

**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