

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
American Association for Homecare Political Action Committee (AAHOMECARE PAC)

ADDRESS (number and street) 625 SLATERS LANE SUITE 200
 Check if different than previously reported. (ACC)
ALEXANDRIA VA 22314

2. **FEC IDENTIFICATION NUMBER** C00357129
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 01 01 2007 through 06 30 2007

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 Sue Mairena

Signature of Treasurer Electronically Filed by Sue Mairena Date 07 25 2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
American Association for Homecare Political Action Committee (AAHOMECARE PAC)

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date										
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">13210.33</td></tr></table>	13210.33
Y	Y	Y	Y									
2	0	0	7									
13210.33												
(b) Cash on Hand at Beginning of Reporting Period	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">13210.33</td></tr></table>	13210.33										
13210.33												
(c) Total Receipts (from Line 19)	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">49993.00</td></tr></table>	49993.00	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">49993.00</td></tr></table>	49993.00								
49993.00												
49993.00												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">63203.33</td></tr></table>	63203.33	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">63203.33</td></tr></table>	63203.33								
63203.33												
63203.33												
7. Total Disbursements (from Line 31)	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">18517.43</td></tr></table>	18517.43	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">18517.43</td></tr></table>	18517.43								
18517.43												
18517.43												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">44685.90</td></tr></table>	44685.90	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">44685.90</td></tr></table>	44685.90								
44685.90												
44685.90												
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

American Association for Homecare Political Action Committee (AAHOMECARE PAC)

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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	45800.00	45800.00
(i) Itemized (use Schedule A)	2020.00	2020.00
(ii) Unitemized	47820.00	47820.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	2000.00	2000.00
(c) Other Political Committees (such as PACs)	49820.00	49820.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)		
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)	173.00	173.00
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))	49993.00	49993.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	49993.00	49993.00

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.....	467.43	467.43
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	467.43	467.43
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	18050.00	18050.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	18517.43	18517.43
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	18517.43	18517.43

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	49820.00	49820.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	49820.00	49820.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	467.43	467.43
37. Offsets to Operating Expenditures (from Line 15, page 3)	173.00	173.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	294.43	294.43

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Association for Homecare Political Action Committee (AAHOMECARE PAC)

Full Name (Last, First, Middle Initial) A. Angelene Adler		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 4 / 2 0 0 7
Mailing Address 1877 NE 7th Ave		Transaction ID: 70724.C443
City Portland	State OR	Zip Code 97212-3905
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Information Requested	Occupation Information Requested	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. William Bayer		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 4 / 2 0 0 7
Mailing Address 1648 Thistlewood Dr		Transaction ID: 70724.C445
City Washington Crossin	State PA	Zip Code 18977-1534
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Medical Express	Occupation Managing Member	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Georgie Blackburn		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 4 / 2 0 0 7
Mailing Address 301 Corbet St.		Transaction ID: 70724.C446
City Tarcatum	State PA	Zip Code 15084
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Blackburns Medical	Occupation Owner	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 26
	<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)
American Association for Homecare Political Action Committee (AAHOMECARE PAC)

Full Name (Last, First, Middle Initial) A. Lizbeth Boccia		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 4 / 2 0 0 7	
Mailing Address 16 Hammock Rd N		Transaction ID: 70724.C447	
City Westbrook	State CT	Amount of Each Receipt this Period 500.00	
Zip Code 06498-1743		Receipt	
FEC ID number of contributing federal political committee. C			
Name of Employer Home Therapy Equipment	Occupation Ceo		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Jackie Bolt		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 4 / 2 0 0 7	
Mailing Address 15 Connors Creek Ct		Transaction ID: 70724.C448	
City Simpsonville	State SC	Amount of Each Receipt this Period 500.00	
Zip Code 29681-7271		Receipt	
FEC ID number of contributing federal political committee. C			
Name of Employer Carolina Homecare	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Dexter Braff		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 4 / 2 0 0 7	
Mailing Address 1665 Washington Rd Ste 2		Transaction ID: 70724.C451	
City Pittsburgh	State PA	Amount of Each Receipt this Period 5000.00	
Zip Code 15228-1655		Receipt	
FEC ID number of contributing federal political committee. C			
Name of Employer The Braff Group	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

SUBTOTAL of Receipts This Page (optional) ▶	6000.00
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: (check only one)	PAGE 8 / 26
	<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)
American Association for Homecare Political Action Committee (AAHOMECARE PAC)

Full Name (Last, First, Middle Initial) A. Edward Curley		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 7	
Mailing Address 151 Rockwell Rd		Transaction ID: 70724.C456	
City State Zip Code Newington CT 06111-5535	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Occupation Hudson Home Health Director	Aggregate Year-to-Date ▼ 200.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Les DeFelice		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 7	
Mailing Address 410 S Front St # 281-2409		Transaction ID: 70724.C457	
City State Zip Code Wheeling WV 26003-2042	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Occupation DeFelice Homecare President	Aggregate Year-to-Date ▼ 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. William Elliott		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 7	
Mailing Address 124 Mikaola Road		Transaction ID: 70724.C458	
City State Zip Code Corrdes NM 87048	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Occupation Med Group Ceo	Aggregate Year-to-Date ▼ 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	2200.00
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: (check only one)	PAGE 9 / 26
	<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)
American Association for Homecare Political Action Committee (AAHOMECARE PAC)

Full Name (Last, First, Middle Initial) A. Laraine Forry		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 4 / 2 0 0 7
Mailing Address 607 Buckthorn Court		Transaction ID: 70724.C460
City State Zip Code Lewisberry PA 17339	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Occupation American Homecare Supply Vp Govt. Relations & Complianc	Aggregate Year-to-Date ▼ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mike W. Hamilton		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 4 / 2 0 0 7
Mailing Address 1719 Patton Chapel Road		Transaction ID: 70724.C461
City State Zip Code Birmingham AL 35226	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Occupation Association Services President	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Tom Inman		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 7 / 2 0 0 7
Mailing Address 11842 Canon Boulevard		Transaction ID: 70724.C512
City State Zip Code Newport News VA 23606	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Occupation Virginia Home Medical President	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	1050.00
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: (check only one)	PAGE 10 / 26
	<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)
American Association for Homecare Political Action Committee (AAHOMECARE PAC)

Full Name (Last, First, Middle Initial) A. Tom Inman		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 7	
Mailing Address 11842 Canon Boulevard		Transaction ID: 70724.C462	
City State Zip Code Newport News VA 23606	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation Virginia Home Medical President	Aggregate Year-to-Date ▼ 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Donald L. Jones		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 7	
Mailing Address 1121 Crosshill Lane		Transaction ID: 70724.C463	
City State Zip Code Warrior AL 35180	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation Southern Medical Equipment President	Aggregate Year-to-Date ▼ 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Karen Kaczmarek		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 7	
Mailing Address 3725 NW 3rd Ave		Transaction ID: 70724.C464	
City State Zip Code Boca Raton FL 33431-5839	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation Access Diabetic Supply Vice President	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	2000.00
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: (check only one)	PAGE 11 / 26
	<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)
American Association for Homecare Political Action Committee (AAHOMECARE PAC)

A. Full Name (Last, First, Middle Initial)
Wayne Knewasser

Mailing Address 12506 Valley Pine Drive

City State Zip Code
Louisville KY 40299

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

Name of Employer Occupation
Premier Home Care Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 14 / 2007

Transaction ID: 70724.C465

Amount of Each Receipt this Period
500.00

Receipt

B. Full Name (Last, First, Middle Initial)
Jeff Knight

Mailing Address 3008 Lexham Road

City State Zip Code
Louisville KY 40220

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

Name of Employer Occupation
Premier Home Care, Inc. Ceo

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 14 / 2007

Transaction ID: 70724.C466

Amount of Each Receipt this Period
500.00

Receipt

C. Full Name (Last, First, Middle Initial)
George Kucka

Mailing Address 811 Royal Dublin Ln

City State Zip Code
Dyer IN 46311-1276

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

Name of Employer Occupation
Fairmeadows Home Health Center President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 08 / 2007

Transaction ID: 70724.C507

Amount of Each Receipt this Period
500.00

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 26
	<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)
American Association for Homecare Political Action Committee (AAHOMECARE PAC)

A. Full Name (Last, First, Middle Initial)
George Kucka

Mailing Address 811 Royal Dublin Ln

City State Zip Code
Dyer IN 46311-1276

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

Name of Employer Fairmeadows Home Health Center
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 14 / 2007

Transaction ID: 70724.C467

Amount of Each Receipt this Period
100.00

Receipt

B. Full Name (Last, First, Middle Initial)
Mario Lacute

Mailing Address 6103 Leon Rd

City State Zip Code
Andover OH 44003-9452

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

Name of Employer Seeley Medical
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 14 / 2007

Transaction ID: 70724.C468

Amount of Each Receipt this Period
500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Alan Landauer

Mailing Address 41 Ethelridge Road

City State Zip Code
White Plains NY 10605

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

Name of Employer Landauer Metropolitan
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 14 / 2007

Transaction ID: 70724.C469

Amount of Each Receipt this Period
5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	5600.00
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: (check only one)	PAGE 13 / 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Association for Homecare Political Action Committee (AAHOMECARE PAC)

Full Name (Last, First, Middle Initial) A. MaryAnn Largen		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 4 / 2 0 0 7	
Mailing Address 5725 Old Well House Rd		Transaction ID: 70724.C470	
City State Zip Code Charlotte NC 28226-2674	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Med Emporium	Occupation Coo		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Carol Laumer		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 4 / 2 0 0 7	
Mailing Address 1313 Ella Avenue Nw		Transaction ID: 70724.C471	
City State Zip Code Willmar MN 56201	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Rice Home Medical	Occupation Executive Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00		

Full Name (Last, First, Middle Initial) C. John Lefizia		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 9 / 2 0 0 7	
Mailing Address 140 Garnet St		Transaction ID: 70724.C441	
City State Zip Code Ebensburg PA 15931	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Laurel Medical Supplies	Occupation Owner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 26
	<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)
American Association for Homecare Political Action Committee (AAHOMECARE PAC)

A. Full Name (Last, First, Middle Initial) Joseph Lewarski Mailing Address 28791 Johnson Dr City Wickliffe State OH Zip Code 44092-2651 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 4 / 2 0 0 7 Transaction ID: 70724.C472 Amount of Each Receipt this Period 100.00 Receipt
Name of Employer Inogen, Inc. Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 100.00		

B. Full Name (Last, First, Middle Initial) Joseph Lewarski Mailing Address 28791 Johnson Dr City Wickliffe State OH Zip Code 44092-2651 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 0 / 2 0 0 7 Transaction ID: 70724.C440 Amount of Each Receipt this Period 1000.00 Receipt
Name of Employer Inogen, Inc. Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1100.00		

C. Full Name (Last, First, Middle Initial) Ani Manougian Mailing Address 3604 San Fernando Rd City Glendale State CA Zip Code 91204-2917 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 4 / 2 0 0 7 Transaction ID: 70724.C473 Amount of Each Receipt this Period 500.00 Receipt
Name of Employer Western Drug Medical Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)	▶	1600.00
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: (check only one)	PAGE 15 / 26
	<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)
American Association for Homecare Political Action Committee (AAHOMECARE PAC)

A. Full Name (Last, First, Middle Initial)
John J. Miller

Mailing Address 2995 Mill Ridge CR NW

City State Zip Code
Canton OH 44708

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

Name of Employer
Millers Healthcare Products
Occupation
President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 4 / 2 0 0 7

Transaction ID: 70724.C476

Amount of Each Receipt this Period
250.00

Receipt

B. Full Name (Last, First, Middle Initial)
Van G. Miller

Mailing Address 1111 West San Marnan Drive
Po Box 2817

City State Zip Code
Waterloo IA 50704

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

Name of Employer
Van G. Miller & Associates
Occupation
Ceo

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 4 / 2 0 0 7

Transaction ID: 70724.C475

Amount of Each Receipt this Period
2000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Patrick Naeger

Mailing Address 1083 Pcr 906

City State Zip Code
Perryville MO 63775-6141

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

Name of Employer
Healthcare Equipment
Occupation
Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 4 / 2 0 0 7

Transaction ID: 70724.C478

Amount of Each Receipt this Period
200.00

Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **2450.00**

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: (check only one)	PAGE 16 / 26
	<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)
American Association for Homecare Political Action Committee (AAHOMECARE PAC)

Full Name (Last, First, Middle Initial) A. Joe Petrolla		Date of Receipt M M / D D / Y Y Y Y 06 / 14 / 2007	
Mailing Address 7900 Meadowbrooke Trail		Transaction ID: 70724.C483	
City State Zip Code Poland OH 44514	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Seeley Medical Occupation President	Aggregate Year-to-Date ▼ 200.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. David Petsch		Date of Receipt M M / D D / Y Y Y Y 06 / 14 / 2007	
Mailing Address 332 Patton Ct.		Transaction ID: 70724.C484	
City State Zip Code Martinez GA 30907	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Petsch Respiratory Services Occupation President	Aggregate Year-to-Date ▼ 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Timothy Pontius		Date of Receipt M M / D D / Y Y Y Y 04 / 12 / 2007	
Mailing Address 3905 LaPlonte Rd		Transaction ID: 70724.C509	
City State Zip Code Monclova OH 43542	Amount of Each Receipt this Period 1500.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Young Medical Services Occupation President & Ceo	Aggregate Year-to-Date ▼ 1500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	2700.00
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: (check only one)	PAGE 17 / 26
	<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)
American Association for Homecare Political Action Committee (AAHOMECARE PAC)

A. Full Name (Last, First, Middle Initial)
Timothy Pontius

Mailing Address 3905 LaPlonte Rd

City State Zip Code
Monclova OH 43542

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

Name of Employer Occupation
Young Medical Services President & Ceo

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 14 / 2007

Transaction ID: 70724.C485

Amount of Each Receipt this Period
1500.00

Receipt

B. Full Name (Last, First, Middle Initial)
Thomas Ryan

Mailing Address 90 Yoakam Street

City State Zip Code
Farmingdale NY 11735

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

Name of Employer Occupation
Homecare Concepts Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 15 / 2007

Transaction ID: 70724.C505

Amount of Each Receipt this Period
1250.00

Receipt

C. Full Name (Last, First, Middle Initial)
Thomas Ryan

Mailing Address 90 Yoakam Street

City State Zip Code
Farmingdale NY 11735

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

Name of Employer Occupation
Homecare Concepts Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2007

Transaction ID: 70724.C442

Amount of Each Receipt this Period
500.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	3250.00
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: (check only one)	PAGE 18 / 26
	<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)
American Association for Homecare Political Action Committee (AAHOMECARE PAC)

A. Full Name (Last, First, Middle Initial) Nancy Salter Mailing Address 4242 Country Club Dr City Bakersfield State CA Zip Code 93306-3702 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 8 / 2 0 0 7 Transaction ID: 70724.C439 Amount of Each Receipt this Period 5000.00 Receipt
Name of Employer Salter Labs Occupation Secretary Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00		

B. Full Name (Last, First, Middle Initial) Jason Seeley Mailing Address 375 N West St City Westerville State OH Zip Code 43082-1400 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 4 / 2 0 0 7 Transaction ID: 70724.C493 Amount of Each Receipt this Period 500.00 Receipt
Name of Employer Dasco Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		

C. Full Name (Last, First, Middle Initial) Robert Stokes Mailing Address 1395 N 400E, Ste A City Logan State UT Zip Code 84321 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 4 / 2 0 0 7 Transaction ID: 70724.C496 Amount of Each Receipt this Period 1000.00 Receipt
Name of Employer Cache Valley Oxygen Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional)	▶	6500.00
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: (check only one)	PAGE 19 / 26
	<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)
American Association for Homecare Political Action Committee (AAHOMECARE PAC)

Full Name (Last, First, Middle Initial) A. Joe Tart		Date of Receipt M M / D D / Y Y Y Y 06 / 14 / 2007	
Mailing Address 311 Coleridge Dr		Transaction ID: 70724.C497	
City State Zip Code Dunn NC 28334-4408	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Family Medical	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Todd Tyson		Date of Receipt M M / D D / Y Y Y Y 06 / 14 / 2007	
Mailing Address 1805 Shackelford Ct		Transaction ID: 70724.C499	
City State Zip Code Norcross GA 30093-7000	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Hitech Healthcare	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. James Walsh		Date of Receipt M M / D D / Y Y Y Y 06 / 14 / 2007	
Mailing Address 1111 W. San Moran		Transaction ID: 70724.C500	
City State Zip Code Waterloo IA 50701	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Van G. Miller & Associates	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	2000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 / 26
	(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)
American Association for Homecare Political Action Committee (AAHOMECARE PAC)

A. Full Name (Last, First, Middle Initial)
Donald White

Mailing Address 6066 Wellesley Lane

City State Zip Code
East Amherst NY 14051

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

Name of Employer
Associated Healthcare Systems

Occupation
President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
05 / 14 / 2007

Transaction ID: 70724.C506

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Randy Wolfe

Mailing Address 4901 N Broadway St

City State Zip Code
Knoxville TN 37918-2315

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

Name of Employer
Lamberts Home Health

Occupation
President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 14 / 2007

Transaction ID: 70724.C501

Amount of Each Receipt this Period
500.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	5500.00
TOTAL This Period (last page this line number only)	▶	45800.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 26
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" 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)
American Association for Homecare Political Action Committee (AAHOMECARE PAC)

Full Name (Last, First, Middle Initial) A. Pride Mobility PAC		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 4 / 2 0 0 7	
Mailing Address 182 Susquehanna Ave		Transaction ID: 70724.C502	
City State Zip Code Exeter PA 18643-2653	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Vgm Management Ltd Pac (vgmpac)		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 4 / 2 0 0 7	
Mailing Address 1111 W San Marnan Drive		Transaction ID: 70724.C503	
City State Zip Code Waterloo IA 50701	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	2000.00
TOTAL This Period (last page this line number only) ▶	2000.00

**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 22 / 26

<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)
American Association for Homecare Political Action Committee (AAHOMECARE PAC)

Full Name (Last, First, Middle Initial) A. Nova Information Systems		Transaction ID: 70724.E347 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 7
Mailing Address 7300 Chapman Highway		Amount of Each Disbursement this Period 36.50
City Knoxville State TN Zip Code 37920-	Purpose of Disbursement MERCHANT 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 FEE		

Full Name (Last, First, Middle Initial) B. Nova Information Systems		Transaction ID: 70724.E345 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 7
Mailing Address 7300 Chapman Highway		Amount of Each Disbursement this Period 36.50
City Knoxville State TN Zip Code 37920-	Purpose of Disbursement MERCHANT 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 FEE		

Full Name (Last, First, Middle Initial) C. Nova Information Systems		Transaction ID: 70724.E343 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7
Mailing Address 7300 Chapman Highway		Amount of Each Disbursement this Period 40.00
City Knoxville State TN Zip Code 37920-	Purpose of Disbursement MERCHANT 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 FEE		

SUBTOTAL of Disbursements This Page (optional) ▶	113.00
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 23 / 26

<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)
American Association for Homecare Political Action Committee (AAHOMECARE PAC)

Full Name (Last, First, Middle Initial) A. Nova Information Systems		Transaction ID: 70724.E338 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 7
Mailing Address 7300 Chapman Highway		Amount of Each Disbursement this Period 40.00
City Knoxville State TN Zip Code 37920-	MERCHANT FEE	
Purpose of Disbursement MERCHANT FEE		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) ▼	

Full Name (Last, First, Middle Initial) B. Nova Information Systems		Transaction ID: 70724.E331 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 7
Mailing Address 7300 Chapman Highway		Amount of Each Disbursement this Period 40.00
City Knoxville State TN Zip Code 37920-	MERCHANT FEE	
Purpose of Disbursement MERCHANT FEE		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) ▼	

Full Name (Last, First, Middle Initial) C. Nova Information Systems		Transaction ID: 70724.E332 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address 7300 Chapman Highway		Amount of Each Disbursement this Period 105.70
City Knoxville State TN Zip Code 37920-	MERCHANT FEE	
Purpose of Disbursement MERCHANT FEE		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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	185.70
TOTAL This Period (last page this line number only) ▶	298.70

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)
American Association for Homecare Political Action Committee (AAHOMECARE PAC)

Full Name (Last, First, Middle Initial) A. Friends of Gordon Smith		Transaction ID: 70724.E324 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 0 7
Mailing Address 228 S Washington St Ste 115		Amount of Each Disbursement this Period 2000.00
City Alexandria State VA Zip Code 22314-5404	POLITICAL CONTRIBUTION	
Purpose of Disbursement POLITICAL CONTRIBUTION		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Friends of John Boehner		Transaction ID: 70724.E336 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 7
Mailing Address 7908 Cincinnati Dayton Rd Ste I2		Amount of Each Disbursement this Period 1000.00
City West Chester State OH Zip Code 45069-6629	POLITICAL CONTRIBUTION	
Purpose of Disbursement POLITICAL CONTRIBUTION		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Citizens For Arlen Specter		Transaction ID: 70724.E325 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 0 7
Mailing Address 426 C Street Ne Carriage House		Amount of Each Disbursement this Period 2800.00
City Washington State DC Zip Code 20002-	POLITICAL CONTRIBUTION	
Purpose of Disbursement POLITICAL CONTRIBUTION		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	5800.00
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)

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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)
American Association for Homecare Political Action Committee (AAHOMECARE PAC)

Full Name (Last, First, Middle Initial) A. Friends Of John Tanner		Transaction ID: 70724.E342 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 7
Mailing Address Post Office Box 1994 Post Office Box 1994		Amount of Each Disbursement this Period 2250.00
City Union City State TN Zip Code 38281-	POLITICAL CONTRIBUTION	
Purpose of Disbursement POLITICAL CONTRIBUTION		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. People For English		Transaction ID: 70724.E322 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 0 7
Mailing Address Po Box 1940		Amount of Each Disbursement this Period 1000.00
City Erie State PA Zip Code 16507-	POLITICAL CONTRIBUTION	
Purpose of Disbursement POLITICAL CONTRIBUTION		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Pete Stark Re-election Committee		Transaction ID: 70724.E323 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 7
Mailing Address P.o. Box 8331		Amount of Each Disbursement this Period 5000.00
City Fremont State CA Zip Code 94537-	POLITICAL CONTRIBUTION	
Purpose of Disbursement POLITICAL CONTRIBUTION		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	8250.00
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)
American Association for Homecare Political Action Committee (AAHOMECARE PAC)

Full Name (Last, First, Middle Initial) A. Rangel For Congress		Transaction ID: 70724.E341 Date of Disbursement 02 / 01 / 2007
Mailing Address Po Box 5577 Manhattanville Sta		Amount of Each Disbursement this Period 2000.00
City New York State NY Zip Code 10027-	POLITICAL CONTRIBUTION	
Purpose of Disbursement POLITICAL CONTRIBUTION		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Rangel For Congress		Transaction ID: 70724.E340 Date of Disbursement 02 / 16 / 2007
Mailing Address Po Box 5577 Manhattanville Sta		Amount of Each Disbursement this Period 1000.00
City New York State NY Zip Code 10027-	POLITICAL CONTRIBUTION	
Purpose of Disbursement POLITICAL CONTRIBUTION		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Rangel For Congress		Transaction ID: 70724.E337 Date of Disbursement 05 / 11 / 2007
Mailing Address Po Box 5577 Manhattanville Sta		Amount of Each Disbursement this Period 1000.00
City New York State NY Zip Code 10027-	POLITICAL CONTRIBUTION	
Purpose of Disbursement POLITICAL CONTRIBUTION		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶	18050.00