwood Lane		Transaction ID: R16105
City McKinney	State TX	Zip Code 75070
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Mariner Health Care Inc.	Occupation Administrator	Payroll Deduction
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) <b>B. Tommy R Tolleson</b>		Date of Receipt M / D / Y 08 / 18 / 2004
Mailing Address 2101 Rockwood Lane		Transaction ID: R16205
City McKinney	State TX	Zip Code 75070
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Mariner Health Care Inc.	Occupation Administrator	Payroll Deduction
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) <b>C. Joseph Vernon</b>		Date of Receipt M / D / Y 08 / 04 / 2004
Mailing Address 3706 Falcon Lake Dr		Transaction ID: R16068
City Arlington	State TX	Zip Code 76010
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Mariner Health Care Inc.	Occupation Administrator	Payroll Deduction
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>60.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 35 / 40  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Mariner Health Care, Inc. Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Joseph Veman</b>		Date of Receipt M / D / Y 08 / 18 / 2004
Mailing Address 3708 Falcon Lake Dr		Transaction ID: R16168
City Arlington	State TX	Zip Code 76016
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Mariner Health Care Inc.	Occupation Administrator	Payroll Deduction
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) <b>B. Dana K Watson</b>		Date of Receipt M / D / Y 08 / 04 / 2004
Mailing Address 6280 Neely Meadows Drive		Transaction ID: R16108
City Norcross	State GA	Zip Code 30092
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Mariner Health Care Inc.,	Occupation VP, Beneficiary Support	Payroll Deduction
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00	

Full Name (Last, First, Middle Initial) <b>C. Dana K Watson</b>		Date of Receipt M / D / Y 08 / 18 / 2004
Mailing Address 6280 Neely Meadows Drive		Transaction ID: R16208
City Norcross	State GA	Zip Code 30092
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Mariner Health Care Inc.,	Occupation VP, Beneficiary Support	Payroll Deduction
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>100.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 36 / 40  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Mariner Health Care, Inc. Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Name G Way</b>		Date of Receipt M / D / Y 08 / 04 / 2004
Mailing Address 8624 Sabinas Trail		Transaction ID: R16116
City Fort Worth	State TX	Zip Code 76118
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Mariner Health Care Inc.	Occupation Dir, Nursing Rn	Payroll Deduction
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Dale S Zaleal</b>		Date of Receipt M / D / Y 08 / 04 / 2004
Mailing Address 983 Bennett Road Apt. 204		Transaction ID: R16057
City Orlando	State FL	Zip Code 32814
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Mariner Health Care Inc.,	Occupation Svp, Sales & Marketing	Payroll Deduction
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) <b>C. Dale S Zaleal</b>		Date of Receipt M / D / Y 08 / 18 / 2004
Mailing Address 983 Bennett Road Apt. 204		Transaction ID: R16157
City Orlando	State FL	Zip Code 32814
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Mariner Health Care Inc.,	Occupation Svp, Sales & Marketing	Payroll Deduction
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>120.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 37 / 40  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Mariner Health Care, Inc. Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Danel D Zurovec</b>		Date of Receipt M / D / Y 08 / 04 / 2004
Mailing Address 1900 Mistywood Dr		Transaction ID: R16086
City Austin	State TX	Zip Code 78746
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Mariner Health Care Inc.,	Occupation Svp, Assoc General Counsel	Payroll Deduction
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) <b>B. Danel D Zurovec</b>		Date of Receipt M / D / Y 08 / 18 / 2004
Mailing Address 1900 Mistywood Dr		Transaction ID: R16186
City Austin	State TX	Zip Code 78746
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Mariner Health Care Inc.,	Occupation Svp, Assoc General Counsel	Payroll Deduction
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	40.00
TOTAL This Period (last page this line number only) .....	▶	2348.00

**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)

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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)  
Mariner Health Care, Inc. Federal Political Action Committee

Full Name (Last, First, Middle Initial)  
**A. Bank of America**

Mailing Address 500 N. Akard

City Dallas State TX Zip Code 75283-2406

Purpose of Disbursement  
Bank Charges

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type

Transaction ID: D227  
Date of Disbursement  
08 / 02 / 2004

Amount of Each Disbursement this Period  
33.87

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

Mailing Address 500 N. Akard

City Dallas State TX Zip Code 75283-2406

Purpose of Disbursement  
Bank Charges

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type

Transaction ID: D230  
Date of Disbursement  
08 / 25 / 2004

Amount of Each Disbursement this Period  
32.20

SUBTOTAL of Disbursements This Page (optional) .....	▶	66.16
TOTAL This Period (last page this line number only) .....	▶	66.16

**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)  
Mariner Health Care, Inc. Federal Political Action Committee

Full Name (Last, First, Middle Initial)  
A. Democratic National Committee

Transaction ID: D229  
Date of Disbursement

Mailing Address c/o Norm Estes  
931 Fairfax Park

08 / 20 / 2004

City Tuscaloosa State AL Zip Code 35406

Amount of Each Disbursement this Period

Purpose of Disbursement  
Contr. Democratic National Commi (-D)

7500.00

Candidate Name

Category/  
Type

Office Sought: House  
Senate  
President

Disbursement For:  
Primary General  
Other (specify) ▼

State: District

SUBTOTAL of Disbursements This Page (optional) ▶

7500.00

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

7500.00

**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 40 / 40

<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 type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Mariner Health Care, Inc. Federal Political Action Committee

Full Name (Last, First, Middle Initial)  
A. Friends of Dan Webber for State Senate

Transaction ID: D225  
Date of Disbursement

Mailing Address 1117 Wyter Hall Lane

08 / 09 / 2004

City Dunwoody State GA Zip Code 30338

Amount of Each Disbursement this Period

Purpose of Disbursement  
Non-Federal Daniel Webber (GA-40-R)

500.00

Candidate Name

Category/  
Type

Office Sought: House Senate President  
Disbursement For: Primary General Other (specify) ▼

State: District

SUBTOTAL of Disbursements This Page (optional) ▶

500.00

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

500.00