

**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

Kindred Healthcare, Inc. PAC

ADDRESS (number and street)

680 S. Fourth St.

☐Check if different
than previously
reported. (ACC)

Louisville

KY

40202

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00242271

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

10

01

2009

through

10

31

2009

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

Hank Robinson

Signature of Treasurer

Electronically Filed by Hank Robinson

Date

11

16

2009

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

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

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name
Kindred Healthcare, Inc. PAC

Report Covering the Period: From: M M
1 0 D D
0 1 Y Y Y Y
2 0 0 9 To: M M
1 0 D D
3 1 Y Y Y Y
2 0 0 9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2 0 0 9		33510.72
(b) Cash on Hand at Beginning of Reporting Period	48573.11	
(c) Total Receipts (from Line 19)	10354.40	158446.89
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	58927.51	191957.61
7. Total Disbursements (from Line 31)	18500.00	151530.10
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	40427.51	40427.51
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

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

Kindred Healthcare, Inc. PAC

Report Covering the Period:

From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	9

To:

M	M
1	0

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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)	9079.40	99556.74
(ii) Unitemized	1275.00	53890.15
(iii) TOTAL (add Lines 11(a)(i) and (ii)	10354.40	153446.89
(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)	10354.40	153446.89
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	5000.00
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))	10354.40	158446.89
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	10354.40	158446.89

DETAILED SUMMARY PAGE

of Disbursements

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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.....	0.00	30.10	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	30.10	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	18500.00	147500.00	
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	4000.00	
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))..	18500.00	151530.10	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	18500.00	151530.10	

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)	10354.40	153446.89
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10354.40	153446.89
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	30.10
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	30.10

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

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

FOR LINE NUMBER: PAGE 6 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A.

Full Name (Last, First, Middle Initial)

John R Stephenson II

Mailing Address 680 S. Fourth Street

City

Louisville

State

KY

Zip Code

40202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Dir Fac Mgmt-HD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094170118109

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Teresa S Anderson

Mailing Address 680 S. Fourth Street

City

Louisville

State

KY

Zip Code

40202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Sr Dir Fin Sys Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094183718109

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Edward L Kuntz

Mailing Address 8807 Stable Crest Boulevard

City

Houston

State

TX

Zip Code

77024

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Chairman of the BOD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094183918109

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

260.00

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 7 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A.

Full Name (Last, First, Middle Initial)

David R Windhorst

Mailing Address 2000 Spring Farms Road

City State Zip Code
 Floyds Knobs IN 47119

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
VP Financial Sys Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094185018109

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Lawrence I Wolf

Mailing Address 4826 N Winthrop Ave #3S

City State Zip Code
 Chicago IL 60640

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Sr Cnslt Appl-Data Arch

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094185118109

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Mary Jane Frappier-Neff

Mailing Address 2883 Bellwind Circle

City State Zip Code
 Rockledge FL 32955

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Sr Dir Reg IS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094185218109

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

140.00

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 8 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Katheryn J Markham

Mailing Address 680 S. Fourth Street

City

Louisville

State

KY

Zip Code

40202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

VP IS Planning&FieldSvcs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

990.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094185618109

Amount of Each Receipt this Period

90.00

P/R Deduction (\$45.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Dan McReynolds

Mailing Address 7620 Beech Spring Court

City

Louisville

State

KY

Zip Code

40241

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Sr Dir Fin Sys Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094185718109

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Catherine A Gooch

Mailing Address 14516 Clear Meadow Court

City

Louisville

State

KY

Zip Code

40245

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Sr Dir Fin Sys Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094185918109

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 9 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Patrick J Gillenwater

Mailing Address 402 Erin Drive

City

Jeffersonville

State

IN

Zip Code

47130

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Adm Dir IS Admin

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094186418109

Amount of Each Receipt this Period

35.00

P/R Deduction (\$17.50 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Mona Euler

Mailing Address 12568 Sandstone Run

City

Carmel

State

IN

Zip Code

46033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Chief Exec Off I

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094186718109

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

William B Seibert

Mailing Address 680 S. Fourth Street

City

Louisville

State

KY

Zip Code

40202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Sr Dir Fin Sys Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094187418109

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

115.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 10 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Deborah F Rickert

Mailing Address 7003 Shallow Lake Road

City

Prospect

State

KY

Zip Code

40059

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Sr Dir Fin Sys Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094187718109

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Charles Wardrip

Mailing Address 2805 Chestnut Ridge Place

City

Louisville

State

KY

Zip Code

40245

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

VP IS Ops & Telecomm

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094187918109

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Stephen M Dobler

Mailing Address 1106 Holly Springs Drive

City

Louisville

State

KY

Zip Code

40242

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

VP IS Finance & Admin

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

990.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094188018109

Amount of Each Receipt this Period

90.00

P/R Deduction (\$45.00 Bi-Weekly)

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Terry Carrico

Mailing Address 3311 Cobblers Ct

City

New Albany

State

IN

Zip Code

47150

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Sr Dir Clin Systems Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094188218109

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Steven J Paynter

Mailing Address 680 S. Fourth Street

City

Louisville

State

KY

Zip Code

40202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Sr Cnslt Tech Arch

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094188418109

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Kimberly Ann Beach

Mailing Address 6615 Leland Drive

City

Crestwood

State

KY

Zip Code

40014

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

VP Operation Sys-HSD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094188618109

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

100.00

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 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A.

Full Name (Last, First, Middle Initial)

William R Rhodes

Mailing Address 11303 Vista Greens Drive

City

Louisville

State

KY

Zip Code

40241

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Tech Cnslt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094188918109

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Martin Ardron

Mailing Address 41 La Sierra Dr.

City

Phillips Ranch

State

CA

Zip Code

91766

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Div VP Hosp Rehab-PRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094189118109

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Michael Metzger

Mailing Address 129 Foley Rd

City

West Point

State

VA

Zip Code

23181

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Chief Fin Off III

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094189318109

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

100.00

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 13 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Jan Turk

Mailing Address 1314 Amelia St.

City

New Orleans

State

LA

Zip Code

70115

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Chief Exec Off II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094190018109

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Larry Foster

Mailing Address 1134 W. Granville Avenue
Unit 815

City

Chicago

State

IL

Zip Code

60660

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Chief Exec Off III

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094190318109

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Jack Shapiro

Mailing Address 22591 Covington Drive

City

Deer Park

State

IL

Zip Code

60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Executive Director III

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094190418109

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

190.00

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 14 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Adrienne Lyons

Mailing Address 1220 North Oak Park Avenue

City

Oak Park

State

IL

Zip Code

60302

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Reg SrDir Clinical Ops-HD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094190518109

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Linda Mcquade

Mailing Address 4712 Sw 24 Ave

City

Ft Lauderdale

State

FL

Zip Code

33312

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Mgr Health Info Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094191018109

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Theodore Welding

Mailing Address 2448 Middle River Dr.

City

Ft. Lauderdale

State

FL

Zip Code

33305

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Executive Director I

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094191318109

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

90.00

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 15 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Sean R Muldoon

Mailing Address 239 Fairfax Avenue

City

Louisville

State

KY

Zip Code

40207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Sr VP & Chief Med Off-HD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094192218109

Amount of Each Receipt this Period

150.00

P/R Deduction (\$75.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

James L Lindberg

Mailing Address 11119 Brook Stone Court

City

Louisville

State

KY

Zip Code

40223

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Adm Mgr Facilities-HD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094192518109

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Deborah R Doddridge

Mailing Address 680 S. Fourth Street

City

Louisville

State

KY

Zip Code

40202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Dir Procure Sys & Capital

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094193018109

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Joel W Day

Mailing Address 2017 Spring Farms Drive

City

Floyds Knobs

State

IN

Zip Code

47119

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

VP & Controller-HD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094193118109

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Susan Moss

Mailing Address 161 Westwind Road

City

Louisville

State

KY

Zip Code

40207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

VP Crp Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094193318109

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Theresa M Graham

Mailing Address 680 S. Fourth Street

City

Louisville

State

KY

Zip Code

40202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

VP Compliance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094193518109

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

160.00

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 17 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Michael C Lozier

Mailing Address 7028 Westridge Forest Court

City

Lanesville

State

IN

Zip Code

47136

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Dir Purch Contract Admin

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094193718109

Amount of Each Receipt this Period

26.00

P/R Deduction (\$13.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Charles Michael Grannan

Mailing Address 7109 Cannonade Court

City

Prospect

State

KY

Zip Code

40059

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

VP Purchasing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

770.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094193918109

Amount of Each Receipt this Period

70.00

P/R Deduction (\$35.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Dennis J Hansen

Mailing Address 1791 Connor Station Road

City

Simpsonville

State

KY

Zip Code

40067

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

VP Reimb-HSD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

770.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094194118109

Amount of Each Receipt this Period

70.00

P/R Deduction (\$35.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

166.00

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 18 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Mary Suzanne Riedman

Mailing Address 4308 Hampton Creek Drive

City

Louisville

State

KY

Zip Code

40241

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Sr VP & General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094194218109

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Susan P Riedl

Mailing Address 8914 Lippincott Road

City

Louisville

State

KY

Zip Code

40222

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Sr Dir HSD Reimb

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094194418109

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Mary L Vorpahl

Mailing Address 21 Spencer Street Apt. 209

City

Lebanon

State

NH

Zip Code

03766

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nursing Ctr Corporate

Occupation

Executive Dir II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094194618109

Amount of Each Receipt this Period

20.00

P/R Deduction (\$5.00 Weekly)

SUBTOTAL of Receipts This Page (optional)

80.00

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 19 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Mary L Dennison

Mailing Address 4678 Mount Eden Road

City

Shelbyville

State

KY

Zip Code

40065

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Mgr Reimb

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094194818109

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Michael J Bean

Mailing Address 8011 Kendrick Crossing Lane

City

Louisville

State

KY

Zip Code

40291

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
VP Tax Planning

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094195118109

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Peggy Black

Mailing Address 680 S. Fourth Street

City

Louisville

State

KY

Zip Code

40202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Exec Asst to Chair & BOD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094195318109

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

100.00

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 20 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Anne S Woods

Mailing Address 7420 Falls Ridge Ct.

City

Louisville

State

KY

Zip Code

40241

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

VP Internal Audit

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

792.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094195418109

Amount of Each Receipt this Period

72.00

P/R Deduction (\$36.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Stephanie J Warren

Mailing Address 2169 Balmer-Fenwick Road

City

Floyds Knobs

State

IN

Zip Code

47119

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Sr Dir Facility Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094195718109

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

John Lucchese

Mailing Address 14401 Broad Oak Place

City

Louisville

State

KY

Zip Code

40245

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Sr VP & Corp Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

903.99

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094195918109

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

202.00

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 21 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Rose M Michels

Mailing Address 680 S. Fourth Street

City

Louisville

State

KY

Zip Code

40202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Sr Dir Tax Compliance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094196018109

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Joseph Landenwich

Mailing Address 2213 Wrocklage Ave.

City

Louisville

State

KY

Zip Code

40205

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

SVPCrpLegalAffairs&CrpSec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1320.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094196318109

Amount of Each Receipt this Period

120.00

P/R Deduction (\$60.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Arthur L Rothgerber

Mailing Address 680 S. Fourth Street

City

Louisville

State

KY

Zip Code

40202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Sr VP Reimbursement

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

438.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094196418109

Amount of Each Receipt this Period

46.00

P/R Deduction (\$23.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

196.00

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Linda M O'Bryan

Mailing Address 680 S. Fourth Street

City

Louisville

State

KY

Zip Code

40202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

VPPatient Care &Quality-H

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094196718109

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Karen R Blain

Mailing Address 9708 Northridge Dr

City

Louisville

State

KY

Zip Code

40272

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Mgr Patient Accting-HSD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094197018109

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Mark A Laemmle

Mailing Address 680 S. Fourth Street

City

Louisville

State

KY

Zip Code

40202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

VP Crp Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

451.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094197118109

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

100.00

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 23 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Douglas Curnutte

Mailing Address 1014 Springside Way

City

Louisville

State

KY

Zip Code

40223

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

VP Fac & Real Estate Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094197218109

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Brian L Caudill

Mailing Address 1647 Beechwood Avenue

City

Louisville

State

KY

Zip Code

40204

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Sr Dir HD Reimb

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

572.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094197318109

Amount of Each Receipt this Period

52.00

P/R Deduction (\$26.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Mary R Russell

Mailing Address 7300 Wood Rock Rd

City

Louisville

State

KY

Zip Code

40291

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Sr Dir Accounting-HSD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

484.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094197618109

Amount of Each Receipt this Period

44.00

P/R Deduction (\$22.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

126.00

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 24 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A.

Full Name (Last, First, Middle Initial)

William M Altman

Mailing Address 9103 Lexington Lane

City

Louisville

State

KY

Zip Code

40241

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

SVPStrategy&PublicPolicy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.60

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094198018109

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Scott M Juetten

Mailing Address 8315 Running Spring Dr

City

Louisville

State

KY

Zip Code

40241

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

VP & Controller-HSD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094198118109

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Bobby V Bas

Mailing Address 2084 Wind River Road

City

El Cajon

State

CA

Zip Code

92019

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Radiology Tech

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094198318109

Amount of Each Receipt this Period

45.00

P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

449.60

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Steven J Fuller

Mailing Address 6025 Bridge Garden Rd

City

Knoxville

State

TN

Zip Code

37912

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Dist Dir Clin Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094199718109

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Martha S Rhoads

Mailing Address 137 N. Cherry Street

City

Greenville

State

KY

Zip Code

42345

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Dist Dir Clin Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094200018109

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

J. Harold Walker

Mailing Address 429 Freedom Trail

City

Sparta

State

TN

Zip Code

38583

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Dist Dir Operations II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094200118109

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

70.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Michael Comer

Mailing Address 12 Lewis

City

Irvine

State

CA

Zip Code

92620

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

VP & CFO-West Reg-HD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

770.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094200418109

Amount of Each Receipt this Period

70.00

P/R Deduction (\$35.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Billy Wilcox

Mailing Address 10000 N. Eldridge Pkwy # 438

City

Houston

State

TX

Zip Code

77065

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

District CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094200518109

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Traci Shelton

Mailing Address 2913 3rd. Street # 201

City

Santa Monica

State

CA

Zip Code

90405

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Sr VP & COO-West Reg-HD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3425.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094200618109

Amount of Each Receipt this Period

350.00

P/R Deduction (\$175.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Steven Monaghan

Mailing Address 508 W. Melrose #7-A

City

Chicago

State

IL

Zip Code

60657

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Exec VP-Cent Reg-HD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1235.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094200718109

Amount of Each Receipt this Period

120.00

P/R Deduction (\$60.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Laura Wills

Mailing Address 5364 S Bellerive Lane

City

Imperial

State

MO

Zip Code

63052

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Market Chief Exec Off III

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094200918109

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Cynthia Smith

Mailing Address 9N668 Bowes Bend Dr

City

Elgin

State

IL

Zip Code

60124

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Chief Exec Off II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094201018109

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

160.00

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
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Susan B Myers

Mailing Address 959 Whetstone Way

City

Louisville

State

KY

Zip Code

40223

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

VP Clin Instruct Design

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094201518109

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

John Miner

Mailing Address 4730 Dunnie Drive

City

Tampa

State

FL

Zip Code

33614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Chief Fin Off III

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094202118109

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Pamela Marie Riter

Mailing Address 300 Beach Dr. N.E.
Unit 2301

City

St. Petersburg

State

FL

Zip Code

33701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Chief Exec Off III

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094202418109

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

120.00

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Julie Feasel

Mailing Address 6211 Iroquios Ct.

City

Odessa

State

FL

Zip Code

33556

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Chief Exec Off III

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094203018109

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Charles D Doten

Mailing Address 7644 Harbour Blvd.

City

Miramar

State

FL

Zip Code

33023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Chief Exec Off II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094203618109

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Carol Cregan

Mailing Address 2649 NE 26Th Avenue

City

Ft Lauderdale

State

FL

Zip Code

33306

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Reg Sr Dir Bus Dev-HD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094203718109

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

110.00

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 30 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A.

Full Name (Last, First, Middle Initial)

James Malady

Mailing Address 954 Lindfield Dr.

City

South Park

State

PA

Zip Code

15129

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Dir Plant Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094204118109

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Timothy L Simpson

Mailing Address 140 Pioneer Trail

City

Green Cove Springs

State

FL

Zip Code

32043

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Executive Director II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094204318109

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

James D Thigpen

Mailing Address 355 Woolsey Brooks

City

Fayetteville

State

GA

Zip Code

30214

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Dir Plant Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094204618109

Amount of Each Receipt this Period

45.00

P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

135.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Sharon A Barnard

Mailing Address 1937 Sr 16 West

City

Green Cove Spgs

State

FL

Zip Code

32043

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Reg SrDir Clinical Ops-HD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094204818109

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

E. Jane Jackson

Mailing Address 43171 Buttermere Terrace

City

Ashburn

State

VA

Zip Code

20147

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Dir Bus Implement-HD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094205118109

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

James J Novak

Mailing Address 9680 Ridgewalk Court

City

Davie

State

FL

Zip Code

33328

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Exec VP-East Reg-HD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

924.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094205318109

Amount of Each Receipt this Period

84.00

P/R Deduction (\$42.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

134.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Sally I Hoffmann

Mailing Address 13713 Rothman Tate Place

City

Riverview

State

FL

Zip Code

33579

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Resource CEO HD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094205718109

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Christopher A Clements

Mailing Address 3111 North Ocean Drive
#1007

City

Hollywood

State

FL

Zip Code

33019

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Administrator III

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094206218109

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Susan M Fortin

Mailing Address 48 Half Moon Terrace

City

Colchester

State

VT

Zip Code

05446

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Dir Nursing II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094208018109

Amount of Each Receipt this Period

20.00

P/R Deduction (\$5.00 Weekly)

SUBTOTAL of Receipts This Page (optional)

70.00

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Elizabeth D Dubois

Mailing Address 21 Harriman Road

City

Hudson

State

MA

Zip Code

01749

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Reg Mgr Field Accting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094209418109

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Donna Kelsey

Mailing Address 2075 E. Tivoli Hills Drive

City

Draper

State

UT

Zip Code

84020

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Sr VP-Pacific Reg-HSD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094210118109

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Katherine Davis

Mailing Address 8419 Oxford Woods Court

City

Louisville

State

KY

Zip Code

40222

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Reg Dir Case Mgmt-HSD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094210218109

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Anita Tillery

Mailing Address 3512 Raytee Drive

City

Chesapeake

State

VA

Zip Code

23323

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Area Executive Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094211018109

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Christina Schramm

Mailing Address 166 Columbia Ave

City

Chillicothe

State

OH

Zip Code

45601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Executive Dir II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094211918109

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Tom Cunningham

Mailing Address 6705 Merwin Ave

City

Cincinnati

State

OH

Zip Code

45227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lebanon Country Manor

Occupation

Executive Dir II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094212118109

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

120.00

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
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Anthony D Lacke

Mailing Address 95 Caesar Chelor Dr

City

Wrentham

State

MA

Zip Code

02093

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Executive Dir I

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094212418109

Amount of Each Receipt this Period

20.00

P/R Deduction (\$5.00 Week-ly)

B.

Full Name (Last, First, Middle Initial)

Donna M Nackers

Mailing Address 1760 Waters Ferry Drive

City

Lawrenceville

State

GA

Zip Code

30043

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Reg Mgr Operation Reimb

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094212518109

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Joseph F Weglarz

Mailing Address 35 Farrington Ave

City

Gloucester

State

MA

Zip Code

01930

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

VP Finance-East Reg-HSD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094212618109

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

70.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Celeste M Bentley

Mailing Address 4 Stuart Drive

City

Barrington

State

NH

Zip Code

03825

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Dir Reimb-HSD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094213318109

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Debra Forman

Mailing Address 12516 Wexton Lane

City

Knoxville

State

TN

Zip Code

37934

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Reg Mgr Field Accting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094213418109

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Lane M Bowen

Mailing Address 10868 South Prescott Drive

City

Sandy

State

UT

Zip Code

84092

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Exec VP & President-HSD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094213618109

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Laurie A Roberto

Mailing Address 217 Main Street

City

Lynnfield

State

MA

Zip Code

01940

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Area Executive Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094213918109

Amount of Each Receipt this Period

20.00

P/R Deduction (\$5.00 Weekly)

B.

Full Name (Last, First, Middle Initial)

Michael W Beal

Mailing Address 10 Glenwood Road

City

Windham

State

NH

Zip Code

03087

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Sr VP-East Reg-HSD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094214118109

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

John Getts

Mailing Address 150 Evergreen Circle

City

Henniker

State

NH

Zip Code

03242

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Area Executive Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094214618109

Amount of Each Receipt this Period

20.00

P/R Deduction (\$5.00 Weekly)

SUBTOTAL of Receipts This Page (optional)

80.00

TOTAL This Period (last page this line number only)

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A.

Full Name (Last, First, Middle Initial)

James Holcomb

Mailing Address 317 30Th Avenue N.E.

City

Great Falls

State

MT

Zip Code

59404

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Executive Dir III

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094215118109

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Weekly)

B.

Full Name (Last, First, Middle Initial)

Kelly G Snowball

Mailing Address 4468 Forest Green Drive

City

Ogden

State

UT

Zip Code

84403

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Area Executive Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094215718109

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Susan A Kesterson

Mailing Address 2334 Heritage Dr

City

Corona

State

CA

Zip Code

92882

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Reg Financial Ana

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094216218109

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

70.00

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
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Sylvia Burton

Mailing Address 433 S. Plantation

City

Cookeville

State

TN

Zip Code

38506

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Executive Dir III

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094217618109

Amount of Each Receipt this Period

45.00

P/R Deduction (\$15.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Mark S Pfeifer

Mailing Address 11014 Brave Ct.

City

Indianapolis

State

IN

Zip Code

46236

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Reg Financial Ana

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094218418109

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Donna Susan Dickerson

Mailing Address 5283 Pryor Road

City

Maryville

State

TN

Zip Code

37804

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Executive Dir I

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094220718109

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

105.00

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
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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Keith A Mandrell

Mailing Address 8813 Mallow Drive

City

Knoxville

State

TN

Zip Code

37922

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Executive Dir III

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094221218109

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Anna Ruth Birdwell

Mailing Address 5450 Grundy Quarles Hwy

City

Bloomington Spring

State

TN

Zip Code

38545

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Dir Nursing III

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094221318109

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

James Tucker

Mailing Address P O Box 223

City

Carthage

State

TN

Zip Code

37030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Executive Dir II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094222018109

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

70.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Gloria J Miller

Mailing Address 12309 Corvus Road

City

Raleigh

State

NC

Zip Code

27614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Dist Dir Operations I

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094222118109

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Lena Demiles

Mailing Address 12 Pevwell Drive

City

Saugus

State

MA

Zip Code

01906

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northeast Region

Occupation

Dir Nursing II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094222318109

Amount of Each Receipt this Period

20.00

P/R Deduction (\$5.00 Weekly)

C.

Full Name (Last, First, Middle Initial)

Patricia Pruden Lennox

Mailing Address 11 Cider Mill Road

City

Medway

State

MA

Zip Code

02053

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Reg VP Sales Devlp HSD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094222818109

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

100.00

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 42 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A.

Full Name (Last, First, Middle Initial)

James N. Rogers

Mailing Address 1002 Stonehouse Ridge Road

City

Bardstown

State

KY

Zip Code

40004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Dir Clin Sys Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094224318109

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Ronald D Long

Mailing Address 148 Cheyenne Road

City

Shelbyville

State

KY

Zip Code

40065

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Adm Dir Contract Admin

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094224518109

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Stephen F. Stoess

Mailing Address 514 Locust Creek Blvd.

City

Louisville

State

KY

Zip Code

40245

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Sr Dir Telecommunications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

514.80

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094224618109

Amount of Each Receipt this Period

46.80

P/R Deduction (\$23.40 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

96.80

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 43 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A.

Full Name (Last, First, Middle Initial)

James E. Bell

Mailing Address 14213 Aiken Road

City

Louisville

State

KY

Zip Code

40245

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Sr Dir Div Reimb-HD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094225018109

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Paul R. Eiseman

Mailing Address 3714 Fringe Tree Place

City

Louisville

State

KY

Zip Code

40241

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

VP Bus Dev & Phys Rel-HD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094225818109

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Catharine C Young

Mailing Address 6303 Deep Creek Drive

City

Prospect

State

KY

Zip Code

40059

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

VP & Employment Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094228018109

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

90.00

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 44 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Mary W Miller

Mailing Address 3611 Glenfield Court

City

Louisville

State

KY

Zip Code

40241

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Reg Dir Education-HSD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094228418109

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Sharon Theresa McGuyer

Mailing Address 22441 15Th Ave. So.

City

Des Moines

State

WA

Zip Code

98198

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Dir Nursing II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094229018109

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Weekly)

C.

Full Name (Last, First, Middle Initial)

Charles K. Currrens

Mailing Address 7801 McCarthy
Lane

City

Louisville

State

KY

Zip Code

40222

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Dir IS Prod Svcs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094229118109

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

80.00

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 45 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Keith Krein

Mailing Address 3227 North 88th Street

City

Mesa

State

AZ

Zip Code

85207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Sr VP & Chief Med Off-HSD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094229818109

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Patricia M McGillan

Mailing Address 680 S. Fourth Street

City

Louisville

State

KY

Zip Code

40202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

VP Pat Saf & Reg Compl-HD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094229918109

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Barbara L Baylis

Mailing Address 7212 Deer Ridge Road

City

Prospect

State

KY

Zip Code

40059

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Sr VP Clin & Res Svcs-HSD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094230018109

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

140.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Pete Kalmey

Mailing Address 11230 Heron Bay Blvd. #1322

City

Coral Springs

State

FL

Zip Code

33076

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

VP & CFO-East Reg-HD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094232018109

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Mary J Yesue

Mailing Address P. O. Box 921

City

York Harbor

State

ME

Zip Code

03911

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Dist Dir Clin Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094232118109

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Janet L Worcester

Mailing Address 24 Saratoga Avenue

City

Bangor

State

ME

Zip Code

04401

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Dist Dir Clin Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094232218109

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

70.00

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 47 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Bonnie Deyo

Mailing Address 259 Sweetwater

City

Lander

State

WY

Zip Code

82520

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Executive Dir I

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094233318109

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Weekly)

B.

Full Name (Last, First, Middle Initial)

Edward J Goddard

Mailing Address 32 Peters Lane

City

Wrentham

State

MA

Zip Code

02093

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

VP Labor Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094233518109

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Cynthia Swisher

Mailing Address 20152 Marie Court

City

Noblesville

State

IN

Zip Code

46062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare

Occupation

Dist Dir Sales Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094233618109

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

80.00

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 48 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Jeffrey F Luckett

Mailing Address 7701 Kendrick Crossing Lane

City

Louisville

State

KY

Zip Code

40291

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Dir Internal Audit-IS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

484.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094234418109

Amount of Each Receipt this Period

44.00

P/R Deduction (\$22.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Janet Biedron

Mailing Address 226 3rd Street

City

Dunellen

State

NJ

Zip Code

08812

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Chief Exec Off I

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094234618109

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Peter D Corless

Mailing Address 3308 Overlook Ridge Rd

City

Prospect

State

KY

Zip Code

40059

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Sr VP HR & Admin-HSD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094235218109

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

104.00

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 49 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Tamila Johnson-White

Mailing Address 2615 Zhale Smith Rd.

City

LaGrange

State

KY

Zip Code

40031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Dir Case Mgmt-HSD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094235418109

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Lester Bohnert

Mailing Address 2259 N. Pennsylvania Street

City

Indianapolis

State

IN

Zip Code

46205

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Regional VP Ops HSD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094235718109

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Georgia Poole

Mailing Address 49 Walnut Hill Road

City

Shapleigh

State

ME

Zip Code

04076

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Dir Nursing I

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094236218109

Amount of Each Receipt this Period

20.00

P/R Deduction (\$5.00 Weekly)

SUBTOTAL of Receipts This Page (optional)

80.00

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 50 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Douglas Roth

Mailing Address 9891 Heytesbery

City

Sandy

State

UT

Zip Code

84092

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

VP Finance-Pacific RegHSD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094237318109

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Barbara Johnson

Mailing Address 8923 Bluff Lane

City

Fair Oaks

State

CA

Zip Code

95628

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Dist Dir Case Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094238318109

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Henry F. Telfeian

Mailing Address 1247 Alvarado Road

City

Berkeley

State

CA

Zip Code

94705

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Labor Rel Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094239818109

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

120.00

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 51 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Randall Fuller

Mailing Address 3021 Forest Lake

City

Las Vegas

State

NV

Zip Code

89117

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Executive Dir I

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094240718109

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Weekly)

B.

Full Name (Last, First, Middle Initial)

Douglas T Collins

Mailing Address 3703 River Bluff Road

City

Prospect

State

KY

Zip Code

40059

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Dir Fin Sys-HSD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094241218109

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Linda L Newberry-Ferguson

Mailing Address 11310 Haleco Lane

City

Hales Corners

State

WI

Zip Code

53130

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Chief Exec Off II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094241918109

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

100.00

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 52 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Amanda G Estes

Mailing Address 4211 Wine Cellar Court

City

Louisville

State

KY

Zip Code

40272

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Mgr Internal Audit

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094242318109

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Susan Cote

Mailing Address 24 Adams Court

City

Brewer

State

ME

Zip Code

04412

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Reg Dir Field Accting-HSD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094242418109

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Wendy S Swisher

Mailing Address 5012 Four Leaf Ct

City

Greenville

State

IN

Zip Code

47124

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

VP HR & Leadership Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094242718109

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

60.00

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 53 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Elvin D. Alsaybar

Mailing Address 742 White Rock Trail

City

Suwanee

State

GA

Zip Code

30074

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Reg Dir Field Accting-HSD

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094242918109

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Diana Hanyak

Mailing Address 17057 Rosebud Dr.

City

Yorba Linda

State

CA

Zip Code

92886

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Administrator II

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094243418109

Amount of Each Receipt this Period

45.00

P/R Deduction (\$15.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Philip L. Jones

Mailing Address 702 Helmsdale Place N.

City

Brentwood

State

TN

Zip Code

37027

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Chief Fin Off I

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094243518109

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

125.00

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 54 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A.

Full Name (Last, First, Middle Initial)

James Lee

Mailing Address 880 Meridian Bay Lane Apt#318

City

State

Zip Code

Foster City

CA

94404

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Executive Dir II

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094245418109

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Weekly)

B.

Full Name (Last, First, Middle Initial)

Sandra J Whitley

Mailing Address 5203 Brookwood Road

City

State

Zip Code

Crestwood

KY

40014

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Mgr Reimb

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094245818109

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Raymond J Sierpina

Mailing Address 14 Westwind Road

City

State

Zip Code

Louisville

KY

40207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

VP Public Pol & GovtAffair

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1340.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094246618109

Amount of Each Receipt this Period

150.00

P/R Deduction (\$75.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

190.00

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 55 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Steven Tanner

Mailing Address 6622 Rosebud Lane

City

Indianapolis

State

IN

Zip Code

46237

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Executive Dir III

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094246818109

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Mark A Bush

Mailing Address 8200 Adams Run Road

City

Louisville

State

KY

Zip Code

40228

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Dir Fin Business Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094247118109

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Thomas Wood

Mailing Address 2949 Glascock Street

City

Oakland

State

CA

Zip Code

94601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Sr Dist Dir Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1430.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094247218109

Amount of Each Receipt this Period

130.00

P/R Deduction (\$65.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

200.00

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 56 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Gwynn Rucker

Mailing Address 15106 59th Place NE

City

Kenmore

State

WA

Zip Code

98028

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Dist Dir Operations I

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094247818109

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Loretta Crane

Mailing Address 11685 Casper Road

City

Sandy

State

UT

Zip Code

84092

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Dist Dir Clin Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094248518109

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Kristie A Frock

Mailing Address 14714 East Redcoat Road

City

Nevada

State

MO

Zip Code

64772

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Field Dir Util Compl

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094249518109

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

100.00

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 57 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Sharon J Spittle

Mailing Address 26 Estes Street

City

Ipswich

State

MA

Zip Code

01938

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Area Executive Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094250018109

Amount of Each Receipt this Period

40.00

P/R Deduction (\$10.00 Weekly)

B.

Full Name (Last, First, Middle Initial)

Mary Kathleen Owens

Mailing Address 12667 S. Bear Meadow Ct.

City

Draper

State

UT

Zip Code

84020

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

VP Clin Ops-Pac Reg-HSD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094250418109

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Benjamin A Breier

Mailing Address 5400 Farm Ridge Lane

City

Prospect

State

KY

Zip Code

40059

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Exec VP & President-HD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1094250918109

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

100.00

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 58 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Peter J Adamo

Mailing Address 5105 Muirfield Dr

City

Pepper Pike

State

OH

Zip Code

44124

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Executive Director I

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1105504518109

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Michael L. Moody

Mailing Address 114 Kinwood Court

City

Hendersonville

State

TN

Zip Code

37075

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Chief Exec Off I

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1135243718109

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Kathleen C Paradowski

Mailing Address P.O. Box 1332

City

Crestwood

State

KY

Zip Code

40014

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Clin Informaticist Cnslt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1135243818109

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

80.00

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 59 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Debra Degroot-Toth

Mailing Address 705 Deer Trace

City

Bloomington

State

IN

Zip Code

47401

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Rehab Mgr-OT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1135244518109

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Steve Ross

Mailing Address 35069 Roberts Lane

City

St Helens

State

OR

Zip Code

97051

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Executive Dir I

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1135252618109

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Weekly)

C.

Full Name (Last, First, Middle Initial)

Ronald G. Cadwell

Mailing Address 3829 Belmont Ave.

City

San Diego

State

CA

Zip Code

92116

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Executive Dir II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1135280718109

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Weekly)

SUBTOTAL of Receipts This Page (optional)

80.00

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 60 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Josephine Litzenberger

Mailing Address 11401 Dr. M.L.K. Jr. Street N.
Apt 1201

City State Zip Code
St Petersburg FL 33716

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Sr Dir Managed Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

396.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1135286918109

Amount of Each Receipt this Period

36.00

P/R Deduction (\$18.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Brian Rougeux

Mailing Address 39 Saint Raphael

City State Zip Code
Laguna Niguel CA 92677

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Dist Dir Operations I

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1135287418109

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

David Boyd

Mailing Address 1910 N Rampart

City State Zip Code
New Orleans LA 70116

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Dir Plant Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1150399918109

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

76.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Gregory T Hayden

Mailing Address 7207 Trail Ridge Court

City

Louisville

State

KY

Zip Code

40241

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Dir State Tax

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1150400118109

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Julie A Viers

Mailing Address 9508 Corinthian Dr

City

Louisville

State

KY

Zip Code

40299

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Sr Dir Fin Reporting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1150400518109

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Rachael L Parker

Mailing Address 70 Birch Ridge Rd

City

Westford

State

VT

Zip Code

05494

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Executive Dir II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1150411118109

Amount of Each Receipt this Period

50.00

P/R Deduction (\$10.00 Weekly)

SUBTOTAL of Receipts This Page (optional)

100.00

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
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Barbara Hutchison

Mailing Address 1708 Cherrywood Way

City

Lodi

State

CA

Zip Code

95240

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Executive Dir II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1158557818109

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Weekly)

B.

Full Name (Last, First, Middle Initial)

Pamela M Bresee

Mailing Address 4155 SW 192nd Avenue

City

Aloha

State

OR

Zip Code

97007

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Reg Financial Ana

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1227852418109

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Nolan L Hoffer

Mailing Address 757 W Hartack

City

Meridian

State

ID

Zip Code

83642

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Executive Dir II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1227853418109

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

70.00

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
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Larry Livengood

Mailing Address 1219 Pilot Lane

City

Galveston

State

TX

Zip Code

77554

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

District Director HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1267996718109

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Russell D Ragland

Mailing Address 9902 Palace Green Way

City

Vienna

State

VA

Zip Code

22181

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Sr VP Fin-HSD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1267998118109

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Catherine Nurmela

Mailing Address 1409 W. Elmdale

City

Chicago

State

IL

Zip Code

60660

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Chief Clinical Off II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1267998418109

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Donna Sroczynski

Mailing Address 399 Fountain Drive

City

Elgin

State

IL

Zip Code

60124

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

VP Clin Ops-CentralRegHSD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1281185318109

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Diane L. Otteman

Mailing Address 40 East Cedar
Apt. #21A

City

Chicago

State

IL

Zip Code

60611

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Chief Exec Off II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1300206418109

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Jane Mathews

Mailing Address 464 E. Cynthia Way

City

North Salt Lake

State

UT

Zip Code

84054

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Reg Dir HR-HSD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1300207318109

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Rita D Simmons

Mailing Address 200 Franck Avenue

City

Louisville

State

KY

Zip Code

40206

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Sr Dir Ops Risk Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

352.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1333437018109

Amount of Each Receipt this Period

32.00

P/R Deduction (\$16.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Bobby G. Muse Jr.

Mailing Address 4514 Oak Pointe Drive

City

Louisville

State

KY

Zip Code

40245

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Dir Rec Mgmt & Bus Contin

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1333437118109

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Mark D. Johnson

Mailing Address 3011 Springcrest Drive

City

Louisville

State

KY

Zip Code

40241

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Mgr Desktop Supp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1336786718109

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

82.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Ann Bumb

Mailing Address 9301 S. Mitthoeffer Road

City

Indianapolis

State

IN

Zip Code

46259

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Dir Quality Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1336786918109

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Patrick Herm

Mailing Address 1910 Woodfield Road

City

Louisville

State

KY

Zip Code

40220

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc

Occupation

Reg Financial Ana

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1336787118109

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Lisa J Schmidt

Mailing Address 680 S. Fourth Street

City

Louisville

State

KY

Zip Code

40202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Mgr Fin Sys Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1346288218109

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

80.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Julietta C Morton

Mailing Address 5105 DeerpCHASE Tr

City

Wake Forest

State

NC

Zip Code

27587

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Rehab Mgr-PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1355829318109

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Ross A Johnson

Mailing Address 5221 Moccasin Trail

City

Louisville

State

KY

Zip Code

40207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

VP Recruiting-PRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1359729018109

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Steven M Ager

Mailing Address 310 McCready Avenue

City

Louisville

State

KY

Zip Code

40206

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

VP Business Dev-HSD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1394176918109

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

100.00

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
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A.

Full Name (Last, First, Middle Initial)

James C Hansen

Mailing Address 1944 South 275 East

City

Clearfield

State

UT

Zip Code

84015

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Reg Mgr Operation Reimb

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1394177118109

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Mary D Van De Kamp

Mailing Address 251 Arbor Lane

City

Green Bay

State

WI

Zip Code

54301

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Sr VP Clinical Ops-PRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1408953118109

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Pamela A. Justice

Mailing Address 5912 Mercury Dr

City

Louisville

State

KY

Zip Code

40291

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Dir Fin Sys Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1408953218109

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Meta Bonfadini

Mailing Address 2717 Henderson Rd

City

Redding

State

CA

Zip Code

96002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Dir Nursing II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1408954018109

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Weekly)

B.

Full Name (Last, First, Middle Initial)

William R. Fox

Mailing Address 223 Impala Trace

City

San Antonio

State

TX

Zip Code

78258

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Executive Director II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1421451018109

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Deborah A Foushee

Mailing Address 1106 Indiana Ave.

City

New Albany

State

IN

Zip Code

47150

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

State Dir of Risk Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

352.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1425258818109

Amount of Each Receipt this Period

32.00

P/R Deduction (\$16.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

82.00

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
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Thomas Sullivan

Mailing Address 467 Mendon Road

City

Northbridge

State

MA

Zip Code

01534

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare

Occupation

Area Executive Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1493281118109

Amount of Each Receipt this Period

40.00

P/R Deduction (\$10.00 Weekly)

B.

Full Name (Last, First, Middle Initial)

David Hicks

Mailing Address 5403 Rosalind Ave.

City

El Cerrito

State

CA

Zip Code

94530

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Executive Dir III

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1503295718109

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Katherine W Gilchrist

Mailing Address 1668 Victory Court

City

Prospect

State

KY

Zip Code

40059

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Sr VP Finance-PRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1524244418109

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

100.00

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 71 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Juanita D Blevens

Mailing Address 1712 Penile Road

City

Louisville

State

KY

Zip Code

40272

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Dir Casualty Insurance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1541444218109

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

George H Schaefer

Mailing Address 645 Ulverston Dr.

City

Columbus

State

OH

Zip Code

43230

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

VP Sales & Marketing-HSD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1541444318109

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Linda Larson

Mailing Address 30021 51st Court S

City

Auburn

State

WA

Zip Code

98001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Executive Dir II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1559851918109

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Weekly)

SUBTOTAL of Receipts This Page (optional)

100.00

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 72 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Suzanne J Petrimoulx

Mailing Address 23499 Greenleaf Blvd.

City

Elkhart

State

IN

Zip Code

46514

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Dist Dir HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1570565018109

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Cassandra Rocke

Mailing Address 13449 Marion Street

City

Thornton

State

CO

Zip Code

80241

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Dist Dir Operations I

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1582894118109

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Ken Moyer

Mailing Address 1400 Wellsbench Rd

City

Orofino

State

ID

Zip Code

83544

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Area Mgr Maint

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1582894218109

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

70.00

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 73 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Christopher Murphy

Mailing Address 14213 Willow Grove Circle

City

Louisville

State

KY

Zip Code

40245

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Sr VP-Central Reg-HSD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1582894518109

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Mark Guth

Mailing Address 28746 Little Big Horn Drive

City

Evergreen

State

CO

Zip Code

80439

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Reg Dir Sales & MktgHSD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1604601518109

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Marilyn Weaver

Mailing Address 1700 Penile Rd

City

Valley Station

State

KY

Zip Code

40272-2180

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare

Occupation

Adm Mgr Leased Prop

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1618127218109

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

90.00

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 74 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Mary Jane Dailey

Mailing Address 10411 Loving Trail Drive

City

Frisco

State

TX

Zip Code

75035

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare, Inc.

Occupation

VP & CCO-East Reg-HD

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1618127518109

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Curtis Powell

Mailing Address 18955 Pachappa Road

City

Apple Valley

State

CA

Zip Code

92307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Asst Administrator III

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1618128018109

Amount of Each Receipt this Period

45.00

P/R Deduction (\$15.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Linda E Bowen

Mailing Address 650 Garden Road

City

Zanesville

State

OH

Zip Code

43701-1325

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare

Occupation

Sr Dir Clin Svcs-H&HH

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1618128518109

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

265.00

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 75 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Michael Lawson

Mailing Address 670 La Contenta Drive

City

Valley Springs

State

CA

Zip Code

95252

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Chief Exec Off III

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

770.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1618128718109

Amount of Each Receipt this Period

105.00

P/R Deduction (\$35.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

James A Martino

Mailing Address 7 Adams Court

City

Amesbury

State

MA

Zip Code

01913-1001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare

Occupation

Executive Dir II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1618128818109

Amount of Each Receipt this Period

15.00

P/R Deduction (\$5.00 Weekly)

C.

Full Name (Last, First, Middle Initial)

Jeanna R. Conder

Mailing Address 707 Quisenberry Lane

City

Winchester

State

KY

Zip Code

40391-8066

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare

Occupation

Rehab Clin Cnslt-PRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1618128918109

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

140.00

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 76 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A.

Full Name (Last, First, Middle Initial)

John Williams

Mailing Address 7400 So. State St. #4208

City

Midvale

State

UT

Zip Code

84047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare

Occupation

Executive Dir II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1618129018109

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Kevin Prisco

Mailing Address 253 Laurel Brook Drive

City

Guilford

State

CT

Zip Code

06437-1914

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare

Occupation

Dist Dir Operations I

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1622380018109

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Darrin Hull

Mailing Address 277 Bark River Court

City

Delafield

State

WI

Zip Code

53018

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Dist Dir Operations II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1622380118109

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

80.00

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 77 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Susan D. Rose

Mailing Address 3402 Acacia Avenue

City

Shepherdsville

State

KY

Zip Code

40165

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Dir Internal Audit

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1622380218109

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Karen O Moore

Mailing Address 40 Main Street
1st Floor

City

Shelburne Falls

State

MA

Zip Code

01370

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Chief Exec Off III

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1622380318109

Amount of Each Receipt this Period

50.00

P/R Deduction (\$10.00 Weekly)

C.

Full Name (Last, First, Middle Initial)

Robert Groezinger

Mailing Address 25537 Jane Street

City

San Bernardino

State

CA

Zip Code

92404

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Area Mgr Maint

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1668092318109

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

110.00

TOTAL This Period (last page this line number only)

9079.40

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)
Kindred Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial) Democratic Senatorial Campaign Committee	Transaction ID: 32068725 Date of Disbursement																				
Mailing Address 120 Maryland Avenue, NE	<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>1</td><td>0</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	2		2	0	0	9												
City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution Candidate Name Democratic Senatorial Campaign Committee	<table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>	5000.00																			
5000.00																					
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) ▼																				
Category/Type 011	Contribution																				
B. Full Name (Last, First, Middle Initial) Hoosiers For Hill	Transaction ID: 32089831 Date of Disbursement																				
Mailing Address P.O. Box 1071	<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>1</td><td>0</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	9		2	0	0	9												
City Seymour State IN Zip Code 47274	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution Candidate Name Rep. Baron Hill	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 09	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type 011	Contribution																				
C. Full Name (Last, First, Middle Initial) Committee To Elect Chris Murphy	Transaction ID: 32089832 Date of Disbursement																				
Mailing Address P.O. Box 127	<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>1</td><td>0</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	9		2	0	0	9												
City Cheshire State CT Zip Code 06410	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution Candidate Name Rep. Christopher Murphy	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type 011	Contribution																				

SUBTOTAL of Disbursements This Page (optional)

9000.00

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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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Kindred Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial) McNerney For Congress	Transaction ID: 32089833 Date of Disbursement
Mailing Address 6520 Village Parkway Second Floor	<div> <div>10</div> <div>29</div> <div>2009</div> </div>
City Dublin State CA Zip Code 94568	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>2000.00</div>
Candidate Name Rep. Jerry McNerney	<div>011</div> Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 11	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	
B. Full Name (Last, First, Middle Initial) Zack Space For Congress Committee	Transaction ID: 32089838 Date of Disbursement
Mailing Address 726 Sixteenth Street NE	<div> <div>10</div> <div>29</div> <div>2009</div> </div>
City Massillon State OH Zip Code 44646	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>2500.00</div>
Candidate Name Rep. Zachary Space	<div>011</div> Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 18	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	
C. Full Name (Last, First, Middle Initial) Martha Coakley For Senate Committee	Transaction ID: 32089843 Date of Disbursement
Mailing Address PO Box 220 State House Station	<div> <div>10</div> <div>29</div> <div>2009</div> </div>
City Boston State MA Zip Code 02133	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>4000.00</div>
Candidate Name Martha Coakley	<div>011</div> Category/Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Martha Coakley For Senate Committee

Mailing Address PO Box 220 State House Station

City Boston State MA Zip Code 02133

Purpose of Disbursement
Contribution

Candidate Name
Martha Coakley

Office Sought: ☐ House
☒ Senate
☐ President

State: MA

District:

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 32089844

Date of Disbursement

10 / 29 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

18500.00