

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

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Kindred Healthcare, Inc. PAC

ADDRESS (number and street)

680 S. Fourth St.

☐Check if different  
than previously  
reported. (ACC)

Louisville

KY

40202

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00242271

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☒

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

09

01

2007

through

09

30

2007

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

Type or Print Name of Treasurer

Hank Robinson

Signature of Treasurer

Electronically Filed by Hank Robinson

Date

10

11

2007

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

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 02/2003)

# 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
0	9	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	9	3	0	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>Y Y Y Y 2007</span>		119586.29
(b) Cash on Hand at Beginning of Reporting Period .....	89299.99	
(c) Total Receipts (from Line 19) .....	11720.04	118597.74
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	101020.03	238184.03
7. Total Disbursements (from Line 31) .....	14500.00	151664.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	86520.03	86520.03
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

## For further information contact:

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

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

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Kindred Healthcare, Inc. PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	9	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	9	3	0	2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	8108.04	53036.84
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	3612.00	65560.90
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➤	11720.04	118597.74
(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) ..... ➤	11720.04	118597.74
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	11720.04	118597.74
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	11720.04	118597.74

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		0.00	64.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		0.00	64.00
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		12500.00	146000.00
24. Independent Expenditure (use Schedule E) .....		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....		0.00	0.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (such as PACs) .....		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....		0.00	0.00
29. Other Disbursements.....		2000.00	5600.00
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....		0.00	0.00
(ii) "Levin" Share .....		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		14500.00	151664.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		14500.00	151664.00

**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) .....	11720.04	118597.74
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	11720.04	118597.74
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	64.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	64.00

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

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

FOR LINE NUMBER: PAGE 6 / 56

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

**A.** Full Name (Last, First, Middle Initial)

Richard Myers

Mailing Address 7216 Spring Hill Trace

City State Zip Code  
 Crestwood KY 40014-8554

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Kindred Healthcare, Inc.

Occupation  
Real Estate Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 2 5 / 2 0 0 7

Transaction ID: 21639420

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)

Clarence Wurdock

Mailing Address 2511 Savannah Road

City State Zip Code  
 Louisville KY 40242

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Kindred Healthcare, Inc.

Occupation  
Director of Marketing and Planning

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 1 0 / 2 0 0 7

Transaction ID: 21778682

Amount of Each Receipt this Period

600.00

**C.** Full Name (Last, First, Middle Initial)

Teresa S Anderson

Mailing Address 7115 Coachwood Drive

City State Zip Code  
 Georgetown IN 47122

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Kindred Healthcare Inc.

Occupation  
Sr Dir Fin Sys Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y

Transaction ID: PR1094183711973

Amount of Each Receipt this Period

30.00

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

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

880.00

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

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

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

FOR LINE NUMBER: PAGE 7 / 56

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

**A.** Full Name (Last, First, Middle Initial)  
Richard E Chapman  
Mailing Address 680 S. Fourth Street

City State Zip Code  
Louisville KY 40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation  
Exec VP Chief Adm&InfoOff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1445.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1094183811973

Amount of Each Receipt this Period

146.00

P/R Deduction (\$73.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
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  
Executive Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1094183911973

Amount of Each Receipt this Period

200.00

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

**C.** Full Name (Last, First, Middle Initial)  
David R Windhorst  
Mailing Address 2000 Spring Farms Road

City State Zip Code  
Floyds Knobs IN 47119

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation  
VP Financial Sys Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1094185011973

Amount of Each Receipt this Period

80.00

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

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

426.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 56

(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

<b>A.</b> Full Name (Last, First, Middle Initial) Lawrence I Wolf Mailing Address 4826 N Winthrop Ave #3S City State Zip Code Chicago IL 60640 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Kindred Healthcare Inc. Occupation Sr Cnslt Appl-Data Arch Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00			Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1094185111973 Amount of Each Receipt this Period 40.00 P/R Deduction (\$20.00 Bi-Weekly)
<b>B.</b> Full Name (Last, First, Middle Initial) Katheryn J Markham Mailing Address 680 S. Fourth Street City State Zip Code Louisville KY 40202 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Kindred Healthcare Inc. Occupation VP IS Planning&FieldSvcs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 860.00			Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1094185611973 Amount of Each Receipt this Period 90.00 P/R Deduction (\$45.00 Bi-Weekly)
<b>C.</b> Full Name (Last, First, Middle Initial) Catherine A Gooch Mailing Address 680 S. Fourth Street City State Zip Code Louisville KY 40202 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Fin Sys Dev Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00			Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1094185911973 Amount of Each Receipt this Period 40.00 P/R Deduction (\$20.00 Bi-Weekly)

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

170.00

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



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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 56

(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

<b>A.</b> Full Name (Last, First, Middle Initial) Patrick J Gillenwater Mailing Address 680 S. Fourth Street City State Zip Code Louisville KY 40202 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Kindred Healthcare Inc. Occupation Adm Dir IS Admin Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00			Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1094186411973 Amount of Each Receipt this Period 35.00 P/R Deduction (\$17.50 Bi-Weekly)
<b>B.</b> Full Name (Last, First, Middle Initial) William B Seibert Mailing Address 680 S. Fourth Street City State Zip Code Louisville KY 40202 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Fin Sys Dev Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00			Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1094187411973 Amount of Each Receipt this Period 60.00 P/R Deduction (\$30.00 Bi-Weekly)
<b>C.</b> Full Name (Last, First, Middle Initial) Deborah F Rickert Mailing Address 680 S. Fourth Street City State Zip Code Louisville KY 40202 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Fin Sys Dev Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 410.00			Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1094187711973 Amount of Each Receipt this Period 50.00 P/R Deduction (\$25.00 Bi-Weekly)

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

145.00

**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: PAGE 10 / 56

(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

<b>A.</b> Full Name (Last, First, Middle Initial) Charles Wardrip Mailing Address 2805 Chestnut Ridge Place City State Zip Code Louisville KY 40245 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Kindred Healthcare Inc. Occupation VP IS Ops & Telecomm Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Aggregate Year-to-Date ▼ <input type="checkbox"/> Other (specify) ▼ 700.00			Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1094187911973 Amount of Each Receipt this Period 70.00 P/R Deduction (\$35.00 Bi-Weekly)
<b>B.</b> Full Name (Last, First, Middle Initial) Stephen M Dobler Mailing Address 680 S. Fourth Street City State Zip Code Louisville KY 40202 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Kindred Healthcare Inc. Occupation VP IS Finance & Admin Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Aggregate Year-to-Date ▼ <input type="checkbox"/> Other (specify) ▼ 900.00			Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1094188011973 Amount of Each Receipt this Period 90.00 P/R Deduction (\$45.00 Bi-Weekly)
<b>C.</b> Full Name (Last, First, Middle Initial) Terry Carrico Mailing Address 680 S. Fourth Street City State Zip Code Louisville KY 40202 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Clin Systems Dev Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Aggregate Year-to-Date ▼ <input type="checkbox"/> Other (specify) ▼ 400.00			Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1094188211973 Amount of Each Receipt this Period 40.00 P/R Deduction (\$20.00 Bi-Weekly)

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

200.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 56

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

**A.** Full Name (Last, First, Middle Initial)  
Steven J Paynter  
Mailing Address 680 S. Fourth Street

City State Zip Code  
Louisville KY 40202

FEC ID number of contributing federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.Occupation  
Sr Cnslt Tech Arch

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: PR1094188411973

Amount of Each Receipt this Period

40.00

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

**B.** Full Name (Last, First, Middle Initial)  
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  
Reg Dir Hosp Rehab-PRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: PR1094189111973

Amount of Each Receipt this Period

50.00

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

**C.** Full Name (Last, First, Middle Initial)  
Michael Metzger  
Mailing Address 129 Foley Rd

City State Zip Code  
West Point VA 23181

FEC ID number of contributing federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.Occupation  
Chief Fin Off III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: PR1094189311973

Amount of Each Receipt this Period

30.00

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

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

120.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 56

(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

<b>A.</b> Full Name (Last, First, Middle Initial) Linn Billingsley Mailing Address P.O. Box 122 City State Zip Code Blue Diamond NV 89004 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Kindred Healthcare Inc. Occupation Executive Dir Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00			Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1094189811973 Amount of Each Receipt this Period 40.00 P/R Deduction (\$20.00 Bi-Weekly)
<b>B.</b> Full Name (Last, First, Middle Initial) Jan Turk Mailing Address 1314 Amelia St. City State Zip Code New Orleans LA 70115 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Kindred Healthcare Inc. Occupation Chief Exec Off II Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00			Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1094190011973 Amount of Each Receipt this Period 40.00 P/R Deduction (\$20.00 Bi-Weekly)
<b>C.</b> Full Name (Last, First, Middle Initial) Larry Foster Mailing Address 5700 N. Winthrop Apartment # 5 City State Zip Code Chicago IL 60660 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Kindred Healthcare Inc. Occupation Chief Exec Off III Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 435.00			Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1094190311973 Amount of Each Receipt this Period 50.00 P/R Deduction (\$25.00 Bi-Weekly)

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

130.00

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

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

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

FOR LINE NUMBER: PAGE 13 / 56

(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.** Jack Shapiro

Mailing Address 22591 Covington Drive

City State Zip Code  
 Deer Park IL 60010

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Kindred Healthcare Inc.

Occupation  
Executive Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1094190411973

Amount of Each Receipt this Period

80.00

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

Full Name (Last, First, Middle Initial)

**B.** Linda Tiemens

Mailing Address 9812 N.W. 2nd. Court

City State Zip Code  
 Plantation FL 33324

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Kindred Healthcare Inc.

Occupation  
Sr VP & COO-East Group-HD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1094190711973

Amount of Each Receipt this Period

60.00

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

Full Name (Last, First, Middle Initial)

**C.** 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 Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1094191311973

Amount of Each Receipt this Period

50.00

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

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

190.00

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

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

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

FOR LINE NUMBER: PAGE 14 / 56

(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

<b>A.</b> Full Name (Last, First, Middle Initial) Frank Battafarano Mailing Address 680 S. Fourth Street City State Zip Code Louisville KY 40202 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Kindred Healthcare Inc. Occupation Exec VP & President-HD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1094191911973 Amount of Each Receipt this Period 100.00 P/R Deduction (\$50.00 Bi-Weekly)
<b>B.</b> Full Name (Last, First, Middle Initial) Sean R Muldoon Mailing Address 680 S. Fourth Street City State Zip Code Louisville KY 40202 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Kindred Healthcare Inc. Occupation Sr VP & Chief Med Off-HD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1025.00			Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1094192211973 Amount of Each Receipt this Period 125.00 P/R Deduction (\$75.00 Bi-Weekly)
<b>C.</b> Full Name (Last, First, Middle Initial) James L Lindberg Mailing Address 680 S. Fourth Street City State Zip Code Louisville KY 40202 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Kindred Healthcare Inc. Occupation Adm Mgr Facilities-HD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00			Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1094192511973 Amount of Each Receipt this Period 40.00 P/R Deduction (\$20.00 Bi-Weekly)

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

265.00

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

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

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

FOR LINE NUMBER: PAGE 15 / 56

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

**A.** Full Name (Last, First, Middle Initial)  
Deborah R Doddridge  
Mailing Address 680 S. Fourth Street

City State Zip Code  
Louisville KY 40202

FEC ID number of contributing federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.Occupation  
Dir Procure Sys & Capital

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1094193011973

Amount of Each Receipt this Period

30.00

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

**B.** Full Name (Last, First, Middle Initial)  
Joel W Day  
Mailing Address 680 S. Fourth Street

City State Zip Code  
Louisville KY 40202

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1094193111973

Amount of Each Receipt this Period

30.00

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

**C.** Full Name (Last, First, Middle Initial)  
Susan Moss  
Mailing Address 680 S. Fourth Street

City State Zip Code  
Louisville KY 40202

FEC ID number of contributing federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.Occupation  
VP Crp Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1094193311973

Amount of Each Receipt this Period

40.00

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

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

100.00

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

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

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

FOR LINE NUMBER: PAGE 16 / 56

(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.** Theresa M Graham

Mailing Address 680 S. Fourth Street

City State Zip Code  
 Louisville KY 40202

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Kindred Healthcare Inc.

Occupation  
VP Compliance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1094193511973

Amount of Each Receipt this Period

50.00

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

Full Name (Last, First, Middle Initial)

**B.** Michael C Lozier

Mailing Address 680 S. Fourth Street

City State Zip Code  
 Louisville KY 40202

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Kindred Healthcare Inc.

Occupation  
Dir Purch Contract Admin

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1094193711973

Amount of Each Receipt this Period

24.00

P/R Deduction (\$12.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C.** 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 ▼

592.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1094193911973

Amount of Each Receipt this Period

60.00

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

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

134.00

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



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

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

FOR LINE NUMBER: PAGE 17 / 56

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

**A.** Full Name (Last, First, Middle Initial)

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 Reimb-HSD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1094194111973

Amount of Each Receipt this Period

70.00

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

**B.** Full Name (Last, First, Middle Initial)

Mary Suzanne Riedman

Mailing Address 680 S. Fourth Street

City State Zip Code  
 Louisville KY 40202

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Kindred Healthcare Inc.

Occupation  
Sr VP & General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1094194211973

Amount of Each Receipt this Period

40.00

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

**C.** Full Name (Last, First, Middle Initial)

Mary L Dennison

Mailing Address 680 S. Fourth Street

City State Zip Code  
 Louisville KY 40202

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Kindred Healthcare Inc.

Occupation  
Mgr Reimb

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1094194811973

Amount of Each Receipt this Period

35.00

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

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

145.00

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

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

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

FOR LINE NUMBER: PAGE 18 / 56

(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

<b>A.</b> Full Name (Last, First, Middle Initial) Michael J Bean Mailing Address 8011 Kendrick Crossing Lane City State Zip Code Louisville KY 40291 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Kindred Healthcare Inc. Occupation VP Tax Planning Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1094195111973 Amount of Each Receipt this Period 40.00 P/R Deduction (\$20.00 Bi-Weekly)
<b>B.</b> Full Name (Last, First, Middle Initial) Anne S Woods Mailing Address 680 S. Fourth Street City State Zip Code Louisville KY 40202 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Kindred Healthcare Inc. Occupation VP Internal Audit Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 681.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1094195411973 Amount of Each Receipt this Period 71.00 P/R Deduction (\$36.00 Bi-Weekly)
<b>C.</b> Full Name (Last, First, Middle Initial) Stephanie J Warren Mailing Address 680 S. Fourth Street City State Zip Code Louisville KY 40202 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Facility Mgmt Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1094195711973 Amount of Each Receipt this Period 30.00 P/R Deduction (\$15.00 Bi-Weekly)

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

141.00

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

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

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

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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

<b>A.</b> Full Name (Last, First, Middle Initial) John Lucchese Mailing Address 680 S. Fourth Street City State Zip Code Louisville KY 40202 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Kindred Healthcare Inc. Occupation Sr VP & Corp Controller Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 670.94			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1094195911973 Amount of Each Receipt this Period 76.94 P/R Deduction (\$38.47 Bi-Weekly)
<b>B.</b> Full Name (Last, First, Middle Initial) Rose M Michels Mailing Address 680 S. Fourth Street City State Zip Code Louisville KY 40202 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Tax Compliance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1094196011973 Amount of Each Receipt this Period 30.00 P/R Deduction (\$15.00 Bi-Weekly)
<b>C.</b> Full Name (Last, First, Middle Initial) Richard A Lechleiter Mailing Address 680 S. Fourth Street City State Zip Code Louisville KY 40202 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Kindred Healthcare Inc. Occupation Exec VP & CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1094196211973 Amount of Each Receipt this Period 150.00 P/R Deduction (\$75.00 Bi-Weekly)

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

256.94

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

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

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

FOR LINE NUMBER: PAGE 20 / 56

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

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

Joseph Landenwich

Mailing Address 680 S. Fourth Street

City State Zip Code  
Louisville KY 40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation  
SVPCrpLegalAffairs&CrpSec

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1094196311973

Amount of Each Receipt this Period

120.00

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

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

Arthur L Rothgerber

Mailing Address 680 S. Fourth Street

City State Zip Code  
Louisville KY 40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation  
Sr VP Reimbursement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1094196411973

Amount of Each Receipt this Period

38.00

P/R Deduction (\$19.00 Bi-Weekly)

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

Charles E Leanhart

Mailing Address 680 S. Fourth Street

City State Zip Code  
Louisville KY 40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation  
Sr Dir Accts Payable

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1094196611973

Amount of Each Receipt this Period

40.00

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

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

198.00

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

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

Use separate schedule(s)  
or each category of the  
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FOR LINE NUMBER: PAGE 21 / 56

(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

<b>A.</b> Full Name (Last, First, Middle Initial) Linda M O'Bryan Mailing Address 680 S. Fourth Street City State Zip Code Louisville KY 40202 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Kindred Healthcare Inc. Occupation Sr Dir PatientCare&QualHD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1094196711973 Amount of Each Receipt this Period 30.00 P/R Deduction (\$15.00 Bi-Weekly)
<b>B.</b> Full Name (Last, First, Middle Initial) Mark A Laemmle Mailing Address 680 S. Fourth Street City State Zip Code Louisville KY 40202 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Kindred Healthcare Inc. Occupation VP Crp Finance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 620.00			Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1094197111973 Amount of Each Receipt this Period 62.00 P/R Deduction (\$31.00 Bi-Weekly)
<b>C.</b> Full Name (Last, First, Middle Initial) Douglas Curnutte Mailing Address 680 S. Fourth Street City State Zip Code Louisville KY 40202 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Kindred Healthcare Inc. Occupation VP Fac & Real Estate Dev Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1094197211973 Amount of Each Receipt this Period 30.00 P/R Deduction (\$15.00 Bi-Weekly)

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

122.00

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

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

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

FOR LINE NUMBER: PAGE 22 / 56

(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

<b>A.</b> Full Name (Last, First, Middle Initial) Brian L Caudill Mailing Address 1647 Beechwood Avenue City State Zip Code Louisville KY 40204 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Kindred Healthcare Inc. Occupation Sr Dir HD Reimb Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00			Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1094197311973 Amount of Each Receipt this Period 52.00 P/R Deduction (\$26.00 Bi-Weekly)
<b>B.</b> Full Name (Last, First, Middle Initial) Mary R Russell Mailing Address 680 S. Fourth Street City State Zip Code Louisville KY 40202 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Accounting-HSD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 440.00			Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1094197611973 Amount of Each Receipt this Period 44.00 P/R Deduction (\$22.00 Bi-Weekly)
<b>C.</b> Full Name (Last, First, Middle Initial) William M Altman Mailing Address 680 S. Fourth Street City State Zip Code Louisville KY 40202 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Kindred Healthcare Inc. Occupation SVPCmplGovtProg&IntAudit Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1312.30			Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1094198011973 Amount of Each Receipt this Period 272.30 P/R Deduction (\$192.30 Bi-Weekly)

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

**368.30**

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

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

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

FOR LINE NUMBER: PAGE 23 / 56

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

**A.** Full Name (Last, First, Middle Initial)  
Bobby V Bas  
Mailing Address 2084 Wind River Road

City State Zip Code  
El Cajon CA 92019

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Kindred Healthcare Inc.

Occupation  
Radiology Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1094198311973

Amount of Each Receipt this Period

30.00

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

**B.** Full Name (Last, First, Middle Initial)  
Joseph Wainscott  
Mailing Address 8918 Serpent Circle

City State Zip Code  
Indianapolis IN 46236

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Kindred Healthcare Inc.

Occupation  
VP Finance-Central RegHSD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1094199811973

Amount of Each Receipt this Period

30.00

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

**C.** Full Name (Last, First, Middle Initial)  
J. Harold Walker  
Mailing Address 429 Freedom Trail

City State Zip Code  
Sparta TN 38583

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Kindred Healthcare Inc.

Occupation  
Dist Dir Operations II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1094200111973

Amount of Each Receipt this Period

30.00

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

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

90.00

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

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

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

FOR LINE NUMBER: PAGE 24 / 56

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

**A.** Full Name (Last, First, Middle Initial)

Michael 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 Group-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

Transaction ID: PR1094200411973

Amount of Each Receipt this Period

70.00

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

**B.** Full Name (Last, First, Middle Initial)

Billy Wilcox

Mailing Address 10000 N. Eldridge Pkwy # 438

City State Zip Code  
 Houston TX 77065

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1094200511973

Amount of Each Receipt this Period

30.00

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

**C.** Full Name (Last, First, Middle Initial)

Traci Shelton

Mailing Address 2800 Nelson Way Apt. 506

City State Zip Code  
 Santa Monica CA 90405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation  
Sr VP & COO-West Group-HD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2320.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1094200611973

Amount of Each Receipt this Period

240.00

P/R Deduction (\$120.00 Bi-Weekly)

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

340.00

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



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

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

FOR LINE NUMBER: PAGE 25 / 56

(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

<b>A.</b> Full Name (Last, First, Middle Initial) Steven Monaghan Mailing Address 508 W. Melrose #7-A City State Zip Code Chicago IL 60657 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Kindred Healthcare Inc. Occupation Exec VP-West Grp-HD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1700.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1094200711973 Amount of Each Receipt this Period 170.00 P/R Deduction (\$85.00 Bi-Weekly)
<b>B.</b> Full Name (Last, First, Middle Initial) Susan B Myers Mailing Address 959 Whetstone Way City State Zip Code Louisville KY 40223 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Kindred Healthcare Inc. Occupation VP Clin Ops-CentralRegHSD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1094201511973 Amount of Each Receipt this Period 30.00 P/R Deduction (\$15.00 Bi-Weekly)
<b>C.</b> Full Name (Last, First, Middle Initial) John Miner Mailing Address 4730 Dunnie Drive City State Zip Code Tampa FL 33614 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Kindred Healthcare Inc. Occupation Chief Fin Off III Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1094202111973 Amount of Each Receipt this Period 40.00 P/R Deduction (\$20.00 Bi-Weekly)

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

240.00

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

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

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

FOR LINE NUMBER: PAGE 26 / 56

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

**A.** Full Name (Last, First, Middle Initial)  
Pamela Marie Riter

Mailing Address 5224 Hampton Beach Place

City State Zip Code  
Tampa FL 33609

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Kindred Healthcare Inc.

Occupation  
Chief Exec Off III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1094202411973

Amount of Each Receipt this Period

50.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mary Craig

Mailing Address 18602 Camellia Estates Lane

City State Zip Code  
Cypress TX 77429

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Kindred Healthcare Inc.

Occupation  
Chief Exec Off III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1094202611973

Amount of Each Receipt this Period

30.00

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

**C.** Full Name (Last, First, Middle Initial)  
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  
Reg Dir Hosp Rehab-PRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1094203011973

Amount of Each Receipt this Period

30.00

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

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

110.00

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

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

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

FOR LINE NUMBER: PAGE 27 / 56

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

**A.** Full Name (Last, First, Middle Initial)

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 Exec Off II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1094203611973

Amount of Each Receipt this Period

40.00

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

**B.** Full Name (Last, First, Middle Initial)

Timothy L Simpson

Mailing Address 140 Pioneer Trail

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  
Executive Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1094204311973

Amount of Each Receipt this Period

40.00

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

**C.** Full Name (Last, First, Middle Initial)

James D Thigpen

Mailing Address 355 Woolsey Brooks

City State Zip Code  
 Fayetteville GA 30214

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Kindred Healthcare Inc.

Occupation  
Dir Plant Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1094204611973

Amount of Each Receipt this Period

30.00

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

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

110.00

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

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

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

FOR LINE NUMBER: PAGE 28 / 56

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

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

James J Novak

Mailing Address 9680 Ridgewalk Court

City State Zip Code  
 Davie FL 33328

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation  
Exec VP-East Grp-HD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1094205311973

Amount of Each Receipt this Period

84.00

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

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

Sally I Hoffmann

Mailing Address 13739 Ogakor Drive

City State Zip Code  
 Riverview FL 33569

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation  
Chief Exec Off III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1094205711973

Amount of Each Receipt this Period

30.00

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

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

John Griffes

Mailing Address 27240 Autumn Glen

City State Zip Code  
 Boerne TX 78006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation  
Chief Exec Off II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1094206811973

Amount of Each Receipt this Period

40.00

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

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

154.00

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

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

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

FOR LINE NUMBER: PAGE 29 / 56

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

**A.**

Full Name (Last, First, Middle Initial)

Donna Kelsey

Mailing Address 2075 E. Tivoli Hills Drive

City State Zip Code  
 Draper UT 84020

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Kindred Healthcare Inc.

Occupation  
Sr VP-Pacific Reg-HSD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1094210111973

Amount of Each Receipt this Period

50.00

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

**B.**

Full Name (Last, First, Middle Initial)

Katherine Davis

Mailing Address 8419 Oxford Woods Court

City State Zip Code  
 Louisville KY 40222

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Kindred Healthcare Inc.

Occupation  
Reg Dir Case Mgmt-HSD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1094210211973

Amount of Each Receipt this Period

30.00

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

**C.**

Full Name (Last, First, Middle Initial)

Anita Tillery

Mailing Address 2531 Rock Creek Drive

City State Zip Code  
 Chesapeake VA 23325

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Kindred Healthcare Inc.

Occupation  
Area Executive Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1094211011973

Amount of Each Receipt this Period

40.00

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

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

120.00

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

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

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

FOR LINE NUMBER: PAGE 30 / 56

(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

<b>A.</b> Full Name (Last, First, Middle Initial) Donna M Nackers Mailing Address 1760 Waters Ferry Drive City State Zip Code Lawrenceville GA 30043 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Kindred Healthcare Inc. Occupation Reg Mgr Operation Reimb Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Aggregate Year-to-Date ▼ <input type="checkbox"/> Other (specify) ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1094212511973 Amount of Each Receipt this Period 30.00 P/R Deduction (\$15.00 Bi-Weekly)
<b>B.</b> Full Name (Last, First, Middle Initial) Celeste M Bentley Mailing Address 4 Stuart Drive City State Zip Code Barrington NH 03825 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Kindred Healthcare Inc. Occupation Dir Reimb-HSD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Aggregate Year-to-Date ▼ <input type="checkbox"/> Other (specify) ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1094213311973 Amount of Each Receipt this Period 30.00 P/R Deduction (\$15.00 Bi-Weekly)
<b>C.</b> Full Name (Last, First, Middle Initial) Lane M Bowen Mailing Address 680 South Fourth Ave City State Zip Code Louisville KY 40202 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Kindred Healthcare Inc. Occupation Exec VP & President-HSD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Aggregate Year-to-Date ▼ <input type="checkbox"/> Other (specify) ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1094213611973 Amount of Each Receipt this Period 100.00 P/R Deduction (\$50.00 Bi-Weekly)

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

160.00

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

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

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

FOR LINE NUMBER: PAGE 31 / 56

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

**A.** Full Name (Last, First, Middle Initial)  
Michael W Beal  
Mailing Address 10 Glenwood Road

City State Zip Code  
Windham NH 03087

FEC ID number of contributing federal political committee.

C

Name of Employer  
Northeast RegionOccupation  
Sr VP-East Reg-HSD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: PR1094214111973

Amount of Each Receipt this Period

40.00

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

**B.** Full Name (Last, First, Middle Initial)  
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 Ana

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: PR1094216211973

Amount of Each Receipt this Period

30.00

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

**C.** Full Name (Last, First, Middle Initial)  
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 ▼

300.00

Date of Receipt

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

Transaction ID: PR1094217611973

Amount of Each Receipt this Period

30.00

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

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

100.00

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

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

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

FOR LINE NUMBER: PAGE 32 / 56

(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

<b>A.</b> Full Name (Last, First, Middle Initial) Norine Cross Mailing Address 204 Highland Trail City State Zip Code Chapel Hill NC 27516 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Kindred Healthcare Inc. Occupation Reg Dir Rehab-PRS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00			Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1094221711973 Amount of Each Receipt this Period 40.00 P/R Deduction (\$20.00 Weekly)
<b>B.</b> Full Name (Last, First, Middle Initial) Gloria J Miller Mailing Address 213 Harvest Row Court City State Zip Code Cary NC 27513 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Kindred Healthcare Inc. Occupation Dist Dir Operations I Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00			Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1094222111973 Amount of Each Receipt this Period 40.00 P/R Deduction (\$20.00 Bi-Weekly)
<b>C.</b> Full Name (Last, First, Middle Initial) Patricia Pruden Lennox Mailing Address 11 Cider Mill Road City State Zip Code Medway MA 02053 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Kindred Healthcare Inc. Occupation Reg Dir Sales & MktgHSD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00			Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1094222811973 Amount of Each Receipt this Period 40.00 P/R Deduction (\$20.00 Bi-Weekly)

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

120.00

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



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

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

FOR LINE NUMBER: PAGE 33 / 56

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

**A.** Full Name (Last, First, Middle Initial)  
 Ronald D Long  
 Mailing Address 680 S. Fourth Street

City State Zip Code  
 Louisville KY 40202

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Kindred Healthcare Inc.

Occupation  
 Adm Dir Contract Admin

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

**Transaction ID:** PR1094224511973

Amount of Each Receipt this Period

30.00

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

**B.** Full Name (Last, First, Middle Initial)  
 Stephen F. Stoess  
 Mailing Address 680 S. Fourth Street

City State Zip Code  
 Louisville KY 40202

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 ▼

468.00

Date of Receipt

M M / D D / Y Y Y Y Y

**Transaction ID:** PR1094224611973

Amount of Each Receipt this Period

46.80

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

**C.** Full Name (Last, First, Middle Initial)  
 James E. Bell  
 Mailing Address 680 S. Fourth Street

City State Zip Code  
 Louisville KY 40202

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

**Transaction ID:** PR1094225011973

Amount of Each Receipt this Period

30.00

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

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

106.80

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

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

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

FOR LINE NUMBER: PAGE 34 / 56

(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

<b>A.</b> Full Name (Last, First, Middle Initial) Paul R. Eiseman Mailing Address 680 S. Fourth Street City State Zip Code Louisville KY 40202 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Kindred Healthcare Inc. Occupation VP Bus Dev & Phys Rel-HD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1094225811973 Amount of Each Receipt this Period 30.00 P/R Deduction (\$15.00 Bi-Weekly)
<b>B.</b> Full Name (Last, First, Middle Initial) Catharine C Young Mailing Address 680 S. Fourth Street City State Zip Code Louisville KY 40202 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Kindred Healthcare Inc. Occupation Sr Dir & Litigat Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1094228011973 Amount of Each Receipt this Period 30.00 P/R Deduction (\$15.00 Bi-Weekly)
<b>C.</b> Full Name (Last, First, Middle Initial) Charles K. Currrens Mailing Address 7801 McCarthy Lane City State Zip Code Louisville KY 40222 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Kindred Healthcare Inc. Occupation Dir IS Prod Svcs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1094229111973 Amount of Each Receipt this Period 40.00 P/R Deduction (\$20.00 Bi-Weekly)

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

100.00

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

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

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

FOR LINE NUMBER: PAGE 35 / 56

(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

<b>A.</b> Full Name (Last, First, Middle Initial) Gaylia Bond Mailing Address 7015 Wooded Meadow Rd City State Zip Code Louisville KY 40241 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Kindred Healthcare Inc. Occupation Sr VP Human Resources-HD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00			Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1094229711973 Amount of Each Receipt this Period 60.00 P/R Deduction (\$30.00 Bi-Weekly)
<b>B.</b> Full Name (Last, First, Middle Initial) Keith Krein Mailing Address 7212 Deer Ridge Rd City State Zip Code Prospect KY 40059 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Kindred Healthcare Inc. Occupation Sr VP & Chief Med Off-HSD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00			Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1094229811973 Amount of Each Receipt this Period 40.00 P/R Deduction (\$20.00 Bi-Weekly)
<b>C.</b> Full Name (Last, First, Middle Initial) Patricia M McGillan Mailing Address 680 S. Fourth Street City State Zip Code Louisville KY 40202 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Kindred Healthcare Inc. Occupation VP Pat Saf & Reg Compl-HD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00			Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1094229911973 Amount of Each Receipt this Period 60.00 P/R Deduction (\$30.00 Bi-Weekly)

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

160.00

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

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

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

FOR LINE NUMBER: PAGE 36 / 56

(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

<b>A.</b> Full Name (Last, First, Middle Initial) Barbara L Baylis Mailing Address 680 S. Fourth Street City State Zip Code Louisville KY 40202 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Kindred Healthcare Inc. Occupation Sr VP Clin & Res Svcs-HSD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00			Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1094230011973 Amount of Each Receipt this Period 40.00 P/R Deduction (\$20.00 Bi-Weekly)
<b>B.</b> Full Name (Last, First, Middle Initial) Richard H Starke Mailing Address 2404 Dundee Rd City State Zip Code Louisville KY 40205 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Kindred Healthcare Inc. Occupation Sr VP Rehab Svcs-PRS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00			Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1094231511973 Amount of Each Receipt this Period 40.00 P/R Deduction (\$20.00 Bi-Weekly)
<b>C.</b> Full Name (Last, First, Middle Initial) Mary J Yesue Mailing Address P. O. Box 921 City State Zip Code York Harbor ME 03911 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Kindred Healthcare Inc. Occupation Dist Dir Clin Ops Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1094232111973 Amount of Each Receipt this Period 30.00 P/R Deduction (\$15.00 Bi-Weekly)

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

110.00

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

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

Use separate schedule(s)  
or each category of the  
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FOR LINE NUMBER: PAGE 37 / 56

(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.** Jacqueline Lanter

Mailing Address 2355 W Noble Heights Drive

City State Zip Code  
Tucson AZ 85742

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 ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y

**Transaction ID:** PR1094234311973

Amount of Each Receipt this Period

30.00

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

Full Name (Last, First, Middle Initial)

**B.** Jeffrey F Luckett

Mailing Address 1406 Hawkshead Ln

City State Zip Code  
Louisville KY 40220

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y

**Transaction ID:** PR1094234411973

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 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  
Sr VP HR & Admin-HSD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y

**Transaction ID:** PR1094235211973

Amount of Each Receipt this Period

40.00

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

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

110.00

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

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

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

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

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

Tamila Johnson-White

Mailing Address 2615 Zhale Smith Rd.

City State Zip Code  
 LaGrange KY 40031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation  
Dir Case Mgmt-HSD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1094235411973

Amount of Each Receipt this Period

40.00

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

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

Douglas Roth

Mailing Address 9891 Heytesbery

City State Zip Code  
 Sandy UT 84092

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation  
VP Finance-Pacific RegHSD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1094237311973

Amount of Each Receipt this Period

80.00

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

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

Frank E. Perkins

Mailing Address 680 S. Fourth Avenue

City State Zip Code  
 Louisville KY 40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation  
VP Finance-PRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1094240311973

Amount of Each Receipt this Period

40.00

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

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

160.00

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

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

**A.** Full Name (Last, First, Middle Initial)  
 Douglas T Collins  
 Mailing Address 680 S. Fourth Street

City State Zip Code  
 Louisville KY 40202

FEC ID number of contributing federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.Occupation  
Dir Fin Sys-HSD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1094241211973

Amount of Each Receipt this Period

40.00

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

**B.** Full Name (Last, First, Middle Initial)  
 Linda L Newberry-Ferguson  
 Mailing Address 11310 Haleco Lane

City State Zip Code  
 Hales Corners WI 53130

FEC ID number of contributing federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.Occupation  
Chief Exec Off II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1094241911973

Amount of Each Receipt this Period

100.00

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

**C.** Full Name (Last, First, Middle Initial)  
 Amanda G Estes  
 Mailing Address 4211 Wine Cellar Court

City State Zip Code  
 Louisville KY 40272

FEC ID number of contributing federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.Occupation  
Mgr Internal Audit

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1094242311973

Amount of Each Receipt this Period

20.00

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

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

160.00

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

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

**A.** Full Name (Last, First, Middle Initial)  
 Gregory C. Miller  
 Mailing Address 8000 Allielough 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 VP Dev & Fin Plan

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

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

Transaction ID: PR1094242811973

Amount of Each Receipt this Period

80.00

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

**B.** Full Name (Last, First, Middle Initial)  
 Diana Hanyak  
 Mailing Address 17057 Rosebud Dr.

City State Zip Code  
 Yorba Linda CA 92886

FEC ID number of contributing federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.Occupation  
Administrator II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: PR1094243411973

Amount of Each Receipt this Period

30.00

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

**C.** Full Name (Last, First, Middle Initial)  
 Philip L. Jones  
 Mailing Address 702 Helmsdale Place N.

City State Zip Code  
 Brentwood TN 37027

FEC ID number of contributing federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.Occupation  
Chief Fin Off I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: PR1094243511973

Amount of Each Receipt this Period

40.00

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

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

150.00

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



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

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

FOR LINE NUMBER: PAGE 41 / 56

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

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

Jerome J. Yarnish

Mailing Address 1986 Wrenfield Lane

City State Zip Code  
 Oviedo FL 32765

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation  
VP Business Dev-PRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1094245611973

Amount of Each Receipt this Period

30.00

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

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

Raymond J Sierpina

Mailing Address 14 Westwind Road

City State Zip Code  
 Louisville KY 40207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation  
Sr Dir Government Program

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1094246611973

Amount of Each Receipt this Period

80.00

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

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

Steven Tanner

Mailing Address 6622 Rosebud Lane

City State Zip Code  
 Indianapolis IN 46237

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation  
Executive Dir III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1094246811973

Amount of Each Receipt this Period

40.00

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

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

150.00

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

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

Use separate schedule(s)  
or each category of the  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Mark A Bush Mailing Address 6208 Tiara Court City State Zip Code Louisville KY 40219 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Kindred Healthcare Inc. Occupation Reg Financial Ana Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1094247111973 Amount of Each Receipt this Period 30.00 P/R Deduction (\$15.00 Bi-Weekly)
<b>B.</b> Full Name (Last, First, Middle Initial) Thomas Wood Mailing Address 2949 Glascock Street City State Zip Code Oakland CA 94601 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Kindred Healthcare Inc. Occupation Dist Dir Operations I Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1300.00			Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1094247211973 Amount of Each Receipt this Period 130.00 P/R Deduction (\$65.00 Bi-Weekly)
<b>C.</b> Full Name (Last, First, Middle Initial) Gwynn Rucker Mailing Address 15106 59th Place NE City State Zip Code Kenmore WA 98028 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Kindred Healthcare Inc. Occupation Dist Dir Operations I Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1094247811973 Amount of Each Receipt this Period 50.00 P/R Deduction (\$25.00 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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 56

(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

<b>A.</b> Full Name (Last, First, Middle Initial) Kristie A Frock			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address RR 6 Box 20 Redcoat Road			<b>Transaction ID:</b> PR1094249511973	
City State Zip Code Nevada MO 64772			Amount of Each Receipt this Period <div>30.00</div>	
FEC ID number of contributing federal political committee. <div>C</div>				
Name of Employer Kindred Healthcare Inc.		Occupation Quality Compl Cnslt-HSD		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>285.00</div>		
<b>B.</b> Full Name (Last, First, Middle Initial) Larry J Green			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 680 S. Fourth Street			<b>Transaction ID:</b> PR1094249811973	
City State Zip Code Louisville KY 40202			Amount of Each Receipt this Period <div>36.00</div>	
FEC ID number of contributing federal political committee. <div>C</div>				
Name of Employer Kindred Healthcare Inc.		Occupation Adm Dir Planning & Dev		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>360.00</div>		
<b>C.</b> Full Name (Last, First, Middle Initial) Sharon Spittle			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 26 Estes Street			<b>Transaction ID:</b> PR1094250011973	
City State Zip Code Ipswich MA 01938			Amount of Each Receipt this Period <div>40.00</div>	
FEC ID number of contributing federal political committee. <div>C</div>				
Name of Employer Kindred Healthcare Inc.		Occupation Executive Dir I		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>530.00</div>		

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

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

P/R Deduction (\$10.00 Weekly)

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

**106.00**

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

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

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

FOR LINE NUMBER: PAGE 44 / 56

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

**A.** Full Name (Last, First, Middle Initial)  
Benjamin A Breier  
Mailing Address 680 S. Fourth Avenue

City State Zip Code  
Louisville KY 40202

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 ▼

400.00

Date of Receipt

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

Transaction ID: PR1094250911973

Amount of Each Receipt this Period

40.00

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

**B.** Full Name (Last, First, Middle Initial)  
Steve Ross  
Mailing Address 35069 Roberts Lane

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 ▼

380.00

Date of Receipt

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

Transaction ID: PR1135252611973

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Clark D McNatt  
Mailing Address 63 Indian Hills Trail

City State Zip Code  
Louisville KY 40207

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 ▼

300.00

Date of Receipt

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

Transaction ID: PR1135285611973

Amount of Each Receipt this Period

30.00

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

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

110.00

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

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

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

FOR LINE NUMBER: PAGE 45 / 56

(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. Josephine Litzenberger

Mailing Address 11401 Dr. M.L.K. Jr. Street N.  
Apt 1201City State Zip Code  
St Petersburg FL 33716FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.Occupation  
Grp SrDir Managed Care-HD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1135286911973

Amount of Each Receipt this Period

36.00

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

Full Name (Last, First, Middle Initial)

B. Martha Heubach

Mailing Address 8000 Redbud Creek Dr.

City State Zip Code  
Edmond OK 73034FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.Occupation  
Administrator I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1135288911973

Amount of Each Receipt this Period

40.00

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

Full Name (Last, First, Middle Initial)

C. Gregory T Hayden

Mailing Address 680 S. Fourth Street

City State Zip Code  
Louisville KY 40202FEC 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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1150400111973

Amount of Each Receipt this Period

30.00

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

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

106.00

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

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

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

FOR LINE NUMBER: PAGE 46 / 56

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

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

Joan Strohm

Mailing Address 19520 French Lace Drive

City State Zip Code  
 Lutz FL 33558

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation  
Chief Clinical Off III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1150401411973

Amount of Each Receipt this Period

30.00

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

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

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 ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1150411111973

Amount of Each Receipt this Period

40.00

P/R Deduction (\$10.00 Weekly)

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

Michael Speidel

Mailing Address 476 Pluto Court

City State Zip Code  
 Littleton CO 80124

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 ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1150411811973

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Weekly)

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

100.00

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

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

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

FOR LINE NUMBER: PAGE 47 / 56

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

**A.** Full Name (Last, First, Middle Initial)  
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 Ana

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

**Transaction ID:** PR1227852411973

Amount of Each Receipt this Period

30.00

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

**B.** Full Name (Last, First, Middle Initial)  
Grant Gloor  
Mailing Address 587 Old Waverly Way

City State Zip Code  
Eagle Point OR 97524

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 ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y

**Transaction ID:** PR1227854811973

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Russell D Ragland  
Mailing Address 9902 Palace Green Way

City State Zip Code  
Vienna VA 22181

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Kindred Healthcare Inc.

Occupation  
Sr VP Fin-HSD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y

**Transaction ID:** PR1267998111973

Amount of Each Receipt this Period

100.00

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

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

170.00

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

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

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

FOR LINE NUMBER: PAGE 48 / 56

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

**A.** Full Name (Last, First, Middle Initial)  
Catherine Nurmela  
Mailing Address 1409 W. Elmdale

City State Zip Code  
Chicago 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 ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y

**Transaction ID:** PR1267998411973

Amount of Each Receipt this Period

30.00

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

**B.** Full Name (Last, First, Middle Initial)  
Donna Sroczynski  
Mailing Address 399 Fountain Drive

City State Zip Code  
Elgin IL 60124

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Kindred Healthcare Inc.

Occupation  
Dist Dir Operations I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y

**Transaction ID:** PR1281185311973

Amount of Each Receipt this Period

40.00

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

**C.** Full Name (Last, First, Middle Initial)  
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 Exec Off II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y

**Transaction ID:** PR1300206411973

Amount of Each Receipt this Period

30.00

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

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

100.00

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



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

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

FOR LINE NUMBER: PAGE 49 / 56

(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

<b>A.</b> Full Name (Last, First, Middle Initial) Rita D Simmons Mailing Address 680 S. Fourth Street City State Zip Code Louisville KY 40202 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Ops Risk Mgmt Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 392.00			Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1333437011973 Amount of Each Receipt this Period 32.00 P/R Deduction (\$16.00 Bi-Weekly)
<b>B.</b> Full Name (Last, First, Middle Initial) Mark D. Johnson Mailing Address 3011 Springcrest Drive City State Zip Code Louisville KY 40241 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Kindred Healthcare Inc. Occupation Mgr Desktop Supp Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1336786711973 Amount of Each Receipt this Period 30.00 P/R Deduction (\$15.00 Bi-Weekly)
<b>C.</b> Full Name (Last, First, Middle Initial) Ann Bumb Mailing Address 9301 S. Mitthoeffer Road City State Zip Code Indianapolis IN 46259 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Kindred Healthcare Inc. Occupation Dir Quality Mgmt Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 285.00			Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1336786911973 Amount of Each Receipt this Period 30.00 P/R Deduction (\$15.00 Bi-Weekly)

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

92.00

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

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

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

FOR LINE NUMBER: PAGE 50 / 56

(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

<b>A.</b> Full Name (Last, First, Middle Initial) Patrick Herm Mailing Address 680 S. Fourth Street City State Zip Code Louisville KY 40202 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Kindred Healthcare Inc Occupation Adm Mgr Fin Rptng Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1336787111973 Amount of Each Receipt this Period 30.00 P/R Deduction (\$15.00 Bi-Weekly)
<b>B.</b> Full Name (Last, First, Middle Initial) Ross A Johnson Mailing Address 680 S. Fourth Avenue City State Zip Code Louisville KY 40202 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Kindred Healthcare Inc. Occupation VP Recruiting-PRS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1359729011973 Amount of Each Receipt this Period 50.00 P/R Deduction (\$25.00 Bi-Weekly)
<b>C.</b> Full Name (Last, First, Middle Initial) Donella Vandermay Mailing Address 1968 Mac Arthur Place City State Zip Code Oxnard CA 93033 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Kindred Healthcare Inc. Occupation Dir Nursing I Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1359729411973 Amount of Each Receipt this Period 40.00 P/R Deduction (\$20.00 Weekly)

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

120.00

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

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

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

FOR LINE NUMBER: PAGE 51 / 56

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

**A.** Full Name (Last, First, Middle Initial)  
James C Hansen  
Mailing Address 1944 South 275 East

City State Zip Code  
Clearfield UT 84015

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Kindred Healthcare Inc.

Occupation  
Reg Mgr Operation Reimb

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1394177111973

Amount of Each Receipt this Period

30.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mary D Van De Kamp  
Mailing Address 251 Arbor Lane

City State Zip Code  
Green Bay WI 54301

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Kindred Healthcare Inc.

Occupation  
VP Clinical Rehab-PRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1408953111973

Amount of Each Receipt this Period

30.00

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

**C.** Full Name (Last, First, Middle Initial)  
Pamela A. Justice  
Mailing Address 680 S. Fourth Street

City State Zip Code  
Louisville KY 40202

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Kindred Healthcare Inc.

Occupation  
Dir Fin Sys Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1408953211973

Amount of Each Receipt this Period

40.00

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

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

100.00

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

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

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

FOR LINE NUMBER: PAGE 52 / 56

(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

<b>A.</b> Full Name (Last, First, Middle Initial) Timothy Bugin Mailing Address 2030 Trillium Court City State Zip Code Canonsburg PA 15317 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Kindred Healthcare Inc. Occupation Administrator I Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 320.00		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1408953511973 Amount of Each Receipt this Period 40.00 P/R Deduction (\$20.00 Bi-Weekly)
<b>B.</b> Full Name (Last, First, Middle Initial) Sheila Nelson-Seybold Mailing Address N7782 Highway 49 City State Zip Code Iola WI 54945 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Kindred Healthcare Inc. Occupation Dist Dir Operations I Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1421450311973 Amount of Each Receipt this Period 40.00 P/R Deduction (\$20.00 Bi-Weekly)
<b>C.</b> Full Name (Last, First, Middle Initial) Sharon Noro Mailing Address 24 Third St City State Zip Code Aspinwall PA 15215 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Kindred Healthcare Inc. Occupation Executive Dir Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1421460311973 Amount of Each Receipt this Period 40.00 P/R Deduction (\$20.00 Bi-Weekly)
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		120.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		

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

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

FOR LINE NUMBER: PAGE 53 / 56

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

**A.** Full Name (Last, First, Middle Initial)  
Deborah A Foushee

Mailing Address 1106 Indiana Ave.

City State Zip Code  
New Albany IN 47150

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Kindred Healthcare Inc.

Occupation  
State Dir of Risk Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y

**Transaction ID:** PR1425258811973

Amount of Each Receipt this Period

32.00

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

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

32.00

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

8108.04

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 54 / 56

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

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

Full Name (Last, First, Middle Initial)

## **A. Battle Born PAC**

Mailing Address PO Box 40366

City Washington State DC Zip Code 20016

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: 21635686

Date of Disbursement

09 / 24 / 2007

Amount of Each Disbursement this Period

2000.00

Contribution

## **B. Friends of Kent Conrad**

Mailing Address P.O. Box 812

City Bismarck State ND Zip Code 58502

Purpose of Disbursement  
Contribution

Candidate Name  
Sen. Kent Conrad

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

State: ND District: 1

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 21414227

Date of Disbursement

09 / 10 / 2007

Amount of Each Disbursement this Period

3000.00

Contribution

## **C. Friends of Kent Conrad**

Mailing Address P.O. Box 812

City Bismarck State ND Zip Code 58502

Purpose of Disbursement  
Contribution

Candidate Name  
Sen. Kent Conrad

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

State: ND District: 1

Disbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: 21414270

Date of Disbursement

09 / 10 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

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

6000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

## **A. Democratic Congressional Campaign Committee**

Mailing Address 430 South Capitol Street, SE  
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contribution

Candidate Name

011

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: 21778493

Date of Disbursement

09 / 26 / 2007

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

## **B. ORRINPAC**

Mailing Address 175 S. West Temple Suite 650

City Salt Lake City State UT Zip Code 84101

Purpose of Disbursement  
Contribution

Candidate Name

011

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: 21526499

Date of Disbursement

09 / 13 / 2007

Amount of Each Disbursement this Period

1500.00

Contribution

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

6500.00

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

12500.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 56 / 56

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

**A.** Beshear for Governor

Mailing Address 3100 Jones Nursery Road

City Lexington State KY Zip Code 40509

Purpose of Disbursement  
Contribution

Candidate Name  
Steven L Beshear

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2007  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: KY District:

Transaction ID: 21778595

Date of Disbursement

09 / 26 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B.** Friends of Governor Fletcher

Mailing Address P.O. Box 910504

City Lexington State KY Zip Code 40591-0504

Purpose of Disbursement  
Ernie Fletcher, GOVERNOR KY

Candidate Name  
Gov. Ernie Fletcher

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2007  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: KY District:

Transaction ID: 21414223

Date of Disbursement

09 / 10 / 2007

Amount of Each Disbursement this Period

1000.00

Ernie Fletcher, GOVERNOR  
KY

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

2000.00

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

2000.00