

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

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 ▲

C 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
Year-End 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)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☒ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

Hank Robinson

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

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)

Page 2

Write or Type Committee Name

Kindred Healthcare, Inc. PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
10		18		2012

To:

M M	/	D D	/	Y Y Y Y Y
11		26		2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date															
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2012</td></tr></table>	Y	Y	Y	Y	Y	2012						<table><tr><td colspan="5">79336.23</td></tr></table>	79336.23				
Y	Y	Y	Y	Y													
2012																	
79336.23																	
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="5">83179.67</td></tr></table>	83179.67															
83179.67																	
(c) Total Receipts (from Line 19)	<table><tr><td colspan="5">16144.00</td></tr></table>	16144.00					<table><tr><td colspan="5">186641.00</td></tr></table>	186641.00									
16144.00																	
186641.00																	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="5">99323.67</td></tr></table>	99323.67					<table><tr><td colspan="5">265977.23</td></tr></table>	265977.23									
99323.67																	
265977.23																	
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="5">17500.00</td></tr></table>	17500.00					<table><tr><td colspan="5">184153.56</td></tr></table>	184153.56									
17500.00																	
184153.56																	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table><tr><td colspan="5">81823.67</td></tr></table>	81823.67					<table><tr><td colspan="5">81823.67</td></tr></table>	81823.67									
81823.67																	
81823.67																	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	



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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Kindred Healthcare, Inc. PAC

Report Covering the Period:

From:

M M /

D D /

Y Y Y Y Y Y

To:

M M /

D D /

Y Y Y Y Y Y

10

18

2012

11

26

2012

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).....

14702.50

135648.30

(ii) Unitemized

1441.50

45992.70

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

16144.00

181641.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

16144.00

181641.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

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 Transfers (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))..... ▶

16144.00

186641.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

16144.00

186641.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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	153.56
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	153.56
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	17500.00	174000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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	10000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	17500.00	184153.56
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	17500.00	184153.56

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	16144.00	181641.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	16144.00	181641.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	153.56
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	153.56

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

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

FOR LINE NUMBER: PAGE 6 OF 69

(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

Full Name (Last, First, Middle Initial)

A. Roderick J Cowgill

Mailing Address 9103 Lantern Lite Pkwy

City

Louisville

State

KY

Zip Code

40220

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare, Inc

Occupation

VP Facilities Mgmt HD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

920.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 26 / 2012

Transaction ID : PR1094115426081

Amount of Each Receipt this Period

120.00

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

Full Name (Last, First, Middle Initial)

B. John R Stephenson II

Mailing Address 1111 Cliffwood Drive

City

Goshen

State

KY

Zip Code

40026

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Dir Facilities Mgmt HD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 26 / 2012

Transaction ID : PR1094170126081

Amount of Each Receipt this Period

30.00

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

Full Name (Last, First, Middle Initial)

C. Teresa S Anderson

Mailing Address 7115 Coachwood Drive

City

Georgetown

State

IN

Zip Code

47122

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Sr Dir Fin Systems Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 26 / 2012

Transaction ID : PR1094183726081

Amount of Each Receipt this Period

60.00

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

SUBTOTAL of Receipts This Page (optional)..... ►

210.00

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 OF 69

(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

Full Name (Last, First, Middle Initial)

A. Edward L Kuntz

Mailing Address 8807 Stable Crest Boulevard

City State Zip Code
Houston TX 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 ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 26 / 2012

Transaction ID : PR1094183926081

Amount of Each Receipt this Period

300.00

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

Full Name (Last, First, Middle Initial)

B. 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 Systems Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

920.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 26 / 2012

Transaction ID : PR1094185026081

Amount of Each Receipt this Period

120.00

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

Full Name (Last, First, Middle Initial)

C. 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

Health Info Tech Strateg

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 26 / 2012

Transaction ID : PR1094185126081

Amount of Each Receipt this Period

60.00

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

SUBTOTAL of Receipts This Page (optional)..... ►

480.00

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 OF 69
(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

Full Name (Last, First, Middle Initial)

A. 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 ▼

230.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1094185226081

Amount of Each Receipt this Period

30.00

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

Full Name (Last, First, Middle Initial)

B. Katheryn J Markham

Mailing Address 10602 Taylor Farm Ct

City State Zip Code
Prospect KY 40059

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

VP IS Plan & Field Svcs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1035.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1094185626081

Amount of Each Receipt this Period

135.00

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

Full Name (Last, First, Middle Initial)

C. Dan McReynolds

Mailing Address 11011 Indian Legends Drive

City State Zip Code
Louisville KY 40241

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Sr Dir Fin Systems Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1094185726081

Amount of Each Receipt this Period

30.00

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

SUBTOTAL of Receipts This Page (optional)..... ►

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

195.00

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

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

FOR LINE NUMBER:
(check only one)

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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

Full Name (Last, First, Middle Initial)

A. Catherine A Gooch

Mailing Address 14516 Clear Meadow Court

City State Zip Code
Louisville KY 40245

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Sr Dir Fin Systems Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1094185926081

Amount of Each Receipt this Period

60.00

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

Full Name (Last, First, Middle Initial)

B. Patrick J Gillenwater

Mailing Address 402 Erin Drive

City State Zip Code
Jeffersonville IN 47130

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Dir IS Administration

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

402.50

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1094186426081

Amount of Each Receipt this Period

52.50

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

Full Name (Last, First, Middle Initial)

C. Charles Wardrip

Mailing Address 2805 Chestnut Ridge Place

City State Zip Code
Louisville KY 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 ▼

1035.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1094187926081

Amount of Each Receipt this Period

135.00

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

SUBTOTAL of Receipts This Page (optional)..... ►

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

247.50

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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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

Full Name (Last, First, Middle Initial)

A. Stephen M Dobler

Mailing Address 1106 Holly Springs Drive

City State Zip Code
Louisville KY 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 ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 26 / 2012

Transaction ID : PR1094188026081

Amount of Each Receipt this Period

300.00

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

Full Name (Last, First, Middle Initial)

B. Terry Carrico

Mailing Address 3011 Wolf Lair Court

City State Zip Code
New Albany IN 47150

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Sr Dir Clin Systems Devlp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 26 / 2012

Transaction ID : PR1094188226081

Amount of Each Receipt this Period

60.00

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

Full Name (Last, First, Middle Initial)

C. Steven J Paynter

Mailing Address 3105 Crestmoor Court

City State Zip Code
Prospect KY 40059

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Sr Cnslt Tech Architect

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 26 / 2012

Transaction ID : PR1094188426081

Amount of Each Receipt this Period

60.00

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

SUBTOTAL of Receipts This Page (optional)..... ►

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

420.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 OF 69

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. William R Rhodes

Mailing Address 11303 Vista Greens Drive

City State Zip Code
Louisville KY 40241

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Cnslt Technical Architect

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1094188926081

Amount of Each Receipt this Period

30.00

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

Full Name (Last, First, Middle Initial)

B. Martin Ardron

Mailing Address 41 La Sierra Dr.

City State Zip Code
Phillips Ranch CA 91766

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Region Vice President HRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1094189126081

Amount of Each Receipt this Period

75.00

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

Full Name (Last, First, Middle Initial)

C. Michael Metzger

Mailing Address 129 Foley Rd

City State Zip Code
West Point VA 23181

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Chief Financial Off III

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1094189326081

Amount of Each Receipt this Period

45.00

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

SUBTOTAL of Receipts This Page (optional)..... ►

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

150.00

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

Full Name (Last, First, Middle Initial)

A. 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

Resource CEO HD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1094190026081

Amount of Each Receipt this Period

60.00

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

Full Name (Last, First, Middle Initial)

B. 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 Executive Off III

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1094190326081

Amount of Each Receipt this Period

75.00

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

Full Name (Last, First, Middle Initial)

C. 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

DVP HD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1094190426081

Amount of Each Receipt this Period

150.00

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

SUBTOTAL of Receipts This Page (optional)..... ►

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

285.00

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Linda Mcquade

Mailing Address 4712 Sw 24 Ave

City State Zip Code
 Ft Lauderdale FL 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 ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 26 / 2012

Transaction ID : PR1094191026081

Amount of Each Receipt this Period

30.00

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

Full Name (Last, First, Middle Initial)

B. Theodore Welding

Mailing Address 2448 Middle River Dr.

City State Zip Code
 Ft. Lauderdale FL 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 ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 26 / 2012

Transaction ID : PR1094191326081

Amount of Each Receipt this Period

75.00

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

Full Name (Last, First, Middle Initial)

C. Sean R Muldoon

Mailing Address 239 Fairfax Avenue

City State Zip Code
 Louisville KY 40207

FEC ID number of contributing federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

SVP & Chief Med Off HD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 26 / 2012

Transaction ID : PR1094192226081

Amount of Each Receipt this Period

300.00

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

SUBTOTAL of Receipts This Page (optional)..... ►

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

405.00

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Deborah R Doddridge

Mailing Address 312 Hill Street NW

City

Depauw

State

IN

Zip Code

47115

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Sr Dir Procure Sys & Cap

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1094193026081

Amount of Each Receipt this Period

45.00

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

Full Name (Last, First, Middle Initial)

B. 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 ▼

690.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1094193126081

Amount of Each Receipt this Period

90.00

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

Full Name (Last, First, Middle Initial)

C. 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 Corp Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

920.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1094193326081

Amount of Each Receipt this Period

120.00

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

SUBTOTAL of Receipts This Page (optional)..... ►

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

255.00

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Michael C Lozier

Mailing Address 7028 Westridge Forest Court

City State Zip Code
 Lanesville IN 47136

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Sr Dir Purch Contract Adm

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1094193726081

Amount of Each Receipt this Period

45.00

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

Full Name (Last, First, Middle Initial)

B. Charles Michael Grannan

Mailing Address 7109 Cannonade Court

City State Zip Code
 Prospect KY 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 ▼

805.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1094193926081

Amount of Each Receipt this Period

105.00

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

Full Name (Last, First, Middle Initial)

C. Dennis J Hansen

Mailing Address 1791 Connor Station Road

City State Zip Code
 Simpsonville KY 40067

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

VP Reimbursement NCD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

805.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1094194126081

Amount of Each Receipt this Period

105.00

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

SUBTOTAL of Receipts This Page (optional)..... ►

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

255.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Mary Suzanne Riedman

Mailing Address 4308 Hampton Creek Drive

City State Zip Code
Louisville KY 40241

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Gen Coun & CDO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1094194226081

Amount of Each Receipt this Period

60.00

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

Full Name (Last, First, Middle Initial)

B. Susan P Riedl

Mailing Address 8914 Lippincott Road

City State Zip Code
Louisville KY 40222

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Sr Dir Reimbursement NCD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1094194426081

Amount of Each Receipt this Period

30.00

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

Full Name (Last, First, Middle Initial)

C. Mary L Dennison

Mailing Address 4678 Mount Eden Road

City State Zip Code
Shelbyville KY 40065

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Mgr Reimbursement

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1094194826081

Amount of Each Receipt this Period

60.00

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

SUBTOTAL of Receipts This Page (optional)..... ►

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

150.00

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Michael J Bean

Mailing Address 4304 Hill Top 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 Tax Planning

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

920.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 26 / 2012

Transaction ID : PR1094195126081

Amount of Each Receipt this Period

120.00

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

Full Name (Last, First, Middle Initial)

B. Peggy Black

Mailing Address 1607 Helmridge Court

City

Louisville

State

KY

Zip Code

40222

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 ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 26 / 2012

Transaction ID : PR1094195326081

Amount of Each Receipt this Period

30.00

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

Full Name (Last, First, Middle Initial)

C. 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 ▼

897.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 26 / 2012

Transaction ID : PR1094195426081

Amount of Each Receipt this Period

117.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

267.00

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

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Stephanie J Warren

Mailing Address 2169 Balmer-Fenwick 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

Sr Dir Facility Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1094195726081

Amount of Each Receipt this Period

45.00

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

Full Name (Last, First, Middle Initial)

B. John Lucchese

Mailing Address 14401 Broad Oak Place

City State Zip Code
 Louisville KY 40245

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

SVP & Corp Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2208.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1094195926081

Amount of Each Receipt this Period

288.00

P/R Deduction (\$96.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Rose M Michels

Mailing Address 6503 Chenoweth Run Road

City State Zip Code
 Louisville KY 40299

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 ▼

345.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1094196026081

Amount of Each Receipt this Period

45.00

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

SUBTOTAL of Receipts This Page (optional)..... ►

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

378.00

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Joseph Landenwich

Mailing Address 1822 Casselberry Road

City

Louisville

State

KY

Zip Code

40205

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Co Gen Counsel & Corp Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1380.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 26 / 2012

Transaction ID : PR1094196326081

Amount of Each Receipt this Period

180.00

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

Full Name (Last, First, Middle Initial)

B. Arthur L Rothgerber

Mailing Address 8325 Regency Woods Way

City

Louisville

State

KY

Zip Code

40220

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

SVP Reimbursement

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

529.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 26 / 2012

Transaction ID : PR1094196426081

Amount of Each Receipt this Period

69.00

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

Full Name (Last, First, Middle Initial)

c. Linda M O'Bryan

Mailing Address 1614 Sylvan Way

City

Louisville

State

KY

Zip Code

40205

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

VP Patient Care & Qual HD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 26 / 2012

Transaction ID : PR1094196726081

Amount of Each Receipt this Period

60.00

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

SUBTOTAL of Receipts This Page (optional)..... ►

309.00

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

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Karen R Blain

Mailing Address 9708 Northridge Dr

City State Zip Code
Louisville KY 40272

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Mgr Patient Accounting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1094197026081

Amount of Each Receipt this Period

30.00

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

Full Name (Last, First, Middle Initial)

B. Douglas Curnutte

Mailing Address 1014 Springside Way

City State Zip Code
Louisville KY 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 ▼

345.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1094197226081

Amount of Each Receipt this Period

45.00

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

Full Name (Last, First, Middle Initial)

C. Brian L Caudill

Mailing Address 1647 Beechwood Avenue

City State Zip Code
Louisville KY 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 ▼

598.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1094197326081

Amount of Each Receipt this Period

78.00

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

SUBTOTAL of Receipts This Page (optional)..... ►

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

153.00

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. 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

EVPStrategyPolicy&IntCare

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4422.90

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1094198026081

Amount of Each Receipt this Period

576.90

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

Full Name (Last, First, Middle Initial)

B. Scott M Juetten

Mailing Address 7503 Creekton Drive

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 NCD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1094198126081

Amount of Each Receipt this Period

30.00

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

Full Name (Last, First, Middle Initial)

C. 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 Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1094199726081

Amount of Each Receipt this Period

30.00

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

SUBTOTAL of Receipts This Page (optional)..... ►

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

636.90

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Michael Comer

Mailing Address 12 Lewis

City State Zip Code
 Irvine CA 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 ▼

805.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 26 / 2012

Transaction ID : PR1094200426081

Amount of Each Receipt this Period

105.00

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

Full Name (Last, First, Middle Initial)

B. Traci Shelton

Mailing Address 2913 3rd. Street # 201

City State Zip Code
 Santa Monica CA 90405

FEC ID number of contributing federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Exec VP West Reg HD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 26 / 2012

Transaction ID : PR1094200626081

Amount of Each Receipt this Period

300.00

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

Full Name (Last, First, Middle Initial)

C. Steven Monaghan

Mailing Address 508 W. Melrose #7-A

City State Zip Code
 Chicago IL 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 ▼

4595.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 26 / 2012

Transaction ID : PR1094200726081

Amount of Each Receipt this Period

405.00

P/R Deduction (\$135.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

810.00

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

Full Name (Last, First, Middle Initial)

A. Cynthia Smith

Mailing Address 9N668 Bowes Bend Dr

City State Zip Code
 Elgin IL 60124

FEC ID number of contributing federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Chief Executive Off II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 11 26 2012

Transaction ID : PR1094201026081

Amount of Each Receipt this Period

30.00

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

Full Name (Last, First, Middle Initial)

B. John Miner

Mailing Address 4730 Dunnie Drive

City State Zip Code
 Tampa FL 33614

FEC ID number of contributing federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Sr CFO I

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 11 26 2012

Transaction ID : PR1094202126081

Amount of Each Receipt this Period

60.00

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

Full Name (Last, First, Middle Initial)

C. Julie Feasel

Mailing Address 6211 Iroquios Ct.

City State Zip Code
 Odessa FL 33556

FEC ID number of contributing federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Market CEO II HD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 11 26 2012

Transaction ID : PR1094203026081

Amount of Each Receipt this Period

45.00

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

SUBTOTAL of Receipts This Page (optional)..... ►

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

135.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 69

(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

Full Name (Last, First, Middle Initial)

A. Charles D Doten

Mailing Address 7644 Harbour Blvd.

City State Zip Code
 Miramar FL 33023

FEC ID number of contributing federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Chief Executive Off II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 26 / 2012

Transaction ID : PR1094203626081

Amount of Each Receipt this Period

60.00

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

Full Name (Last, First, Middle Initial)

B. Kevin Varley

Mailing Address 5534 Clarene Dr.

City State Zip Code
 Bethel Park PA 15102

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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 26 / 2012

Transaction ID : PR1094203826081

Amount of Each Receipt this Period

30.00

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

Full Name (Last, First, Middle Initial)

C. James Malady

Mailing Address 954 Lindfield Dr.

City State Zip Code
 South Park PA 15129

FEC ID number of contributing federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Dir Plant Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 26 / 2012

Transaction ID : PR1094204126081

Amount of Each Receipt this Period

10.00

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

SUBTOTAL of Receipts This Page (optional)..... ►

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

100.00

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

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Timothy L Simpson

Mailing Address 2924 Majestic Oaks Lane

City State Zip Code
 Green Cove Springs FL 32043

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Kindred Healthcare Inc.

Occupation
 DVP HD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1094204326081

Amount of Each Receipt this Period

60.00

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

Full Name (Last, First, Middle Initial)

B. Sharon A Barnard

Mailing Address 1937 S.R. 16 West

City State Zip Code
 Green Cove Springs FL 32043

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Kindred Healthcare Inc.

Occupation
 Reg Sr Dir Clin Ops HD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1094204826081

Amount of Each Receipt this Period

30.00

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

Full Name (Last, First, Middle Initial)

C. E. Jane Jackson

Mailing Address 43171 Buttermere Terrace

City State Zip Code
 Ashburn VA 20147

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Kindred Healthcare Inc.

Occupation
 Dir Business Implement

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1094205126081

Amount of Each Receipt this Period

45.00

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

SUBTOTAL of Receipts This Page (optional)..... ►

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

135.00

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

Full Name (Last, First, Middle Initial)

A. Sally I Hoffmann

Mailing Address 11518 Captiva Kay Drive

City

Riverview

State

FL

Zip Code

33569

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 ▼

345.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1094205726081

Amount of Each Receipt this Period

45.00

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

Full Name (Last, First, Middle Initial)

B. 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 Trainer Field Acct

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1094209426081

Amount of Each Receipt this Period

30.00

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

Full Name (Last, First, Middle Initial)

C. 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

Exec VP West Reg NCD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1094210126081

Amount of Each Receipt this Period

75.00

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

SUBTOTAL of Receipts This Page (optional)..... ►

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

150.00

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

Full Name (Last, First, Middle Initial)

A. Anita Tillery

Mailing Address 3512 Raytee Drive

City State Zip Code
 Chesapeake VA 23323

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 ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 26 / 2012

Transaction ID : PR1094211026081

Amount of Each Receipt this Period

60.00

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

Full Name (Last, First, Middle Initial)

B. Christina Schramm

Mailing Address 166 Columbia Ave

City State Zip Code
 Chillicothe OH 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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 26 / 2012

Transaction ID : PR1094211926081

Amount of Each Receipt this Period

30.00

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

Full Name (Last, First, Middle Initial)

C. Tom Cunningham

Mailing Address 8293 Ironside Ct

City State Zip Code
 West Chester OH 45069

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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 26 / 2012

Transaction ID : PR1094212126081

Amount of Each Receipt this Period

30.00

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

SUBTOTAL of Receipts This Page (optional)..... ►

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

120.00

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
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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Donna M Nackers

Mailing Address 1760 Waters Ferry Drive

City State Zip Code
 Lawrenceville GA 30043

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Reg Mgr Operational Reimb

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1094212526081

Amount of Each Receipt this Period

45.00

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

Full Name (Last, First, Middle Initial)

B. Joseph F Weglarz

Mailing Address 35 Farrington Ave

City State Zip Code
 Gloucester MA 01930

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Reg Financial Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1094212626081

Amount of Each Receipt this Period

30.00

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

Full Name (Last, First, Middle Initial)

C. Celeste M Bentley

Mailing Address 2613 Harris Avenue

City State Zip Code
 Key West FL 33040

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Dir Reimbursement NCD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1094213326081

Amount of Each Receipt this Period

45.00

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

SUBTOTAL of Receipts This Page (optional)..... ►

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

120.00

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
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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. 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 Accounting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 26 / 2012

Transaction ID : PR1094213426081

Amount of Each Receipt this Period

10.00

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

Full Name (Last, First, Middle Initial)

B. Lane M Bowen

Mailing Address 10966 Secret View 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 NCD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 26 / 2012

Transaction ID : PR1094213626081

Amount of Each Receipt this Period

150.00

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

Full Name (Last, First, Middle Initial)

C. 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

Exec VP East Reg NCD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 26 / 2012

Transaction ID : PR1094214126081

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 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**

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Detailed Summary Page

FOR LINE NUMBER:
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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

Full Name (Last, First, Middle Initial)

A. James Holcomb

Mailing Address 317 30Th Avenue N.E.

City State Zip Code
 Great Falls MT 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 ▼

240.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1094215126081

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Weekly)

Full Name (Last, First, Middle Initial)

B. Susan A Kesterson

Mailing Address 2334 Heritage Dr

City State Zip Code
 Corona CA 92882

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Kindred Healthcare Inc.

Occupation
 Reg Financial Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1094216226081

Amount of Each Receipt this Period

45.00

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

Full Name (Last, First, Middle Initial)

C. Julie Butenko

Mailing Address 1835 Franklin Street # 303

City State Zip Code
 San Francisco CA 94109

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Kindred Healthcare, Inc

Occupation
 Market Executive Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1094216926081

Amount of Each Receipt this Period

60.00

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

SUBTOTAL of Receipts This Page (optional)..... ►

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

135.00

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
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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Sylvia Burton

Mailing Address 433 S. Plantation

City State Zip Code
 Cookeville TN 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 ▼

360.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1094217626081

Amount of Each Receipt this Period

45.00

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

Full Name (Last, First, Middle Initial)

B. Donna D Hammontree

Mailing Address 5283 Pryor Road

City State Zip Code
 Maryville TN 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 ▼

230.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1094220726081

Amount of Each Receipt this Period

30.00

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

Full Name (Last, First, Middle Initial)

C. Keith A Mandrell

Mailing Address 8813 Mallow Drive

City State Zip Code
 Knoxville TN 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 ▼

230.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1094221226081

Amount of Each Receipt this Period

30.00

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

SUBTOTAL of Receipts This Page (optional)..... ►

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

105.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Anna Ruth Birdwell

Mailing Address 5450 Grundy Quarles Hwy

City State Zip Code
 Bloomington Spring TN 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 ▼

240.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1094221326081

Amount of Each Receipt this Period

30.00

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

Full Name (Last, First, Middle Initial)

B. James Tucker

Mailing Address P O Box 223

City State Zip Code
 Carthage TN 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 ▼

230.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1094222026081

Amount of Each Receipt this Period

30.00

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

Full Name (Last, First, Middle Initial)

C. Gloria J Miller

Mailing Address 2700 Saint Marys Road

City State Zip Code
 Hillsborough NC 27278

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Kindred Healthcare Inc.

Occupation
 DVP NCD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1094222126081

Amount of Each Receipt this Period

60.00

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

SUBTOTAL of Receipts This Page (optional)..... ►

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

120.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 33 OF 69

(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

Full Name (Last, First, Middle Initial)

A. James N. Rogers

Mailing Address 147 Deepspring Drive

City State Zip Code
 Bardstown KY 40004

FEC ID number of contributing federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Sr Dir Clin Systems Devlp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 26 / 2012

Transaction ID : PR1094224326081

Amount of Each Receipt this Period

30.00

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

Full Name (Last, First, Middle Initial)

B. Ronald D Long

Mailing Address 148 Cheyenne Road

City State Zip Code
 Shelbyville KY 40065

FEC ID number of contributing federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Dir Contract Admin

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 26 / 2012

Transaction ID : PR1094224526081

Amount of Each Receipt this Period

45.00

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

Full Name (Last, First, Middle Initial)

C. Stephen F. Stoess

Mailing Address 514 Locust Creek Blvd.

City State Zip Code
 Louisville KY 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 ▼

538.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 26 / 2012

Transaction ID : PR1094224626081

Amount of Each Receipt this Period

70.20

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

SUBTOTAL of Receipts This Page (optional)..... ►

145.20

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 34 OF 69
(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

Full Name (Last, First, Middle Initial)

A. James E. Bell

Mailing Address 14213 Aiken Road

City State Zip Code
Louisville KY 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 ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 26 / 2012

Transaction ID : PR1094225026081

Amount of Each Receipt this Period

45.00

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

Full Name (Last, First, Middle Initial)

B. Catharine C Young

Mailing Address 6303 Deep Creek Drive

City State Zip Code
Prospect KY 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 ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 26 / 2012

Transaction ID : PR1094228026081

Amount of Each Receipt this Period

45.00

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

Full Name (Last, First, Middle Initial)

C. Mary W Miller

Mailing Address 3201 Vista Verde Lane SW

City State Zip Code
Tumwater WA 98512

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Clinical Impl Cnslt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 26 / 2012

Transaction ID : PR1094228426081

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)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 35 OF 69
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. 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 ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	26	/	2012

Transaction ID : PR1094229026081

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Weekly)

Full Name (Last, First, Middle Initial)

B. Charles K. Currens

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 Production Svcs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	26	/	2012

Transaction ID : PR1094229126081

Amount of Each Receipt this Period

60.00

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

Full Name (Last, First, Middle Initial)

C. 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

SVP Medical Affairs NCD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	26	/	2012

Transaction ID : PR1094229826081

Amount of Each Receipt this Period

60.00

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)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 36 OF 69
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Patricia M McGillan

Mailing Address 510 Altagate Rd

City	State	Zip Code
Louisville	KY	40206

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 ▼

690.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	26	/	2012

Transaction ID : PR1094229926081

Amount of Each Receipt this Period

90.00

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

Full Name (Last, First, Middle Initial)

B. Barbara L Baylis

Mailing Address 7212 Deer Ridge Road

City	State	Zip Code
Prospect	KY	40059

FEC ID number of contributing federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

SVP Clin & Res Svcs NCD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	26	/	2012

Transaction ID : PR1094230026081

Amount of Each Receipt this Period

60.00

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

Full Name (Last, First, Middle Initial)

C. Pete Kalmey

Mailing Address 3502 Hedgewick Place

City	State	Zip Code
Louisville	KY	40245

FEC ID number of contributing federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

VP Ops Central Reg HD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	26	/	2012

Transaction ID : PR1094232026081

Amount of Each Receipt this Period

45.00

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

SUBTOTAL of Receipts This Page (optional).....▶

195.00

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
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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. 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 Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1094232126081

Amount of Each Receipt this Period

45.00

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

Full Name (Last, First, Middle Initial)

B. 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 Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1094232226081

Amount of Each Receipt this Period

30.00

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

Full Name (Last, First, Middle Initial)

C. 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 ▼

880.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1094233526081

Amount of Each Receipt this Period

80.00

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

SUBTOTAL of Receipts This Page (optional)..... ►

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

155.00

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
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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Jeffrey F Luckett

Mailing Address 7701 Kendrick Crossing Lane

City State Zip Code
Louisville KY 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 ▼

506.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1094234426081

Amount of Each Receipt this Period

66.00

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

Full Name (Last, First, Middle Initial)

B. Janet Biedron

Mailing Address 1736 Dunkeld Lane

City State Zip Code
Folsom CA 95630

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Chief Executive Off II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1094234626081

Amount of Each Receipt this Period

30.00

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

Full Name (Last, First, Middle Initial)

C. Peter D Corless

Mailing Address 3308 Overlook Ridge Rd

City State Zip Code
Prospect KY 40059

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
SVP HR & Admin NCD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1094235226081

Amount of Each Receipt this Period

90.00

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

SUBTOTAL of Receipts This Page (optional)..... ►

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

186.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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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

Full Name (Last, First, Middle Initial)

A. Tamila Johnson-White

Mailing Address 2615 Zhale Smith Rd.

City
LaGrange

State Zip Code
KY 40031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Dir Case Mgmt NCD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1094235426081

Amount of Each Receipt this Period

60.00

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

Full Name (Last, First, Middle Initial)

B. Lester Bohnert

Mailing Address 2259 N. Pennsylvania Street

City
Indianapolis

State Zip Code
IN 46205

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
DVP NCD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1094235726081

Amount of Each Receipt this Period

30.00

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

Full Name (Last, First, Middle Initial)

C. Douglas Roth

Mailing Address 3272 E. Germania Circle

City
Sandy

State Zip Code
UT 84093

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
VP Finance West Reg NCD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1094237326081

Amount of Each Receipt this Period

120.00

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

SUBTOTAL of Receipts This Page (optional)..... ►

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

210.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 40 OF 69

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. 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 Financial Systems NCD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1094241226081

Amount of Each Receipt this Period

60.00

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

Full Name (Last, First, Middle Initial)

B. 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 Executive Off II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1094241926081

Amount of Each Receipt this Period

60.00

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

Full Name (Last, First, Middle Initial)

C. 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 NCD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1094242426081

Amount of Each Receipt this Period

30.00

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

SUBTOTAL of Receipts This Page (optional)..... ►

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

150.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 41 OF 69

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Wendy S Swisher

Mailing Address 5012 Four Leaf Ct

City State Zip Code
Greenville IN 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 ▼

230.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1094242726081

Amount of Each Receipt this Period

30.00

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

Full Name (Last, First, Middle Initial)

B. Brian Newman

Mailing Address 953 Francis Avenue

City State Zip Code
Bexley OH 43209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

DVP NCD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1094243326081

Amount of Each Receipt this Period

60.00

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

Full Name (Last, First, Middle Initial)

C. Philip L. Jones

Mailing Address 702 Helmsdale Place N.

City State Zip Code
Brentwood TN 37027

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Chief Financial Off I

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1094243526081

Amount of Each Receipt this Period

60.00

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

SUBTOTAL of Receipts This Page (optional)..... ►

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

150.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 42 OF 69

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Raymond J Sierpina

Mailing Address 14 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 Pub Pol & Govt Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2300.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1094246626081

Amount of Each Receipt this Period

300.00

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

Full Name (Last, First, Middle Initial)

B. Steven Tanner

Mailing Address 1059 Mt Vernon Dr

City

Greenwood

State

IN

Zip Code

46142

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Market Executive Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1094246826081

Amount of Each Receipt this Period

60.00

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

Full Name (Last, First, Middle Initial)

C. 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

DVP NCD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1495.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1094247226081

Amount of Each Receipt this Period

195.00

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

SUBTOTAL of Receipts This Page (optional)..... ►

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

555.00

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

Full Name (Last, First, Middle Initial)

A. Gwynn Rucker

Mailing Address 13005 81st Ave Ct E

City State Zip Code
 Puyallup WA 98373

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Market Executive Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 26 / 2012

Transaction ID : PR1094247826081

Amount of Each Receipt this Period

90.00

P/R Deduction (\$30.00 Weekly)

Full Name (Last, First, Middle Initial)

B. Mary Kathleen Owens

Mailing Address 12667 S. Bear Meadow Ct.

City State Zip Code
 Draper UT 84020

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

VP Clin Ops West Reg NCD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 26 / 2012

Transaction ID : PR1094250426081

Amount of Each Receipt this Period

30.00

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

Full Name (Last, First, Middle Initial)

C. Benjamin A Breier

Mailing Address 5400 Farm Ridge Lane

City State Zip Code
 Prospect KY 40059

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

President&COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4422.90

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 26 / 2012

Transaction ID : PR1094250926081

Amount of Each Receipt this Period

576.90

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

SUBTOTAL of Receipts This Page (optional)..... ►

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

696.90

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Krista J Ward

Mailing Address 4541 Southern Parkway

City State Zip Code
Louisville KY 40214

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Dir Financial Systems Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1094251026081

Amount of Each Receipt this Period

30.00

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

Full Name (Last, First, Middle Initial)

B. Steve Ross

Mailing Address 34729 Alpine Ave.

City State Zip Code
St Helens OR 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 ▼

480.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1135252626081

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Weekly)

Full Name (Last, First, Middle Initial)

C. 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 ▼

414.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1135286926081

Amount of Each Receipt this Period

54.00

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

SUBTOTAL of Receipts This Page (optional)..... ►

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

144.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Gregory T Hayden

Mailing Address 7207 Trail Ridge Court

City State Zip Code
Louisville KY 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 ▼

345.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1150400126081

Amount of Each Receipt this Period

45.00

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

Full Name (Last, First, Middle Initial)

B. Julie A Viers

Mailing Address 9508 Corinthian Dr

City State Zip Code
Louisville KY 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 ▼

230.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1150400526081

Amount of Each Receipt this Period

30.00

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

Full Name (Last, First, Middle Initial)

C. Rachael L Parker

Mailing Address 70 Birch Ridge Rd

City State Zip Code
Westford VT 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 ▼

470.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1150411126081

Amount of Each Receipt this Period

60.00

P/R Deduction (\$10.00 Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

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

135.00

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

Full Name (Last, First, Middle Initial)

A. Pamela M Bresee

Mailing Address 4155 SW 192nd Avenue

City State Zip Code
Aloha OR 97007

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Reg Financial Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1227852426081

Amount of Each Receipt this Period

45.00

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

Full Name (Last, First, Middle Initial)

B. Larry Livengood

Mailing Address 1219 Pilot Lane

City State Zip Code
Galveston TX 77554

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

District Dir HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1267996726081

Amount of Each Receipt this Period

30.00

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

Full Name (Last, First, Middle Initial)

C. Beth Cullum

Mailing Address 22 Frederick St.

City State Zip Code
Newton MA 02460

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Chief Executive Off II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1267997026081

Amount of Each Receipt this Period

30.00

P/R Deduction (\$5.00 Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

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

105.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Loretta R Jordan

Mailing Address 4017 Ballard Woods Drive

City
Smithfield

State Zip Code
KY 40068

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Dir Financial Systems Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1267997726081

Amount of Each Receipt this Period

30.00

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

Full Name (Last, First, Middle Initial)

B. Russell D Ragland

Mailing Address 9902 Palace Green Way

City
Vienna

State Zip Code
VA 22181

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
SVP Finance NCD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1267998126081

Amount of Each Receipt this Period

150.00

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

Full Name (Last, First, Middle Initial)

C. Catherine Nurmela

Mailing Address 1409 W. Elmdale

City
Chicago

State Zip Code
IL 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 ▼

345.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1267998426081

Amount of Each Receipt this Period

45.00

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

SUBTOTAL of Receipts This Page (optional)..... ►

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

225.00

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Diane L. Otteman

Mailing Address 40 East Cedar
Apt. #21A

City State Zip Code
Chicago IL 60611

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Chief Executive Off II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 26 / 2012

Transaction ID : PR1300206426081

Amount of Each Receipt this Period

45.00

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

Full Name (Last, First, Middle Initial)

B. Jane Mathews

Mailing Address 464 E. Cynthia Way

City State Zip Code
North Salt Lake UT 84054

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Reg Dir HR NCD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 26 / 2012

Transaction ID : PR1300207326081

Amount of Each Receipt this Period

30.00

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

Full Name (Last, First, Middle Initial)

C. Rita D Simmons

Mailing Address 200 Franck Avenue

City State Zip Code
Louisville KY 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 ▼

368.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 26 / 2012

Transaction ID : PR1333437026081

Amount of Each Receipt this Period

48.00

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

SUBTOTAL of Receipts This Page (optional)..... ►

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

123.00

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. 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 ▼

230.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1333437126081

Amount of Each Receipt this Period

30.00

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

Full Name (Last, First, Middle Initial)

B. 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 Support

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1336786726081

Amount of Each Receipt this Period

45.00

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

Full Name (Last, First, Middle Initial)

C. Lisa J Schmidt

Mailing Address 7840 Broad Run Road

City

Louisville

State

KY

Zip Code

40291

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Dir Financial Systems Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1346288226081

Amount of Each Receipt this Period

30.00

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)
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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Julieta C Morton

Mailing Address 5105 Deerpase 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

Program Director II PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1355829326081

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Weekly)

Full Name (Last, First, Middle Initial)

B. 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 Operational Reimb

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1394177126081

Amount of Each Receipt this Period

45.00

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

Full Name (Last, First, Middle Initial)

c. 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

SVP Clinical Ops RHB

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1408953126081

Amount of Each Receipt this Period

45.00

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

SUBTOTAL of Receipts This Page (optional)..... ►

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

120.00

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Pamela A. Adams

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

Sr Dir Fin Systems Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1408953226081

Amount of Each Receipt this Period

60.00

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

Full Name (Last, First, Middle Initial)

B. 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

SVP Finance RHB

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1290.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1524244426081

Amount of Each Receipt this Period

180.00

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

Full Name (Last, First, Middle Initial)

C. 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

DirWrkrsComp&CasualtyIns

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1541444226081

Amount of Each Receipt this Period

30.00

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

SUBTOTAL of Receipts This Page (optional)..... ►

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

270.00

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Marilyn Weaver

Mailing Address 1700 Penile Rd

City State Zip Code
Valley Station KY 40272

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare

Occupation

Mgr Lic & Cert

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 26 / 2012

Transaction ID : PR1618127226081

Amount of Each Receipt this Period

30.00

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

Full Name (Last, First, Middle Initial)

B. Mary Jane Dailey

Mailing Address 10411 Loving Trail Drive

City State Zip Code
Frisco TX 75035

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare, Inc.

Occupation

VP & CCO SW Reg HD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 26 / 2012

Transaction ID : PR1618127526081

Amount of Each Receipt this Period

300.00

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

Full Name (Last, First, Middle Initial)

C. Kathy Adkins

Mailing Address 6522 State Rd. 250

City State Zip Code
Calhoun KY 42327

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Program Director III OT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 26 / 2012

Transaction ID : PR1618128626081

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

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

360.00

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Jeanna R. Conder

Mailing Address 707 Quisenberry Lane

City

Winchester

State

KY

Zip Code

40391

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare

Occupation

Dir Clinical Services

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1618128926081

Amount of Each Receipt this Period

30.00

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

Full Name (Last, First, Middle Initial)

B. John Williams

Mailing Address 520 East 9000 South

City

Sandy

State

UT

Zip Code

84070

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 ▼

230.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1618129026081

Amount of Each Receipt this Period

30.00

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

Full Name (Last, First, Middle Initial)

C. 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

Market Executive Dir

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1622380126081

Amount of Each Receipt this Period

60.00

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

SUBTOTAL of Receipts This Page (optional)..... ►

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

120.00

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Susan D. Rose

Mailing Address 893 Sunray Court

City State Zip Code
 Shepherdsville KY 40165

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Sr Dir Fin Bus Devlp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1622380226081

Amount of Each Receipt this Period

45.00

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

Full Name (Last, First, Middle Initial)

B. Richard C Gandersman

Mailing Address 6685 Miami Woods Drive

City State Zip Code
 Loveland OH 45140

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

SVP HomeCare & Hospice

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1724379226081

Amount of Each Receipt this Period

30.00

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

Full Name (Last, First, Middle Initial)

C. Derrick Glum

Mailing Address 1045 S. Birken St.

City State Zip Code
 Washington UT 84780

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 ▼

230.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1767984926081

Amount of Each Receipt this Period

30.00

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

SUBTOTAL of Receipts This Page (optional)..... ►

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

105.00

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Michelle Mullen

Mailing Address 11516 Yorktown Blvd.

City State Zip Code
 Sellersburg IN 47172

FEC ID number of contributing federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Chief Executive Off II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 26 / 2012

Transaction ID : PR1774751226081

Amount of Each Receipt this Period

45.00

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

Full Name (Last, First, Middle Initial)

B. David M Mikula

Mailing Address 4616 Hallmark Drive

City State Zip Code
 Dallas TX 75229

FEC ID number of contributing federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

SVP Sales & Marketing HD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 26 / 2012

Transaction ID : PR1774751726081

Amount of Each Receipt this Period

60.00

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

Full Name (Last, First, Middle Initial)

C. Philip B Ragsdell

Mailing Address 12004 Log Cabin Lane

City State Zip Code
 Louisville KY 40223

FEC ID number of contributing federal political committee.

C

Name of Employer

Kindred Healthcare

Occupation

Dir Customer Supp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

506.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 26 / 2012

Transaction ID : PR1784229526081

Amount of Each Receipt this Period

66.00

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

SUBTOTAL of Receipts This Page (optional)..... ►

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

171.00

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Andrea R. Romisher

Mailing Address 1846 Douglass Blvd

City

Louisville

State

KY

Zip Code

40205

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

VP Benefits & Comp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1784229926081

Amount of Each Receipt this Period

30.00

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

Full Name (Last, First, Middle Initial)

B. Timmy L. Hesson

Mailing Address 2710 Pikes Peak Boulevard

City

Louisville

State

KY

Zip Code

40214

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Dir Wintel & Storage Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1784230726081

Amount of Each Receipt this Period

45.00

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

Full Name (Last, First, Middle Initial)

C. Lawrence J. Toye

Mailing Address 3 September Lane

City

Burlington

State

MA

Zip Code

01803

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare

Occupation

Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1784230826081

Amount of Each Receipt this Period

60.00

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

SUBTOTAL of Receipts This Page (optional)..... ►

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

135.00

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Carol Falo

Mailing Address 7041 Clubview Dr

City
Bridgeville

State
PA

Zip Code
15017

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare

Occupation

Chief Clinical Off II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1784231526081

Amount of Each Receipt this Period

60.00

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

Full Name (Last, First, Middle Initial)

B. Michael J Warrington

Mailing Address 118 Frosted Pond PL.

City

The Woodlands

State

TX

Zip Code

77381

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

VP Ops Southeast Reg HD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1797971026081

Amount of Each Receipt this Period

30.00

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

Full Name (Last, First, Middle Initial)

C. Kim K Baker

Mailing Address 277 West Elm St

City

Pembroke

State

MA

Zip Code

02359

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

DVP NCD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1826753826081

Amount of Each Receipt this Period

30.00

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

SUBTOTAL of Receipts This Page (optional)..... ►

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

120.00

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Janet L Seawell

Mailing Address 18 Elton Court

City

Pleasant Hill

State

CA

Zip Code

94523

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 ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 26 / 2012

Transaction ID : PR1829395426081

Amount of Each Receipt this Period

30.00

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

Full Name (Last, First, Middle Initial)

B. Robert Gundersen

Mailing Address 9 Barnside Lane

City

Sandwich

State

MA

Zip Code

02563

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Market CEO III HD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 26 / 2012

Transaction ID : PR1829395726081

Amount of Each Receipt this Period

30.00

P/R Deduction (\$5.00 Weekly)

Full Name (Last, First, Middle Initial)

C. Barry Somervell

Mailing Address 7307 Grand Isle Way

City

Prospect

State

KY

Zip Code

40059

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

SVP Sales & Bus Dev NCD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 26 / 2012

Transaction ID : PR1835833726081

Amount of Each Receipt this Period

150.00

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

SUBTOTAL of Receipts This Page (optional)..... ►

210.00

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Laura Hoffpauir

Mailing Address 1805 Pintail Pkwy

City State Zip Code
 Euless TX 76039

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Kindred Healthcare, Inc.

Occupation
 Market Executive Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR188763326081

Amount of Each Receipt this Period

45.00

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

Full Name (Last, First, Middle Initial)

B. Mathu Hanson

Mailing Address 27053 Adelanto Drive

City State Zip Code
 Corona CA 92883

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Kindred Healthcare, Inc.

Occupation
 Program Director III PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1930767026081

Amount of Each Receipt this Period

30.00

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

Full Name (Last, First, Middle Initial)

C. Selma Etienne

Mailing Address 35 Chester Ave

City State Zip Code
 Brockton MA 02301

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Kindred Healthcare, Inc.

Occupation
 Certified Nursing Asst I

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1930770026081

Amount of Each Receipt this Period

30.00

P/R Deduction (\$5.00 Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

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

105.00

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Sonia Exume

Mailing Address 239 Belmont Ave
Apt 2

City State Zip Code
Brockton MA 02301

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare, Inc.

Occupation
Certified Nursing Asst I

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 26 / 2012

Transaction ID : PR1930770126081

Amount of Each Receipt this Period

30.00

P/R Deduction (\$5.00 Weekly)

Full Name (Last, First, Middle Initial)

B. Kelly A Priegnitz

Mailing Address 436 Hillcrest Avenue

City State Zip Code
Louisville KY 40206

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare, Inc.

Occupation
SVP & Chief Counsel NCD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 26 / 2012

Transaction ID : PR1950875226081

Amount of Each Receipt this Period

60.00

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

Full Name (Last, First, Middle Initial)

C. Matthew B Steinberg

Mailing Address 9009 Anemone Drive

City State Zip Code
Prospect KY 40059

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare, Inc.

Occupation
DVP Litigation Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 26 / 2012

Transaction ID : PR1961243226081

Amount of Each Receipt this Period

60.00

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

SUBTOTAL of Receipts This Page (optional)..... ►

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

150.00

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Jeffrey M Jasnoff

Mailing Address 9012 Coltsfoot Trace

City

Prospect

State

KY

Zip Code

40059

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare, Inc.

Occupation

SVP Human Resources Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1961243326081

Amount of Each Receipt this Period

150.00

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

Full Name (Last, First, Middle Initial)

B. Jeffrey P Stodghill

Mailing Address 2002 Kenilworth Place

City

Louisville

State

KY

Zip Code

40205

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare, Inc.

Occupation

VP & Corporate Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

930.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1961243426081

Amount of Each Receipt this Period

150.00

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

Full Name (Last, First, Middle Initial)

C. Kenneth T Higgins

Mailing Address 4103 Old Farm 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 Fin & Controller RHB

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

920.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1961243626081

Amount of Each Receipt this Period

120.00

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

SUBTOTAL of Receipts This Page (optional)..... ►

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

420.00

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Camilla Baughman

Mailing Address 109 Thoreau Way #712

City State Zip Code
 Lawrence MA 01843

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare, Inc.

Occupation

Reg Dir Case Mgmt NCD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1963724626081

Amount of Each Receipt this Period

60.00

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

Full Name (Last, First, Middle Initial)

B. James T Flowers

Mailing Address 4020 Gilman Avenue

City State Zip Code
 Louisville KY 40207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare, Inc.

Occupation

VP Corp Dev & Fin Plan

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1975144126081

Amount of Each Receipt this Period

90.00

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

Full Name (Last, First, Middle Initial)

C. Linda R Kurland

Mailing Address 6109 Forest Lane

City State Zip Code
 Fort Worth TX 76121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare, Inc.

Occupation

Region Vice President HRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1983484226081

Amount of Each Receipt this Period

300.00

P/R Deduction (\$100.00 Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

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

450.00

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Michael J Dixon

Mailing Address 2694 Whitetail Ln

City State Zip Code
 O'Fallon MO 63368

FEC ID number of contributing federal political committee.

C

Name of Employer
 Kindred Healthcare, Inc.

Occupation
 DVP Sales RHB

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

580.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 26 2012

Transaction ID : PR1983484326081

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Weekly)

Full Name (Last, First, Middle Initial)

B. James M Douthitt

Mailing Address 160 N Sappington Rd

City State Zip Code
 St Louis MO 63122

FEC ID number of contributing federal political committee.

C

Name of Employer
 Kindred Healthcare, Inc.

Occupation
 SVP Operations SRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 26 2012

Transaction ID : PR1983484426081

Amount of Each Receipt this Period

60.00

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

Full Name (Last, First, Middle Initial)

C. Patricia M HenryMailing Address 2555 N Pearl St
#502

City State Zip Code
 Dallas TX 75201

FEC ID number of contributing federal political committee.

C

Name of Employer
 Kindred Healthcare Inc.

Occupation
 President PRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3040.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 26 2012

Transaction ID : PR1983484526081

Amount of Each Receipt this Period

285.00

P/R Deduction (\$95.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

405.00

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

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

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

FOR LINE NUMBER:
(check only one)

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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

Full Name (Last, First, Middle Initial)

A. Sherrie Sharp

Mailing Address 11 Talais Drive

City

Little Rock

State

AR

Zip Code

72223

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare, Inc.

Occupation

Region Vice President SRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1120.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1983484626081

Amount of Each Receipt this Period

120.00

P/R Deduction (\$40.00 Weekly)

Full Name (Last, First, Middle Initial)

B. Jovena Stucker

Mailing Address 5851 Midnight Moon Dr

City

Frisco

State

TX

Zip Code

75034

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare, Inc.

Occupation

Region Vice President SRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1283.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1983484726081

Amount of Each Receipt this Period

81.00

P/R Deduction (\$27.00 Weekly)

Full Name (Last, First, Middle Initial)

C. Mary Claire Willman

Mailing Address 529 Oaks Court

City

Webster Grove

State

MO

Zip Code

63119

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare, Inc.

Occupation

Region Vice President HRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1983484826081

Amount of Each Receipt this Period

135.00

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

SUBTOTAL of Receipts This Page (optional)..... ►

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

336.00

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

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

FOR LINE NUMBER:
(check only one)

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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

Full Name (Last, First, Middle Initial)

A. Tanya Snodgrass

Mailing Address 28307 Woodsons Lake Dr.

City State Zip Code
 Spring TX 77386

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare, Inc.

Occupation

DVP Business Devlp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1983484926081

Amount of Each Receipt this Period

150.00

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

Full Name (Last, First, Middle Initial)

B. Bennett S Hoffman

Mailing Address 31 Overlook Road

City State Zip Code
 Stoughton MA 02072

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare, Inc.

Occupation

VP Finance East Reg NCD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR1983485026081

Amount of Each Receipt this Period

60.00

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

Full Name (Last, First, Middle Initial)

C. James E Eveslage

Mailing Address 9216 Springbrooke Circle

City State Zip Code
 Louisville KY 40241

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare, Inc.

Occupation

DVP Finance HCH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

364.00

Date of Receipt

11 / 26 / 2012

Transaction ID : PR2004957326081

Amount of Each Receipt this Period

84.00

P/R Deduction (\$28.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

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

294.00

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

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

FOR LINE NUMBER:
(check only one)

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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

Full Name (Last, First, Middle Initial)

A. Mary Patricia Welc

Mailing Address 38051 North El Indio Cir

City State Zip Code
 Cave Creek AZ 85331

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare, Inc.

Occupation

SVP Operations HRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 26 2012

Transaction ID : PR2007353526081

Amount of Each Receipt this Period

180.00

P/R Deduction (\$60.00 Weekly)

Full Name (Last, First, Middle Initial)

B. Richard Edward Lacourse

Mailing Address 35 Winding Ln

City State Zip Code
 Basking Ridge NJ 07920

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare, Inc.

Occupation

RVP VTA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 26 2012

Transaction ID : PR2007353626081

Amount of Each Receipt this Period

240.00

P/R Deduction (\$80.00 Weekly)

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

420.00

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

14702.50

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR 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

Full Name (Last, First, Middle Initial)

A. Democratic Senatorial Campaign Committee Recount Fund

Mailing Address 120 Maryland Avenue, NE

City	State	Zip Code
Washington	DC	20002

Purpose of Disbursement
Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		18		2012

Transaction ID : 48109389

Amount of Each Disbursement this Period

10000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Cathy McMorris Rodgers For Congress

Mailing Address Box 137

City	State	Zip Code
Spokane	WA	99210

Purpose of Disbursement
Contribution

Candidate Name

Rep. Cathy McMorris Rodgers

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: WA District: 05

Disbursement For:	2012
	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		18		2012

Transaction ID : 48146687

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Paton For Congress

Mailing Address PO Box 68758

City	State	Zip Code
Tucson	AZ	85737

Purpose of Disbursement
Contribution

Candidate Name

Mr. Jonathan Paton

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: AZ District: 01

Disbursement For:	2012
	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		25		2012

Transaction ID : 48313145

Amount of Each Disbursement this Period

2500.00

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

14000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 68 OF 69

<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

Full Name (Last, First, Middle Initial)

A. Vernon Parker For Congress

Mailing Address 5635 E Lincoln Drive, #18

City	State	Zip Code
Paradise Valley	AZ	85253-4121

Purpose of Disbursement
Contribution

Candidate Name

Mr. Vernon Parker

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: AZ District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2012

Transaction ID : 48313206

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Andy Barr For Congress, Inc.

Mailing Address PO Box 2059

City	State	Zip Code
Lexington	KY	40588

Purpose of Disbursement
Contribution

Candidate Name

Mr. Garland 'Andy' Barr

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: KY District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2012

Transaction ID : 48499445

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Friends of John Delaney

Mailing Address PO Box 60320

City	State	Zip Code
Potomac	MD	20854

Purpose of Disbursement
Void - Check dated 10/04/2012

Candidate Name

Mr. John K. Delaney

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: MD District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		05		2012

Transaction ID : 48503077

Amount of Each Disbursement this Period

-2500.00

Void - Check dated 10/04/2012

SUBTOTAL of Disbursements This Page (optional)..... ►

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

1000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR 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

Full Name (Last, First, Middle Initial)

A. Friends of John Delaney

Mailing Address PO Box 60320

City	State	Zip Code
Potomac	MD	20854

Purpose of Disbursement
Contribution

Candidate Name

Mr. John K. Delaney

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: MD District: 06

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		05		2012

Transaction ID : 48503083

Amount of Each Disbursement this Period

2500.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ►

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

2500.00

17500.00
