

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

Homecare & Hospice PAC

ADDRESS (number and street) C/O Simone Consultants LLC
4130 Whitney Avenue
Hamden CT 06518

Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIPCODE

C00431981

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:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on _____ in the State of _____

- (d) 30-Day Post -Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on _____ in the State of _____

5. Covering Period 04 01 2010 through 06 30 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ruth L. Constant

Signature of Treasurer Electronically Filed by Ruth L. Constant Date 07 15 2010

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

Office Use Only							
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FEC FORM 3X (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Homecare & Hospice PAC

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		8422.83
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	55143.86									
(c) Total Receipts (from Line 19)	18228.00	101270.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	73371.86	109692.83								
7. Total Disbursements (from Line 31)	44380.10	80701.07								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	28991.76	28991.76								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
Homecare & Hospice PAC

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

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)	12760.00	93910.00
(ii) Unitemized	5468.00	7360.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	18228.00	101270.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	18228.00	101270.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	18228.00	101270.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	18228.00	101270.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	5130.10	9751.07
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	5130.10	9751.07
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	39250.00	70950.00
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))..	44380.10	80701.07
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	44380.10	80701.07

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	18228.00	101270.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	18228.00	101270.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	5130.10	9751.07
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	5130.10	9751.07

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 23
	<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	

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

NAME OF COMMITTEE (In Full)
Homecare & Hospice PAC

A.	Full Name (Last, First, Middle Initial) Mark Brown		Date of Receipt
	Mailing Address 6129 Dixie Lane		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Alexandria	LA	71301
	FEC ID number of contributing federal political committee. C		Transaction ID: 00624.C870
Name of Employer Gentiva Health Services		Occupation branch director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 400.00	Receipt

B.	Full Name (Last, First, Middle Initial) Mark Brown		Date of Receipt
	Mailing Address 6129 Dixie Lane		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Alexandria	LA	71301
	FEC ID number of contributing federal political committee. C		Transaction ID: 00624.C878
Name of Employer Gentiva Health Services		Occupation branch director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 450.00	Receipt

C.	Full Name (Last, First, Middle Initial) Mark Brown		Date of Receipt
	Mailing Address 6129 Dixie Lane		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Alexandria	LA	71301
	FEC ID number of contributing federal political committee. C		Transaction ID: 00624.C879
Name of Employer Gentiva Health Services		Occupation branch director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 500.00	Receipt

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 150.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Homecare & Hospice PAC

A.	Full Name (Last, First, Middle Initial) Arnold Burchianti		Date of Receipt MM / DD / YYYY 05 / 14 / 2010		
	Mailing Address 404 Blackstone Lane		Transaction ID: 00624.C741		
	City Mars	State PA	Zip Code 16046	Amount of Each Receipt this Period 2000.00	
	FEC ID number of contributing federal political committee. C		Receipt		
	Name of Employer Celtic Healthcare	Occupation Healthcare Executive		Receipt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2000.00			

B.	Full Name (Last, First, Middle Initial) Mary Christopher		Date of Receipt MM / DD / YYYY 06 / 11 / 2010		
	Mailing Address 126 Sylvania Ave.		Transaction ID: 00624.C770		
	City Avon By The Sea	State NJ	Zip Code 07717	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C		Receipt		
	Name of Employer VNA CJ	Occupation CEO		Receipt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

C.	Full Name (Last, First, Middle Initial) David Curtis		Date of Receipt MM / DD / YYYY 06 / 29 / 2010		
	Mailing Address 932 Pilgrim Ave		Transaction ID: 00707.C882		
	City Birmingham	State MI	Zip Code 48009-1213	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Receipt		
	Name of Employer Residential Home Health LLC	Occupation president & director		Receipt	
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)	▶	2800.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Homecare & Hospice PAC

A.	Full Name (Last, First, Middle Initial) Gregg Davis		Date of Receipt MM / DD / YYYY 06 / 11 / 2010
	Mailing Address 1776 Kolob Drive		Transaction ID: 00624.C744
	City Fairfield	State CA	Zip Code 94534
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
	Name of Employer SVNAH	Occupation CFO	Receipt

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00
---	-------------------------------------

B.	Full Name (Last, First, Middle Initial) Kathleen Dodd		Date of Receipt MM / DD / YYYY 04 / 18 / 2010
	Mailing Address 1008 W 66th Street		Transaction ID: 00624.C740
	City Kansas City	State MO	Zip Code 64113
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer The Corridor Group, Inc.	Occupation owner	Receipt

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00
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C.	Full Name (Last, First, Middle Initial) Elizabeth Gornet		Date of Receipt MM / DD / YYYY 06 / 11 / 2010
	Mailing Address 2305 Paradise Drive		Transaction ID: 00624.C747
	City Belvedere Tiburon	State CA	Zip Code 94920-1201
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
	Name of Employer SVNAH	Occupation home care executive	Receipt

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00
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SUBTOTAL of Receipts This Page (optional)	▶	2800.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Homecare & Hospice PAC

A.	Full Name (Last, First, Middle Initial) Donna Gouveia		Date of Receipt MM / DD / YYYY 05 / 14 / 2010
	Mailing Address 920 South Road		Transaction ID: 00624.C742
	City East Greenwich	State RI	Zip Code 02818
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer VNSGRI	Occupation VP/CFO	Receipt

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00
---	------------------------------------

B.	Full Name (Last, First, Middle Initial) Mary Haynor		Date of Receipt MM / DD / YYYY 05 / 13 / 2010
	Mailing Address W327N4210 Portside Dr		Transaction ID: 00624.C875
	City Nashotah	State WI	Zip Code 53058-9519
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
	Name of Employer Horizon Home Care and Hospice	Occupation Healthcare Executive	Receipt

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00
---	------------------------------------

C.	Full Name (Last, First, Middle Initial) Melissa Johns		Date of Receipt MM / DD / YYYY 05 / 07 / 2010
	Mailing Address 6461 Coventry Hills Dr NE		Transaction ID: 00624.C873
	City Rio Rancho	State NM	Zip Code 87144-0831
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Enchanted Hills Home Health	Occupation RN	Receipt

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00
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SUBTOTAL of Receipts This Page (optional)	▶	1400.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Homecare & Hospice PAC

A.	Full Name (Last, First, Middle Initial) Michael Lewis	Date of Receipt MM / DD / YYYY 06 / 29 / 2010
	Mailing Address 676 E Valley Chase Rd	Transaction ID: 00707.C883
	City State Zip Code Bloomfield Hills MI 48304-3163	Amount of Each Receipt this Period 600.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Residential Home Health LLC Occupation chairman, CEO, director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 600.00	

B.	Full Name (Last, First, Middle Initial) Penny Milanovich	Date of Receipt MM / DD / YYYY 06 / 21 / 2010
	Mailing Address 148 Winterwood Drive	Transaction ID: 00624.C830
	City State Zip Code Butler PA 16001	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer homemaker Occupation homemaker Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 250.00	

C.	Full Name (Last, First, Middle Initial) Joseph Mooney	Date of Receipt MM / DD / YYYY 06 / 29 / 2010
	Mailing Address 5867 Stonehaven Blvd	Transaction ID: 00707.C881
	City State Zip Code Rochester MI 48306-4941	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Residential Home Health LLC Occupation exec VP sales & director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 300.00	

SUBTOTAL of Receipts This Page (optional)	1150.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Homecare & Hospice PAC

A.	Full Name (Last, First, Middle Initial) Mario Nanos		Date of Receipt MM / DD / YYYY 06 / 29 / 2010
	Mailing Address 8377 Alta Vista Dr		Transaction ID: 00707.C880
	City Pinckney	State MI	Zip Code 48169-8481
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
	Name of Employer Residential Home Health LLC	Occupation sales liaison & director	Receipt

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00
---	------------------------------------

B.	Full Name (Last, First, Middle Initial) Marcia Reissig		Date of Receipt MM / DD / YYYY 06 / 11 / 2010
	Mailing Address 2929 Quail Hallow Drive		Transaction ID: 00624.C746
	City Fairfield	State CA	Zip Code 94534
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 360.00
	Name of Employer Sutter VNA & Hospice	Occupation Healthcare Executive	Receipt

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2360.00
---	-------------------------------------

C.	Full Name (Last, First, Middle Initial) Maryellen Rota		Date of Receipt MM / DD / YYYY 06 / 11 / 2010
	Mailing Address 680 Mission St. No. PHD		Transaction ID: 00624.C745
	City San Francisco	State CA	Zip Code 94105-4039
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
	Name of Employer SVNAH	Occupation home care executive	Receipt

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00
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SUBTOTAL of Receipts This Page (optional)	▶	2160.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 / 23
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Homecare & Hospice PAC

A.

Full Name (Last, First, Middle Initial) David Slifkin		Date of Receipt MM / DD / YYYY 05 / 06 / 2010
Mailing Address 14441 77th Ave		Transaction ID: 00624.C871
City Flushing	State NY	Zip Code 11367-3129
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Personal Touch Home Care	Occupation COO/CFO	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

B.

Full Name (Last, First, Middle Initial) Mark Sorensen		Date of Receipt MM / DD / YYYY 06 / 29 / 2010
Mailing Address 444 W Roslyn Pl Apt 5A		Transaction ID: 00707.C884
City Chicago	State IL	Zip Code 60614-2751
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Residential Home Health LLC	Occupation Director	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	▶	2300.00
TOTAL This Period (last page this line number only)	▶	12760.00

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

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

NAME OF COMMITTEE (In Full)
Homecare & Hospice PAC

A.	Full Name (Last, First, Middle Initial) Morgan, Meredith & Associates Mailing Address 2875 Towerview Rd., Ste. 1000 City Herndon State VA Zip Code 20171- Purpose of Disbursement direct mail 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) ▼	Transaction ID: 00624.E221 Date of Disbursement 05 / 12 / 2010 Amount of Each Disbursement this Period 1464.56 DIRECT MAIL
B.	Full Name (Last, First, Middle Initial) Morgan, Meredith & Associates Mailing Address 2875 Towerview Rd., Ste. 1000 City Herndon State VA Zip Code 20171- Purpose of Disbursement fundraising consulting 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) ▼	Transaction ID: 00624.E219 Date of Disbursement 05 / 12 / 2010 Amount of Each Disbursement this Period 1000.00 FUNDRAISING CONSULTING
C.	Full Name (Last, First, Middle Initial) Morgan, Meredith & Associates Mailing Address 2875 Towerview Rd., Ste. 1000 City Herndon State VA Zip Code 20171- Purpose of Disbursement reporting services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00624.E220 Date of Disbursement 05 / 12 / 2010 Amount of Each Disbursement this Period 525.00 REPORTING SERVICES

SUBTOTAL of Disbursements This Page (optional) ▶	2989.56
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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Homecare & Hospice PAC

A.

Full Name (Last, First, Middle Initial)
Morgan, Meredith & Associates

Transaction ID: 00624.E224

Date of Disbursement

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

Mailing Address 2875 Towerview Rd., Ste. 1000

Amount of Each Disbursement this Period

300.00

City Herndon State VA Zip Code 20171-

Purpose of Disbursement
reporting services

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

REPORTING SERVICES

State: District:

B.

Full Name (Last, First, Middle Initial)
Morgan, Meredith & Associates

Transaction ID: 00624.E223

Date of Disbursement

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

Mailing Address 2875 Towerview Rd., Ste. 1000

Amount of Each Disbursement this Period

1000.00

City Herndon State VA Zip Code 20171-

Purpose of Disbursement
fundraising consulting

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

FUNDRAISING CONSULTING

State: District:

C.

Full Name (Last, First, Middle Initial)
Simione Consultants

Transaction ID: 00624.E229

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	1	0

Mailing Address 4130 Whitney Ave.

Amount of Each Disbursement this Period

217.23

City Hamden State CT Zip Code 06518-

Purpose of Disbursement
postage

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

POSTAGE

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

1517.23

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

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Homecare & Hospice PAC

A.	Full Name (Last, First, Middle Initial) Wachovia Bank	Transaction ID: 00624.E236 Date of Disbursement 04 / 01 / 2010
	Mailing Address 215 Pennsylvania Ave., SE	Amount of Each Disbursement this Period 280.20
	City Washington State DC Zip Code 20003-	
	Purpose of Disbursement merchant service charge Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		MERCHANT SERVICE CHARGE

B.	Full Name (Last, First, Middle Initial) Wachovia Bank	Transaction ID: 00624.E237 Date of Disbursement 04 / 02 / 2010
	Mailing Address 215 Pennsylvania Ave., SE	Amount of Each Disbursement this Period 31.00
	City Washington State DC Zip Code 20003-	
	Purpose of Disbursement merchant service charge Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		MERCHANT SERVICE CHARGE

C.	Full Name (Last, First, Middle Initial) Wachovia Bank	Transaction ID: 00624.E238 Date of Disbursement 05 / 03 / 2010
	Mailing Address 215 Pennsylvania Ave., SE	Amount of Each Disbursement this Period 75.00
	City Washington State DC Zip Code 20003-	
	Purpose of Disbursement merchant service charge Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		MERCHANT SERVICE CHARGE

SUBTOTAL of Disbursements This Page (optional)	386.20
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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Homecare & Hospice PAC

A.	Full Name (Last, First, Middle Initial) Wachovia Bank	Transaction ID: 00624.E239 Date of Disbursement 05 / 04 / 2010
	Mailing Address 215 Pennsylvania Ave., SE	Amount of Each Disbursement this Period 30.35
	City Washington State DC Zip Code 20003-	
	Purpose of Disbursement merchant service charge Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		MERCHANT SERVICE CHARGE

B.	Full Name (Last, First, Middle Initial) Wachovia Bank	Transaction ID: 00707.E247 Date of Disbursement 06 / 01 / 2010
	Mailing Address 215 Pennsylvania Ave., SE	Amount of Each Disbursement this Period 75.90
	City Washington State DC Zip Code 20003-	
	Purpose of Disbursement merchant service charge Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		MERCHANT SERVICE CHARGE

C.	Full Name (Last, First, Middle Initial) Wachovia Bank	Transaction ID: 00707.E248 Date of Disbursement 06 / 02 / 2010
	Mailing Address 215 Pennsylvania Ave., SE	Amount of Each Disbursement this Period 31.90
	City Washington State DC Zip Code 20003-	
	Purpose of Disbursement merchant service charge Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		MERCHANT SERVICE CHARGE

SUBTOTAL of Disbursements This Page (optional)	▶	138.15
TOTAL This Period (last page this line number only)	▶	5031.14

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Homecare & Hospice PAC

<p>A. Full Name (Last, First, Middle Initial) Becerra For Congress</p> <p>Mailing Address PO Box 261060</p> <p>City Los Angeles State CA Zip Code 90026-</p> <p>Purpose of Disbursement POLITICAL CONTRIBUTION</p> <p>Candidate Name XAVIER BECERRA</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 31</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00624.E227 Date of Disbursement 05 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>POLITICAL CONTRIBUTION</p>
<p>B. Full Name (Last, First, Middle Initial) Bennet for Colorado</p> <p>Mailing Address PO Box 3078</p> <p>City Denver State CO Zip Code 80201-</p> <p>Purpose of Disbursement POLITICAL CONTRIBUTION</p> <p>Candidate Name MICHAEL F BENNET</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00624.E222 Date of Disbursement 06 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>POLITICAL CONTRIBUTION</p>
<p>C. Full Name (Last, First, Middle Initial) Blumenthal for Senate</p> <p>Mailing Address 777 Summer Street</p> <p>City Stamford State CT Zip Code 06901-</p> <p>Purpose of Disbursement POLITICAL CONTRIBUTION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00624.E228 Date of Disbursement 05 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>POLITICAL CONTRIBUTION</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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)
Homecare & Hospice PAC

<p>A. Full Name (Last, First, Middle Initial) Hagan for U.S. Senate</p> <p>Mailing Address PO Box 29103</p> <p>City Greensboro State NC Zip Code 27429-</p> <p>Purpose of Disbursement POLITICAL CONTRIBUTION</p> <p>Candidate Name KAY R HAGAN</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 00</p> <p>Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00406.E203 Date of Disbursement: 04 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>POLITICAL CONTRIBUTION</p>
<p>B. Full Name (Last, First, Middle Initial) Hagan for U.S. Senate</p> <p>Mailing Address PO Box 29103</p> <p>City Greensboro State NC Zip Code 27429-</p> <p>Purpose of Disbursement POLITICAL CONTRIBUTION</p> <p>Candidate Name KAY R HAGAN</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 00</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00406.E204 Date of Disbursement: 04 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>POLITICAL CONTRIBUTION</p>
<p>C. Full Name (Last, First, Middle Initial) Hatch Election Committee Inc</p> <p>Mailing Address 175 South West Temple Ste. 650</p> <p>City Salt Lake City State UT Zip Code 84101-</p> <p>Purpose of Disbursement POLITICAL CONTRIBUTION</p> <p>Candidate Name ORRIN G HATCH</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 00</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00707.E242 Date of Disbursement: 06 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>POLITICAL CONTRIBUTION</p>

SUBTOTAL of Disbursements This Page (optional) ►

11000.00

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)
Homecare & Hospice PAC

A.	Full Name (Last, First, Middle Initial) Hatch Election Committee Inc Mailing Address 175 South West Temple Ste. 650 City Salt Lake City State UT Zip Code 84101- Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name ORRIN G HATCH Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: UT District: 00	Transaction ID: 00707.E241 Date of Disbursement 06 / 29 / 2010	Amount of Each Disbursement this Period 1500.00 POLITICAL CONTRIBUTION
B.	Full Name (Last, First, Middle Initial) Levin for Congress Mailing Address P. O. Box 37 City Roseville State MI Zip Code 48066- Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name SANDER M LEVIN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 12	Transaction ID: 00624.E231 Date of Disbursement 06 / 21 / 2010	Amount of Each Disbursement this Period 1500.00 POLITICAL CONTRIBUTION
C.	Full Name (Last, First, Middle Initial) Mike Thompson For Congress Mailing Address 5429 Madison Avenue City Sacramento State CA Zip Code 95841- Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name MIKE MR. THOMPSON Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 01	Transaction ID: 00624.E218 Date of Disbursement 04 / 28 / 2010	Amount of Each Disbursement this Period 1500.00 POLITICAL CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ►

4500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Homecare & Hospice PAC

A. Full Name (Last, First, Middle Initial) Montana Democratic Party <hr/> Mailing Address PO Box 802 <hr/> City Helena State MT Zip Code 59624- <hr/> Purpose of Disbursement 3/2/10 CHECK RETURNED/NO REISSUE Candidate Name MONTANA DEMOCRATIC PARTY <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00624.E216 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 1 0
	Amount of Each Disbursement this Period -1000.00
	3/2/10 CHECK RETURNED/NO REISSUE
	Category/ Type
B. Full Name (Last, First, Middle Initial) Moran for Kansas <hr/> Mailing Address PO Box 1151 <hr/> City Hays State KS Zip Code 67601- <hr/> Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name JERRY MORAN <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00624.E217 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 1 0
	Amount of Each Disbursement this Period 250.00
	POLITICAL CONTRIBUTION
	Category/ Type
C. Full Name (Last, First, Middle Initial) Schwartz for Congress <hr/> Mailing Address P.O. Box 2232 <hr/> City Jenkintown State PA Zip Code 19046- <hr/> Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name ALLYSON Y. SCHWARTZ <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 13 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00624.E232 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	POLITICAL CONTRIBUTION
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

1750.00

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 22 / 23

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Homecare & Hospice PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Sestak for Senate</p> <p>Mailing Address PO Box 1936</p> <p>City Media State PA Zip Code 19063-</p> <p>Purpose of Disbursement POLITICAL CONTRIBUTION</p> <p>Candidate Name SESTAK FOR SENATE</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00707.E249 Date of Disbursement 06 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>POLITICAL CONTRIBUTION</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Stabenow for US Senate</p> <p>Mailing Address PO Box 4945</p> <p>City East Lansing State MI Zip Code 48826-</p> <p>Purpose of Disbursement POLITICAL CONTRIBUTION</p> <p>Candidate Name DEBBIE STABENOW</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 00</p> <p>Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00624.E230 Date of Disbursement 05 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>POLITICAL CONTRIBUTION</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Walter Jones Committee</p> <p>Mailing Address PO Box 3962</p> <p>City Greenville State NC Zip Code 27836-</p> <p>Purpose of Disbursement POLITICAL CONTRIBUTION</p> <p>Candidate Name WALTER B JONES</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 03</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00624.E233 Date of Disbursement 06 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>POLITICAL CONTRIBUTION</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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)
Homecare & Hospice PAC

A.	Full Name (Last, First, Middle Initial) Walter Jones Committee	Transaction ID: 00624.E215 Date of Disbursement
	Mailing Address PO Box 3962	<input type="text" value="04"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>
	City Greenville State NC Zip Code 27836-	Amount of Each Disbursement this Period
	Purpose of Disbursement POLITICAL CONTRIBUTION	<input type="text" value="1000.00"/>
	Candidate Name WALTER B JONES	POLITICAL CONTRIBUTION
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 03	
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="39250.00"/>