

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
Sun Healthcare Group, Inc. Political Action Committee d/b/a Sun HealthCare P.A.C.

ADDRESS (number and street) 101 Sun Avenue NE
 Check if different than previously reported. (ACC)
Albuquerque NM 87109

2. **FEC IDENTIFICATION NUMBER** C00398826
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 06 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 DAVID MASON
Signature of Treasurer Electronically Filed by DAVID MASON Date 07 19 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
Sun Healthcare Group, Inc. Political Action Committee d/b/a Sun HealthCare P.A.C.

Report Covering the Period: From:

M	M
0	6

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		19073.45
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	16913.25									
(c) Total Receipts (from Line 19)	28740.30	77677.10								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	45653.55	96750.55								
7. Total Disbursements (from Line 31)	25250.00	76347.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	20403.55	20403.55								
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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

Sun Healthcare Group, Inc. Political Action Committee d/b/a Sun HealthCare P.A.C.

Report Covering the Period: From:

M	M
0	6

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	19350.80	52886.65
(i) Itemized (use Schedule A)	9389.50	22790.45
(ii) Unitemized	28740.30	75677.10
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	28740.30	75677.10
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	2000.00
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))	28740.30	77677.10
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	28740.30	77677.10

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.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	24500.00	75000.00
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	750.00	1050.00
(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))	750.00	1050.00
29. Other Disbursements.....	0.00	297.00
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))..	25250.00	76347.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	25250.00	76347.00

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)	28740.30	75677.10
34. Total Contribution Refunds (from Line 28(d))	750.00	1050.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	27990.30	74627.10
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**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 6 / 34
	<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)
Sun Healthcare Group, Inc. Political Action Committee d/b/a Sun HealthCare P.A.C.

A. Full Name (Last, First, Middle Initial)
JULIE ARNOLD

Mailing Address 515 NORTH OVERLOOK DRIVE

City State Zip Code
ALEXANDRIA VA 22305

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

Name of Employer Occupation
SUN HEALTHCARE GROUP, INC. VP RECRUITMENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 19 / 2007

Transaction ID: SA11A1.6301

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
LYNNE BECKER

Mailing Address 4324 TROOST AVE #305

City State Zip Code
STUDIO CITY CA 91604-2887

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

Name of Employer Occupation
SUN HEALTHCARE GROUP, INC PROGRAM DIRECTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 15 / 2007

Transaction ID: SA11A1.6342

Amount of Each Receipt this Period
80.00

PR DEDUCTION (\$ 40 bi-weekly)

C. Full Name (Last, First, Middle Initial)
KRISTY BLANKENSHIP

Mailing Address 141 MAGNOLIA AVE

City State Zip Code
PRINCETON WV 24740-2348

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

Name of Employer Occupation
SUN HEALTHCARE GROUP, INC CLINICAL SVCS COORDINATOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 442.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 15 / 2007

Transaction ID: SA11A1.6347

Amount of Each Receipt this Period
68.00

PR DEDUCTION (\$ 34 bi-weekly)

SUBTOTAL of Receipts This Page (optional)	▶	2148.00
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 / 34
	<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)
Sun Healthcare Group, Inc. Political Action Committee d/b/a Sun HealthCare P.A.C.

A. Full Name (Last, First, Middle Initial)
ROBERT BOSEN

Mailing Address 1204 West Eagle Avenue

City State Zip Code
Nampa ID 83651

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

Name of Employer Occupation
Sun Healthcare Group, Inc. SunBridge Regional Manager

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 15 / 2007

Transaction ID: SA11A1.6348

Amount of Each Receipt this Period
80.00

PR DEDUCTION (\$ 40 bi-weekly)

B. Full Name (Last, First, Middle Initial)
ELLEN BUTLER

Mailing Address 42 NELSON AVENUE

City State Zip Code
BEVERLY MA 01915

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

Name of Employer Occupation
SUN HEALTHCARE GROUP, INC. VP-NUTRITIONAL SERVICES

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2007

Transaction ID: SA11A1.6288

Amount of Each Receipt this Period
1300.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
Julie E. Campbell

Mailing Address 19416 Castlewood Circle

City State Zip Code
Huntington Beach CA 92648

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

Name of Employer Occupation
Sun Healthcare Group, Inc. Regional Manager of SunBridge

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2007

Transaction ID: SA11A1.6294

Amount of Each Receipt this Period
1500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)	▶	2880.00
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 / 34
	<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)
Sun Healthcare Group, Inc. Political Action Committee d/b/a Sun HealthCare P.A.C.

A. Full Name (Last, First, Middle Initial) GLEN CAVALLO		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007	
Mailing Address 2917 Lakeside Drive		Transaction ID: SA11A1.6350	
City State Zip Code Greenwood AR 72936		Amount of Each Receipt this Period 146.00	
FEC ID number of contributing federal political committee. C		PR DEDUCTION (\$ 73 bi-weekly)	
Name of Employer Occupation Sun Healthcare Group, Inc. Senior VP of Operations			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 949.00	

B. Full Name (Last, First, Middle Initial) MARK C DE BACA		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007	
Mailing Address 8201 BEVERLY HILLS AVENUE NE		Transaction ID: SA11A1.6351	
City State Zip Code ALBUQUERQUE NM 87122		Amount of Each Receipt this Period 208.00	
FEC ID number of contributing federal political committee. C		PR DEDUCTION (\$ 52 bi-weekly)	
Name of Employer Occupation SUN HEALTHCARE GROUP, INC CONTROLLER/SENIOR DIRECTOR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 676.00	

C. Full Name (Last, First, Middle Initial) FREDA CERNY		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007	
Mailing Address 118 Dodge Street		Transaction ID: SA11A1.6352	
City State Zip Code Swanton, OH OH 43558-1269		Amount of Each Receipt this Period 80.00	
FEC ID number of contributing federal political committee. C		PR DEDUCTION (\$ 40 bi-weekly)	
Name of Employer Occupation Sun Healthcare Group, Inc. Administrator			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 520.00	

SUBTOTAL of Receipts This Page (optional) ▶	434.00
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 / 34
	<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)
Sun Healthcare Group, Inc. Political Action Committee d/b/a Sun HealthCare P.A.C.

A. Full Name (Last, First, Middle Initial)
STEVE CHAMPION

Mailing Address 08 VISTA DEL SOL

City State Zip Code
PLACITAS NM 87043

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

Name of Employer Occupation
SUN HEALTHCARE GROUP, INC DIRECTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 15 / 2007

Transaction ID: SA11A1.6353

Amount of Each Receipt this Period
40.00

PR DEDUCTION (\$ 20 bi-weekly)

B. Full Name (Last, First, Middle Initial)
DONNA CORRIGAN

Mailing Address 724 RODGERS CIRCLE

City State Zip Code
PLATTEVILLE CO 80651-7953

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

Name of Employer Occupation
SUN HEALTHCARE GROUP, INC REGIONAL ACCOUNTANT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 15 / 2007

Transaction ID: SA11A1.6357

Amount of Each Receipt this Period
100.00

PR DEDUCTION (\$ 25 bi-weekly)

C. Full Name (Last, First, Middle Initial)
MELISSA CRAIG

Mailing Address 14501 S 53RD EAST AV

City State Zip Code
BIXBY OK 74008

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

Name of Employer Occupation
SUN HEALTHCARE GROUP, INC VICE PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 15 / 2007

Transaction ID: SA11A1.6330

Amount of Each Receipt this Period
100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)	▶	240.00
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 / 34
	<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)
Sun Healthcare Group, Inc. Political Action Committee d/b/a Sun HealthCare P.A.C.

A. Full Name (Last, First, Middle Initial)
MELISSA CRAIG

Mailing Address 14501 S 53RD EAST AV

City State Zip Code
BIXBY OK 74008

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

Name of Employer Occupation
SUN HEALTHCARE GROUP, INC VICE PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 265.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 15 / 2007

Transaction ID: SA11A1.6358

Amount of Each Receipt this Period
60.00

PR DEDUCTION (\$ 15 bi-weekly)

B. Full Name (Last, First, Middle Initial)
NANCY DELAURENTIS

Mailing Address 1531 DAVID DR

City State Zip Code
ESCONDIDO CA 92026

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

Name of Employer Occupation
SUN HEALTHCARE GROUP, INC REGIONAL MANAGER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 15 / 2007

Transaction ID: SA11A1.6360

Amount of Each Receipt this Period
60.00

PR DEDUCTION (\$ 60 bi-weekly)

C. Full Name (Last, First, Middle Initial)
BRUCE DIBERNARDO

Mailing Address 366 BARTLETT CIR

City State Zip Code
CLEVELAND TN 37312-4780

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

Name of Employer Occupation
SUN HEALTHCARE GROUP, INC REG DIR OF OPS

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 / 15 / 2007

Transaction ID: SA11A1.6362

Amount of Each Receipt this Period
100.00

PR DEDUCTION (\$ 50 bi-weekly)

SUBTOTAL of Receipts This Page (optional)	▶	220.00
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 / 34
	<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)
Sun Healthcare Group, Inc. Political Action Committee d/b/a Sun HealthCare P.A.C.

A. Full Name (Last, First, Middle Initial)
MARY DIPASQUALE

Mailing Address 3454 LIMBER PINE CT

City State Zip Code
COLORADO SPRINGS CO 80920-2407

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

Name of Employer Occupation
SUN HEALTHCARE GROUP, INC CLINICAL SVCS COORDINATOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 216.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 15 / 2007

Transaction ID: SA11A1.6363

Amount of Each Receipt this Period
96.00

PR DEDUCTION (\$ 24 bi-weekly)

B. Full Name (Last, First, Middle Initial)
SHEILA DOSHER

Mailing Address 8108 WELLSBURG COURT NW

City State Zip Code
ALBUQUERQUE NM 87120

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

Name of Employer Occupation
SUN HEALTHCARE GROUP, INC VP OPS SUPPORT AND EDUCATION

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 15 / 2007

Transaction ID: SA11A1.6365

Amount of Each Receipt this Period
200.00

PR DEDUCTION (\$ 50 bi-weekly)

C. Full Name (Last, First, Middle Initial)
BARBARA EAREGOOD

Mailing Address 10045 OGLETHORPE WAY

City State Zip Code
ELK GROVE CA 95624-1352

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

Name of Employer Occupation
SUN HEALTHCARE GROUP, INC CLINICAL SVCS COORDINATOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 15 / 2007

Transaction ID: SA11A1.6366

Amount of Each Receipt this Period
70.00

PR DEDUCTION (\$ 35 bi-weekly)

SUBTOTAL of Receipts This Page (optional)	▶	366.00
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 / 34
	<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)
Sun Healthcare Group, Inc. Political Action Committee d/b/a Sun HealthCare P.A.C.

A. Full Name (Last, First, Middle Initial)
RODNEY EDWARDS

Mailing Address 2613 NW 68TH ST

City State Zip Code
OKLAHOMA CITY OK 73116-4709

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

Name of Employer Occupation
SUN HEALTHCARE GROUP, INC REG DIR OF OPS

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 15 / 2007

Transaction ID: SA11A1.6368

Amount of Each Receipt this Period
40.00

PR DEDUCTION (\$ 20 bi-weekly)

B. Full Name (Last, First, Middle Initial)
SARA FARMER

Mailing Address 9035 VILLAGE

City State Zip Code
ALBUQUERQUE NM 87122

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

Name of Employer Occupation
SUN HEALTHCARE GROUP, INC DIRECTOR

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 481.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 15 / 2007

Transaction ID: SA11A1.6372

Amount of Each Receipt this Period
74.00

PR DEDUCTION (\$ 37 bi-weekly)

C. Full Name (Last, First, Middle Initial)
HEIDI FISHER

Mailing Address 24235 DAVIDA LN

City State Zip Code
LAGUNA NIGUEL CA 92677

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

Name of Employer Occupation
SUN HEALTHCARE GROUP, INC SVP OF H/R

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 853.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 15 / 2007

Transaction ID: SA11A1.6373

Amount of Each Receipt this Period
334.00

PR DEDUCTION (\$ 167 biweekly)

SUBTOTAL of Receipts This Page (optional)	▶	448.00
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 / 34
	<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)
Sun Healthcare Group, Inc. Political Action Committee d/b/a Sun HealthCare P.A.C.

Full Name (Last, First, Middle Initial) A. ROBIN FORTIN		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7	
Mailing Address 142 Massapoag Road		Transaction ID: SA11A1.6375	
City Tyngsboro	State MA	Amount of Each Receipt this Period 40.00	
Zip Code 01879-2337		PR DEDUCTION (\$ 10 weekly)	
FEC ID number of contributing federal political committee. C			
Name of Employer SUN HEALTHCARE GROUP, INC	Occupation ADMINISTRATOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

Full Name (Last, First, Middle Initial) B. Debra Friedman		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7	
Mailing Address 1182 Easley Drive		Transaction ID: SA11A1.6377	
City Clayton	State CA	Amount of Each Receipt this Period 100.00	
Zip Code 94517		PR DEDUCTION (\$ 50 bi-weekly)	
FEC ID number of contributing federal political committee. C			
Name of Employer Sun Healthcare Group, Inc.	Occupation Division Finance Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) C. MICHAEL GASSIS		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7	
Mailing Address 13461 SPRINGDALE STREET		Transaction ID: SA11A1.6380	
City WESTMINSTER	State CA	Amount of Each Receipt this Period 90.00	
Zip Code 92683-2456		PR DEDUCTION (\$ 45 bi-weekly)	
FEC ID number of contributing federal political committee. C			
Name of Employer SUN HEALTHCARE GROUP, INC	Occupation ADMINISTRATOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 405.00		

SUBTOTAL of Receipts This Page (optional) ▶	230.00
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 / 34
	<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)
Sun Healthcare Group, Inc. Political Action Committee d/b/a Sun HealthCare P.A.C.

A. Full Name (Last, First, Middle Initial)
KATHRYN GESSLER

Mailing Address NUM 7 FAIRVIEW HGTS

City State Zip Code
PARKSBURG WV 26101

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

Name of Employer Occupation
SUN HEALTHCARE GROUP, INC REGIONAL MANAGER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 715.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2007

Transaction ID: SA11A1.6381

Amount of Each Receipt this Period
110.00

PR DEDUCTION (\$ 55 bi-weekly)

B. Full Name (Last, First, Middle Initial)
KATHRYN GRAY

Mailing Address 664 RENAISSANCE AVE.

City State Zip Code
FAIRFIELD CA 94534

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

Name of Employer Occupation
SUN HEALTHCARE GROUP, INC DIRECTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2007

Transaction ID: SA11A1.6383

Amount of Each Receipt this Period
100.00

PR DEDUCTION (\$ 25 bi-weekly)

C. Full Name (Last, First, Middle Initial)
SUSAN GWYN

Mailing Address 10 CONCORD STREET

City State Zip Code
CHARLESTOWN MA 02129

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

Name of Employer Occupation
SUN HEALTHCARE GROUP, INC. PRESIDENT OF SUNDANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2600.00

Date of Receipt
MM / DD / YYYY
06 / 19 / 2007

Transaction ID: SA11A1.6302

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)	▶	2810.00
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 / 34
<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)
Sun Healthcare Group, Inc. Political Action Committee d/b/a Sun HealthCare P.A.C.

Full Name (Last, First, Middle Initial) A. KIMBERLY HAUXHURST		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7	
Mailing Address 1207 Monterey Street		Transaction ID: SA11A1.6385	
City State Zip Code Madera CA 93637		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		PR DEDUCTION (\$ 10 weekly)	
Name of Employer Occupation SUN HEALTHCARE GROUP, INC STAFF		Aggregate Year-to-Date ▼ 270.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Linda Hawkins		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 7	
Mailing Address 86 Indian Point Road		Transaction ID: SA11A1.6313	
City State Zip Code Tiverton RI 02878		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		CONTRIBUTION	
Name of Employer Occupation Sun Healthcare Group, Inc. SunDance Regional Vice President		Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. SUZANNAH HERRING		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7	
Mailing Address 1115 LEAHY RD		Transaction ID: SA11A1.6389	
City State Zip Code MONTEREY CA 93940		Amount of Each Receipt this Period 65.38	
FEC ID number of contributing federal political committee. C		PR DEDUCTION (\$ 32.69 biweekly)	
Name of Employer Occupation SUN HEALTHCARE GROUP, INC DIRECTOR		Aggregate Year-to-Date ▼ 294.21	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	615.38
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 / 34
	<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)
Sun Healthcare Group, Inc. Political Action Committee d/b/a Sun HealthCare P.A.C.

Full Name (Last, First, Middle Initial) A. ALYCE HOPPING		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 130 FOXGLOVE LN		Transaction ID: SA11A1.6390
City LEXINGTON	State NC	Amount of Each Receipt this Period 50.00
Zip Code 27292-0011	FEC ID number of contributing federal political committee. C	PR DEDUCTION (\$ 25 bi-weekly)
Name of Employer SUN HEALTHCARE GROUP, INC	Occupation ADMINISTRATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) B. DARIN HOPPING		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 130 FOXGLOVE LN		Transaction ID: SA11A1.6391
City LEXINGTON	State NC	Amount of Each Receipt this Period 100.00
Zip Code 27292-0011	FEC ID number of contributing federal political committee. C	PR DEDUCTION (\$ 50 bi-weekly)
Name of Employer SUN HEALTHCARE GROUP, INC	Occupation REG DIR OF OPS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. CARLA JACKSON		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 11529 S NANDINA		Transaction ID: SA11A1.6395
City JENKS	State OK	Amount of Each Receipt this Period 80.00
Zip Code 74037-2185	FEC ID number of contributing federal political committee. C	PR DEDUCTION (\$ 40 bi-weekly)
Name of Employer SUN HEALTHCARE GROUP, INC	Occupation ADMINISTRATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	230.00
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 / 34
	<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)
Sun Healthcare Group, Inc. Political Action Committee d/b/a Sun HealthCare P.A.C.

A. Full Name (Last, First, Middle Initial)
DEBORAH JOHNSON

Mailing Address 1350 SOUTH PITTSFORD ROAD

City OSSEO State MI Zip Code 49266

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

Name of Employer SUN HEALTHCARE GROUP, INC. Occupation VP-CLINICAL SERVICES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 28 / 2007

Transaction ID: SA11A1.6331

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
Sharon Johnson

Mailing Address 403 Spruce Lane

City Beckley State WV Zip Code 25801-2514

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

Name of Employer SUN HEALTHCARE GROUP, INC. Occupation ADMINISTRATOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 490.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 15 / 2007

Transaction ID: SA11A1.6397

Amount of Each Receipt this Period
 105.00

PR DEDUCTION (\$ 35 bi-weekly)

C. Full Name (Last, First, Middle Initial)
DAN KEELING

Mailing Address 2236 HEARTHSIDE DR

City ADA State MI Zip Code 49301-8383

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

Name of Employer SUN HEALTHCARE GROUP, INC. Occupation VICE PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 15 / 2007

Transaction ID: SA11A1.6399

Amount of Each Receipt this Period
 50.00

PR DEDUCTION (\$ 25 bi-weekly)

SUBTOTAL of Receipts This Page (optional)	▶	1155.00
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 / 34
	<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)
Sun Healthcare Group, Inc. Political Action Committee d/b/a Sun HealthCare P.A.C.

A. Full Name (Last, First, Middle Initial)
THERESA KERN

Mailing Address P O BOX 1140

City State Zip Code
SANDIA PARK NM 87047-1140

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

Name of Employer Occupation
SUN HEALTHCARE GROUP, INC SVP BUS DEV AND COMMUNICATIONS

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 728.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 15 / 2007

Transaction ID: SA11A1.6403

Amount of Each Receipt this Period
91.00

PR DEDUCTION (\$ 91 bi-weekly)

B. Full Name (Last, First, Middle Initial)
THERESA KERN

Mailing Address P O BOX 1140

City State Zip Code
SANDIA PARK NM 87047-1140

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

Name of Employer Occupation
SUN HEALTHCARE GROUP, INC SVP BUS DEV AND COMMUNICATIONS

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2728.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 18 / 2007

Transaction ID: SA11A1.6292

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JERI KONTOGEORGIS

Mailing Address 2117 JACARANDA CT

City State Zip Code
SAN BERNARDINO CA 92404-3315

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

Name of Employer Occupation
SUN HEALTHCARE GROUP, INC CLINICAL SVCS COORDINATOR

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 15 / 2007

Transaction ID: SA11A1.6404

Amount of Each Receipt this Period
100.00

PR DEDUCTION (\$ 50 bi-weekly)

SUBTOTAL of Receipts This Page (optional)	▶	2191.00
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 / 34
	<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)
Sun Healthcare Group, Inc. Political Action Committee d/b/a Sun HealthCare P.A.C.

Full Name (Last, First, Middle Initial) A. JEFFREY KREGER		Date of Receipt MM / DD / YYYY 06 / 15 / 2007
Mailing Address 8621 FLORENCE AVENUE NE		Transaction ID: SA11A1.6405
City	State	Zip Code
ALBUQUERQUE	NM	87122
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer SUN HEALTHCARE GROUP, INC.	Occupation VP & CORPORATE CONTROLLER	PR DEDUCTION (\$ 40 bi-weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1160.00	

Full Name (Last, First, Middle Initial) B. LOUISE M. LINDER		Date of Receipt MM / DD / YYYY 06 / 15 / 2007
Mailing Address 124 Hillendale Drive		Transaction ID: SA11A1.6407
City	State	Zip Code
Toccoa	GA	30577
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Sun Healthcare Group, Inc.	Occupation SunBridge Regional Manager	PR DEDUCTION (\$ 50 bi-weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. LAURA LOFTIS		Date of Receipt MM / DD / YYYY 06 / 15 / 2007
Mailing Address 1195 TWP RD 1506		Transaction ID: SA11A1.6408
City	State	Zip Code
ASHLAND	OH	44805
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer SUN HEALTHCARE GROUP, INC	Occupation COMPLIANCE DIRECTOR	PR DEDUCTION (\$ 25 bi-weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

SUBTOTAL of Receipts This Page (optional)	▶	230.00
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 20 / 34
	<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)
Sun Healthcare Group, Inc. Political Action Committee d/b/a Sun HealthCare P.A.C.

A. Full Name (Last, First, Middle Initial)
GINAD. LUCCHI

Mailing Address 47 VIA CASETA

City State Zip Code
RSM CA 92688

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

Name of Employer Occupation
SUN HEALTHCARE GROUP, INC VICE PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 630.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 15 / 2007

Transaction ID: SA11A1.6409

Amount of Each Receipt this Period
140.00

PR DEDUCTION (\$ 70 bi-weekly)

B. Full Name (Last, First, Middle Initial)
DAVID MASON

Mailing Address 9100 MODESTO AVE NE

City State Zip Code
ALBUQUERQUE NM 87122

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

Name of Employer Occupation
SUN HEALTHCARE GROUP, INC VICE PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2025.00

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

Transaction ID: SA11A1.6287

Amount of Each Receipt this Period
1400.00

Contribution

C. Full Name (Last, First, Middle Initial)
DAVID MASON

Mailing Address 9100 MODESTO AVE NE

City State Zip Code
ALBUQUERQUE NM 87122

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

Name of Employer Occupation
SUN HEALTHCARE GROUP, INC VICE PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2100.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 15 / 2007

Transaction ID: SA11A1.6413

Amount of Each Receipt this Period
75.00

PR DEDUCTION (\$ 75 bi-weekly)

SUBTOTAL of Receipts This Page (optional)	▶	1615.00
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 21 / 34
	<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)
Sun Healthcare Group, Inc. Political Action Committee d/b/a Sun HealthCare P.A.C.

A. Full Name (Last, First, Middle Initial)
KAYT MATHESON

Mailing Address 14560 W KENSINGTON CT

City State Zip Code
BOISE ID 83713-0975

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

Name of Employer Occupation
SUN HEALTHCARE GROUP, INC VP OF BUSINESS DEVELOPMENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 15 / 2007

Transaction ID: SA11A1.6414

Amount of Each Receipt this Period
100.00

PR DEDUCTION (\$ 50 bi-weekly)

B. Full Name (Last, First, Middle Initial)
RICHARD MATROS

Mailing Address 14 SCENIC BLUFF

City State Zip Code
NEWPORT COAST CA 92657

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

Name of Employer Occupation
SUN HEALTHCARE GROUP, INC CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2336.89

Date of Receipt
M M / D D / Y Y Y Y
06 / 15 / 2007

Transaction ID: SA11A1.6415

Amount of Each Receipt this Period
380.42

PR DEDUCTION (\$ 190.21 biweekly)

C. Full Name (Last, First, Middle Initial)
DEBBIE MCLARTY

Mailing Address 5928 CHACO LOOP NE

City State Zip Code
RIO RANCHO NM 87144

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

Name of Employer Occupation
SUN HEALTHCARE GROUP, INC SVP (SENIOR VICE PRESIDENT)

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 15 / 2007

Transaction ID: SA11A1.6419

Amount of Each Receipt this Period
200.00

PR DEDUCTION (\$ 100 biweekly)

SUBTOTAL of Receipts This Page (optional)	▶	680.42
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 22 / 34
	<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)
Sun Healthcare Group, Inc. Political Action Committee d/b/a Sun HealthCare P.A.C.

A. Full Name (Last, First, Middle Initial)
CASSANDRA MISTRETTA

Mailing Address 803 PRATT AVE NE

City State Zip Code
HUNTSVILLE AL 35801

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

Name of Employer Occupation
SUN HEALTHCARE GROUP, INC ADMINISTRATOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 130.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 15 / 2007

Transaction ID: SA11A1.6421

Amount of Each Receipt this Period
20.00

PR DEDUCTION (\$ 10 bi-weekly)

B. Full Name (Last, First, Middle Initial)
CASSANDRA MISTRETTA

Mailing Address 803 PRATT AVE NE

City State Zip Code
HUNTSVILLE AL 35801

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

Name of Employer Occupation
SUN HEALTHCARE GROUP, INC ADMINISTRATOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 28 / 2007

Transaction ID: SA11A1.6325

Amount of Each Receipt this Period
100.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
VICKI MURPHY

Mailing Address 12190 OLD SOUTH LANE

City State Zip Code
MCCALLA AL 35111-2332

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

Name of Employer Occupation
SUN HEALTHCARE GROUP, INC ADMINISTRATOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 15 / 2007

Transaction ID: SA11A1.6425

Amount of Each Receipt this Period
60.00

PR DEDUCTION (\$ 30 bi-weekly)

SUBTOTAL of Receipts This Page (optional)	180.00
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 23 / 34
	<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)
Sun Healthcare Group, Inc. Political Action Committee d/b/a Sun HealthCare P.A.C.

Full Name (Last, First, Middle Initial) A. CYNTHIA MYERS		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007	
Mailing Address 3588 CAVE CREEK MANOR		Transaction ID: SA11A1.6426	
City LAS CRUCES	State NM	Zip Code 88011-4016	Amount of Each Receipt this Period 78.00
FEC ID number of contributing federal political committee. C		PR DEDUCTION (\$ 39 bi-weekly)	
Name of Employer SUN HEALTHCARE GROUP, INC	Occupation REG DIR OF OPS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 507.00		

Full Name (Last, First, Middle Initial) B. CAROL A. NICHOLS		Date of Receipt M M / D D / Y Y Y Y 06 / 28 / 2007	
Mailing Address 192 BREEZEWALK DRIVE		Transaction ID: SA11A1.6312	
City VALLEJO	State CA	Zip Code 94591	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C		CONTRIBUTION	
Name of Employer SUN HEALTHCARE GROUP, INC.	Occupation DIVISION FINANCE MANAGER - SUNBRIDGE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00		

Full Name (Last, First, Middle Initial) C. CAROL A. NICHOLS		Date of Receipt M M / D D / Y Y Y Y 06 / 28 / 2007	
Mailing Address 192 BREEZEWALK DRIVE		Transaction ID: SA11A1.6318	
City VALLEJO	State CA	Zip Code 94591	Amount of Each Receipt this Period 15.00
FEC ID number of contributing federal political committee. C		CONTRIBUTION	
Name of Employer SUN HEALTHCARE GROUP, INC.	Occupation DIVISION FINANCE MANAGER - SUNBRIDGE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00		

SUBTOTAL of Receipts This Page (optional)	118.00
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 24 / 34
	<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)
Sun Healthcare Group, Inc. Political Action Committee d/b/a Sun HealthCare P.A.C.

A. Full Name (Last, First, Middle Initial)
CAROL A. NICHOLS

Mailing Address 192 BREEZEWALK DRIVE

City State Zip Code
VALLEJO CA 94591

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

Name of Employer Occupation
SUN HEALTHCARE GROUP, INC. DIVISION FINANCE MANAGER - SUNBRIDGE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 28 / 2007

Transaction ID: SA11A1.6319

Amount of Each Receipt this Period
20.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
PETER NYLAND

Mailing Address 4 VIA ALCALDE

City State Zip Code
SANDIA PARK NM 87047

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

Name of Employer Occupation
SUN HEALTHCARE GROUP, INC SVP PURCHASING AND DEVELOPMENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2007

Transaction ID: SA11A1.6293

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
PATRICIA OLSON

Mailing Address 8559 CARAWAY RD E
PO BOX 641

City State Zip Code
MANCHESTER WA 98353-0641

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

Name of Employer Occupation
SUN HEALTHCARE GROUP, INC DIV DIRECTOR OF EDUCATION/QI

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 15 / 2007

Transaction ID: SA11A1.6429

Amount of Each Receipt this Period
60.00

PR DEDUCTION (\$ 30 bi-weekly)

SUBTOTAL of Receipts This Page (optional)	▶	580.00
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 25 / 34
	<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)
Sun Healthcare Group, Inc. Political Action Committee d/b/a Sun HealthCare P.A.C.

A. Full Name (Last, First, Middle Initial)
CONNIE PIERCE

Mailing Address 8236 E ELKHORN

City State Zip Code
SELMA CA 93662-9453

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

Name of Employer Occupation
SUN HEALTHCARE GROUP, INC DIRECTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 15 / 2007

Transaction ID: SA11A1.6433

Amount of Each Receipt this Period
60.00

PR DEDUCTION (\$ 30 bi-weekly)

B. Full Name (Last, First, Middle Initial)
NABIL RAFAIL

Mailing Address 8868 Boydton Street

City State Zip Code
Rosemead CA 91770

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

Name of Employer Occupation
Sun Healthcare Group, Inc. Director of Employee Safety

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 15 / 2007

Transaction ID: SA11A1.6434

Amount of Each Receipt this Period
60.00

PR DEDUCTION (\$ 30 bi-weekly)

C. Full Name (Last, First, Middle Initial)
PATRICIA REEL

Mailing Address 210 FLORIDA DR

City State Zip Code
LOWER BURRELL PA 15068-3334

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

Name of Employer Occupation
SUN HEALTHCARE GROUP, INC CLINICAL SVCS COORDINATOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 15 / 2007

Transaction ID: SA11A1.6436

Amount of Each Receipt this Period
60.00

PR DEDUCTION (\$ 30 bi-weekly)

SUBTOTAL of Receipts This Page (optional)	▶	180.00
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 26 / 34
	<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)
Sun Healthcare Group, Inc. Political Action Committee d/b/a Sun HealthCare P.A.C.

A. Full Name (Last, First, Middle Initial)
LUANNE ROGERS

Mailing Address 28 CAPTAINS WAY

City State Zip Code
EXETER NH 03833

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

Name of Employer Occupation
SUN HEALTHCARE GROUP, INC REGIONAL MANAGER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 15 / 2007

Transaction ID: SA11A1.6438

Amount of Each Receipt this Period
60.00

PR DEDUCTION (\$ 30 bi-weekly)

B. Full Name (Last, First, Middle Initial)
JERRALD ROLES

Mailing Address 3870 FAIRWAY DRIVE

City State Zip Code
CAMERON PARK CA 95682

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

Name of Employer Occupation
SUN HEALTHCARE GROUP, INC SVP (SENIOR VICE PRESIDENT)

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1170.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 15 / 2007

Transaction ID: SA11A1.6439

Amount of Each Receipt this Period
180.00

PR DEDUCTION (\$ 90 bi-weekly)

C. Full Name (Last, First, Middle Initial)
DEB SANDERFIELD

Mailing Address 10012 STRATHFIELD LANE

City State Zip Code
HIGHLANDS RANCH CO 80126-8856

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

Name of Employer Occupation
SUN HEALTHCARE GROUP, INC VICE PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 15 / 2007

Transaction ID: SA11A1.6442

Amount of Each Receipt this Period
60.00

PR DEDUCTION (\$ 30 bi-weekly)

SUBTOTAL of Receipts This Page (optional)	▶	300.00
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 27 / 34
	<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)
Sun Healthcare Group, Inc. Political Action Committee d/b/a Sun HealthCare P.A.C.

A. Full Name (Last, First, Middle Initial)
CATHERINE SCHLAEFER

Mailing Address P O BOX 1260

City ATLANTIC BEACH State NC Zip Code 28512-1260

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

Name of Employer SUN HEALTHCARE GROUP, INC Occupation REGIONAL DIETITIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
06 / 15 / 2007

Transaction ID: SA11A1.6443

Amount of Each Receipt this Period
50.00

PR DEDUCTION (\$ 25 bi-weekly)

B. Full Name (Last, First, Middle Initial)
BRYAN SHAUL

Mailing Address 16732 WESTFIELD LN

City HUNTINGTON BEACH State CA Zip Code 92649

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

Name of Employer SUN HEALTHCARE GROUP, INC Occupation CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2145.00

Date of Receipt
06 / 15 / 2007

Transaction ID: SA11A1.6446

Amount of Each Receipt this Period
330.00

PR DEDUCTION (\$ 165 biweekly)

C. Full Name (Last, First, Middle Initial)
SANDRA SHEEHAN

Mailing Address 4820 HURON RD NE

City RIO RANCHO State NM Zip Code 87144-7736

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

Name of Employer SUN HEALTHCARE GROUP, INC Occupation VP CLINICAL INFO SYSTEMS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
06 / 15 / 2007

Transaction ID: SA11A1.6447

Amount of Each Receipt this Period
140.00

PR DEDUCTION (\$ 70 bi-weekly)

SUBTOTAL of Receipts This Page (optional)	520.00
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 28 / 34
	<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)
Sun Healthcare Group, Inc. Political Action Committee d/b/a Sun HealthCare P.A.C.

A. Full Name (Last, First, Middle Initial)
SUE SMITH

Mailing Address 5900 MIMOSA PLACE NE

City State Zip Code
ALBUQUERQUE NM 87111-6272

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

Name of Employer Occupation
SUN HEALTHCARE GROUP, INC DIRECTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 455.00

Date of Receipt
06 / 15 / 2007

Transaction ID: SA11A1.6448

Amount of Each Receipt this Period
70.00

PR DEDUCTION (\$ 35 bi-weekly)

B. Full Name (Last, First, Middle Initial)
DEAN SPIZZIRRI

Mailing Address 417 EMERSON STREET

City State Zip Code
NEWPORT BEACH CA 92660-3728

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

Name of Employer Occupation
SUN HEALTCHARE GROUP, INC. LEGAL ATTORNEY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
06 / 19 / 2007

Transaction ID: SA11A1.6300

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
HOWARD STONE

Mailing Address 3055 SMITH SPRING RD

City State Zip Code
ANTIOCH TN 37013-1021

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

Name of Employer Occupation
SUN HEALTHCARE GROUP, INC CLINICAL SVCS COORDINATOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
06 / 15 / 2007

Transaction ID: SA11A1.6452

Amount of Each Receipt this Period
60.00

PR DEDUCTION (\$ 30 bi-weekly)

SUBTOTAL of Receipts This Page (optional)	380.00
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 29 / 34
	<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)
Sun Healthcare Group, Inc. Political Action Committee d/b/a Sun HealthCare P.A.C.

Full Name (Last, First, Middle Initial) A. DAVID STORDY		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007	
Mailing Address 28 HANCOCK RD		Transaction ID: SA11A1.6453	
City WINDHAM	State NH	Amount of Each Receipt this Period 100.00	
Zip Code 03087		PR DEDUCTION (\$ 50 bi-weekly)	
FEC ID number of contributing federal political committee. C			
Name of Employer SUN HEALTHCARE GROUP, INC	Occupation VP-OPERATIONS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

Full Name (Last, First, Middle Initial) B. CHERYL STRICKLAND		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007	
Mailing Address 120 DUCK HAWK CIR		Transaction ID: SA11A1.6454	
City DAYTONA BEACH	State FL	Amount of Each Receipt this Period 90.00	
Zip Code 32119		PR DEDUCTION (\$ 45 bi-weekly)	
FEC ID number of contributing federal political committee. C			
Name of Employer SUN HEALTHCARE GROUP, INC	Occupation REGIONAL ACCOUNTANT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. JUDITH TAUBENHEIM		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007	
Mailing Address 100 MARATHON WY		Transaction ID: SA11A1.6456	
City MANCHESTER	State NH	Amount of Each Receipt this Period 100.00	
Zip Code 03109		PR DEDUCTION (\$ 50 bi-weekly)	
FEC ID number of contributing federal political committee. C			
Name of Employer SUN HEALTHCARE GROUP, INC	Occupation VP CLINICAL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

SUBTOTAL of Receipts This Page (optional) ▶	290.00
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 30 / 34
	<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)
Sun Healthcare Group, Inc. Political Action Committee d/b/a Sun HealthCare P.A.C.

A. Full Name (Last, First, Middle Initial)
GREGG WAYCASTER

Mailing Address 2020 GARLAND CT

City State Zip Code
BIRMINGHAM AL 35242

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

Name of Employer Occupation
SUN HEALTHCARE GROUP, INC VP - OPERATIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 675.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 15 / 2007

Transaction ID: SA11A1.6459

Amount of Each Receipt this Period
150.00

PR DEDUCTION (\$ 75 bi-weekly)

B. Full Name (Last, First, Middle Initial)
RUTH WEBER

Mailing Address 2132 RANCH DR

City State Zip Code
WESTMINSTER CO 80234-2645

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

Name of Employer Occupation
SUN HEALTHCARE GROUP, INC CLINICAL SVCS COORDINATOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 15 / 2007

Transaction ID: SA11A1.6461

Amount of Each Receipt this Period
70.00

PR DEDUCTION (\$ 35 bi-weekly)

C. Full Name (Last, First, Middle Initial)
CATHERINE WISNOSKI

Mailing Address 21162 STRATHMOOR LANE

City State Zip Code
HUNTINGTON BEACH CA 92646-7336

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

Name of Employer Occupation
SUN HEALTHCARE GROUP, INC VP OF RESOURCE DEVELOPMENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 405.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 15 / 2007

Transaction ID: SA11A1.6465

Amount of Each Receipt this Period
90.00

PR DEDUCTION (\$ 45 bi-weekly)

SUBTOTAL of Receipts This Page (optional)	310.00
TOTAL This Period (last page this line number only)	19350.80

**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 31 / 34

<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)
Sun Healthcare Group, Inc. Political Action Committee d/b/a Sun HealthCare P.A.C.

Full Name (Last, First, Middle Initial) A. COLEMAN FOR SENATE 08		Transaction ID: SB23.6271 Date of Disbursement																					
Mailing Address 7300 HUDSON BLVD SUITE 270A		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		0	1		2	0	0	7														
City ST PAUL	State MN	Zip Code 55128	Amount of Each Disbursement this Period																				
Purpose of Disbursement CONTRIBUTION		Category/ Type	3500.00																				
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: MN	District: 00																						

Full Name (Last, First, Middle Initial) B. COMMITTEE FOR THE PRESERVATION OF CAPITALISM (CPC), THE		Transaction ID: SB23.6281 Date of Disbursement																					
Mailing Address P.O. Box 65314		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		1	1		2	0	0	7														
City Washington	State DC	Zip Code 20036	Amount of Each Disbursement this Period																				
Purpose of Disbursement CONTRIBUTION		Category/ Type	3000.00																				
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State:	District:																						

Full Name (Last, First, Middle Initial) C. FRIENDS OF JAY ROCKEFELLER		Transaction ID: SB23.6284 Date of Disbursement																					
Mailing Address PO BOX 1909		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	5		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		1	5		2	0	0	7														
City CHARLESTON	State WV	Zip Code 25327	Amount of Each Disbursement this Period																				
Purpose of Disbursement CONTRIBUTION		Category/ Type	2000.00																				
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: WV	District: 00																						

SUBTOTAL of Disbursements This Page (optional)	▶	8500.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

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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

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)
Sun Healthcare Group, Inc. Political Action Committee d/b/a Sun HealthCare P.A.C.

Full Name (Last, First, Middle Initial) A. RYAN FOR CONGRESS		Transaction ID: SB23.6286	
Mailing Address P. O. Box 1919		Date of Disbursement 06 / 15 / 2007	
City Janesville	State WI	Zip Code 53547	Amount of Each Disbursement this Period 1500.00
Purpose of Disbursement CONTRIBUTION		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: WI	District: 01		

Full Name (Last, First, Middle Initial) B. SALAZAR FOR SENATE		Transaction ID: SB23.6273	
Mailing Address PO BOX 600		Date of Disbursement 06 / 01 / 2007	
City DENVER	State CO	Zip Code 80201	Amount of Each Disbursement this Period 3500.00
Purpose of Disbursement CONTRIBUTION		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CO	District: 00		

Full Name (Last, First, Middle Initial) C. TEAM SUNUNU		Transaction ID: SB23.6279	
Mailing Address PO BOX 500		Date of Disbursement 06 / 11 / 2007	
City RYE	State NH	Zip Code 03870	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement CONTRIBUTION		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NH	District: 00		

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)

Sun Healthcare Group, Inc. Political Action Committee d/b/a Sun HealthCare P.A.C.

Full Name (Last, First, Middle Initial)

A. VAN HOLLEN FOR CONGRESS

Mailing Address 10537 St. Paul Street

City Kensington State MD Zip Code 20895

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: MD District: 08

Transaction ID: SB23.6275

Date of Disbursement

06 / 01 / 2007

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. VICTORY NOW PAC

Mailing Address 10605 Concord Street
Suite 202

City Kensington State MD Zip Code 20895

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB23.6277

Date of Disbursement

06 / 11 / 2007

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

24500.00

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

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NAME OF COMMITTEE (In Full)

Sun Healthcare Group, Inc. Political Action Committee d/b/a Sun HealthCare P.A.C.

Full Name (Last, First, Middle Initial)

A. BRIAN COOPER

Mailing Address 4627 EL CAMINO CORTO STREET

City LA CANADA State CA Zip Code 91011

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB28A.6283

Date of Disbursement

/ /

Amount of Each Disbursement this Period

750.00

SUBTOTAL of Disbursements This Page (optional)

750.00

TOTAL This Period (last page this line number only)

750.00