

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

Office Use Only

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

12FE4M5

Kindred Healthcare, Inc. PAC

ADDRESS (number and street)

680 S. Fourth St.

☐ Check if different than previously reported. (ACC)

Louisville

KY

40202

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00242271

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☒ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

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

in the  
State of

(d) 30-Day

POST-Election

Report for the:

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

Election on

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

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
09 01 2012

through

M M M / D D D / Y Y Y Y Y Y  
09 30 2012

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

Type or Print Name of Treasurer Hank Robinson

Signature of Treasurer

Hank Robinson

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
10 19 2012

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

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

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Kindred Healthcare, Inc. PAC

Report Covering the Period:

From:

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2012

To:

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <div>Y Y Y Y Y Y 2012</div>		<div>79336.23</div>
(b) Cash on Hand at Beginning of Reporting Period.....	<div>112479.67</div>	
(c) Total Receipts (from Line 19) .....	<div>17303.00</div>	<div>165100.00</div>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<div>129782.67</div>	<div>244436.23</div>
7. Total Disbursements (from Line 31).....	<div>17000.00</div>	<div>131653.56</div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<div>112782.67</div>	<div>112782.67</div>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<div>0.00</div>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<div>0.00</div>	



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

**For further information contact:**

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

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

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Kindred Healthcare, Inc. PAC

Report Covering the Period:

From:

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2012

To:

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2012

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

15195.00

116468.30

(ii) Unitemized .....

2108.00

43631.70

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

17303.00

160100.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

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

Totals to Line 33, page 5) .....

17303.00

160100.00

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

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

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

5000.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

17303.00

165100.00

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

17303.00

165100.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	153.56
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	153.56
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	17000.00	125500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	6000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	17000.00	131653.56
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	17000.00	131653.56

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	17303.00	160100.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	17303.00	160100.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	0.00	153.56
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	0.00	153.56

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

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

FOR LINE NUMBER: PAGE 6 OF 50  
(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. John King**

Mailing Address 642 South 2nd Street Apt. 511

City

Louisville

State

KY

Zip Code

40202-2438

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare

Occupation

Senior VP & CFO - Hospital Division

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

09 / 14 / 2012

**Transaction ID : 47851128**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Christine A. Albro**

Mailing Address 1260 Smith Hill Road

City

Corydon

State

IN

Zip Code

47112

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Direct Customer Support

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

09 / 25 / 2012

**Transaction ID : 47897012**

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. Roderick J Cowgill**

Mailing Address 9103 Lantern Lite Pkwy

City

Louisville

State

KY

Zip Code

40220

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare, Inc

Occupation

VP Facilities Mgmt HD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

09 / 30 / 2012

**Transaction ID : PR1094115425422**

Amount of Each Receipt this Period

80.00

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

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

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

6580.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 50

☒ 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. Teresa S Anderson**

Mailing Address 7115 Coachwood Drive

City

Georgetown

State

IN

Zip Code

47122

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Sr Dir Fin Systems Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

09 / 30 / 2012

**Transaction ID : PR1094183725422**

Amount of Each Receipt this Period

40.00

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

Full Name (Last, First, Middle Initial)

**B. Edward L Kuntz**

Mailing Address 8807 Stable Crest Boulevard

City

Houston

State

TX

Zip Code

77024

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Chairman of the BOD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1900.00

Date of Receipt

09 / 30 / 2012

**Transaction ID : PR1094183925422**

Amount of Each Receipt this Period

200.00

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

Full Name (Last, First, Middle Initial)

**C. David R Windhorst**

Mailing Address 2000 Spring Farms Road

City

Floyds Knobs

State

IN

Zip Code

47119

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

VP Financial Systems Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

09 / 30 / 2012

**Transaction ID : PR1094185025422**

Amount of Each Receipt this Period

80.00

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

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

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

320.00

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 50  
(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. Lawrence I Wolf**

Mailing Address 4826 N Winthrop Ave #3S

City State Zip Code  
 Chicago IL 60640

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Health Info Tech Strateg

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

09 / 30 / 2012

Transaction ID : PR1094185125422

Amount of Each Receipt this Period

40.00

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

Full Name (Last, First, Middle Initial)

## **B. Kathryn J Markham**

Mailing Address 10602 Taylor Farm Ct

City State Zip Code  
 Prospect KY 40059

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

VP IS Plan & Field Svcs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

855.00

Date of Receipt

09 / 30 / 2012

Transaction ID : PR1094185625422

Amount of Each Receipt this Period

90.00

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

Full Name (Last, First, Middle Initial)

## **C. Catherine A Gooch**

Mailing Address 14516 Clear Meadow Court

City State Zip Code  
 Louisville KY 40245

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Sr Dir Fin Systems Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

09 / 30 / 2012

Transaction ID : PR1094185925422

Amount of Each Receipt this Period

40.00

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

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

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

170.00



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 9 OF 50

☒ 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. Patrick J Gillenwater**

Mailing Address 402 Erin Drive

City

Jeffersonville

State

IN

Zip Code

47130

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Dir IS Administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.50

Date of Receipt

09 / 30 / 2012

**Transaction ID : PR1094186425422**

Amount of Each Receipt this Period

35.00

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

Full Name (Last, First, Middle Initial)

**B. Charles Wardrip**

Mailing Address 2805 Chestnut Ridge Place

City

Louisville

State

KY

Zip Code

40245

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

VP IS Ops & Telecomm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

855.00

Date of Receipt

09 / 30 / 2012

**Transaction ID : PR1094187925422**

Amount of Each Receipt this Period

90.00

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

Full Name (Last, First, Middle Initial)

**C. Stephen M Dobler**

Mailing Address 1106 Holly Springs Drive

City

Louisville

State

KY

Zip Code

40242

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

VP IS Finance & Admin

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

09 / 30 / 2012

**Transaction ID : PR1094188025422**

Amount of Each Receipt this Period

200.00

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

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

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

325.00

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 50

(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. Terry Carrico**

Mailing Address 3011 Wolf Lair Court

City State Zip Code  
 New Albany IN 47150

FEC ID number of contributing federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Sr Dir Clin Systems Devlp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 30 2012

Transaction ID : PR1094188225422

Amount of Each Receipt this Period

40.00

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

Full Name (Last, First, Middle Initial)

**B. Steven J Paynter**

Mailing Address 3105 Crestmoor Court

City State Zip Code  
 Prospect KY 40059

FEC ID number of contributing federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Sr Cnslt Tech Architect

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 30 2012

Transaction ID : PR1094188425422

Amount of Each Receipt this Period

40.00

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

Full Name (Last, First, Middle Initial)

**C. Martin Ardrn**

Mailing Address 41 La Sierra Dr.

City State Zip Code  
 Phillips Ranch CA 91766

FEC ID number of contributing federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Region Vice President HRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 30 2012

Transaction ID : PR1094189125422

Amount of Each Receipt this Period

50.00

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

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

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

130.00

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 50  
(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. Michael Metzger**

Mailing Address 129 Foley Rd

City State Zip Code  
West Point VA 23181

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Chief Financial Off III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2012

**Transaction ID : PR1094189325422**

Amount of Each Receipt this Period

30.00

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

Full Name (Last, First, Middle Initial)

## **B. Jan Turk**

Mailing Address 1314 Amelia St.

City State Zip Code  
New Orleans LA 70115

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Resource CEO HD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2012

**Transaction ID : PR1094190025422**

Amount of Each Receipt this Period

40.00

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

Full Name (Last, First, Middle Initial)

## **C. Larry Foster**

Mailing Address 1134 W. Granville Avenue  
Unit 815

City State Zip Code  
Chicago IL 60660

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Chief Executive Off III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2012

**Transaction ID : PR1094190325422**

Amount of Each Receipt this Period

50.00

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

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

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

120.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 12 OF 50

☒ 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

Deer Park

State

IL

Zip Code

60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

DVP HD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

09 / 30 / 2012

**Transaction ID : PR1094190425422**

Amount of Each Receipt this Period

100.00

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

Full Name (Last, First, Middle Initial)

**B. Theodore Welding**

Mailing Address 2448 Middle River Dr.

City

Ft. Lauderdale

State

FL

Zip Code

33305

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Executive Director I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

09 / 30 / 2012

**Transaction ID : PR1094191325422**

Amount of Each Receipt this Period

50.00

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

Full Name (Last, First, Middle Initial)

**C. Sean R Muldoon**

Mailing Address 239 Fairfax Avenue

City

Louisville

State

KY

Zip Code

40207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

SVP & Chief Med Off HD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2900.00

Date of Receipt

09 / 30 / 2012

**Transaction ID : PR1094192225422**

Amount of Each Receipt this Period

200.00

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

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

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

350.00

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

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

FOR LINE NUMBER: PAGE 13 OF 50  
(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. Deborah R Doddridge**

Mailing Address 312 Hill Street NW

City State Zip Code  
 Depauw IN 47115

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Sr Dir Procure Sys & Cap

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

09 / 30 / 2012

**Transaction ID : PR1094193025422**

Amount of Each Receipt this Period

30.00

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

Full Name (Last, First, Middle Initial)

**B. Joel W Day**

Mailing Address 2017 Spring Farms Drive

City State Zip Code  
 Floyds Knobs IN 47119

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

VP & Controller HD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

09 / 30 / 2012

**Transaction ID : PR1094193125422**

Amount of Each Receipt this Period

60.00

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

Full Name (Last, First, Middle Initial)

**C. Susan Moss**

Mailing Address 161 Westwind Road

City State Zip Code  
 Louisville KY 40207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

VP Corp Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

09 / 30 / 2012

**Transaction ID : PR1094193325422**

Amount of Each Receipt this Period

80.00

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

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

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

170.00

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

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

FOR LINE NUMBER: PAGE 14 OF 50  
(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. Michael C Lozier**

Mailing Address 7028 Westridge Forest Court

City State Zip Code  
 Lanesville IN 47136

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Sr Dir Purch Contract Adm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 30 2012

**Transaction ID : PR1094193725422**

Amount of Each Receipt this Period

30.00

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

Full Name (Last, First, Middle Initial)

**B. Charles Michael Grannan**

Mailing Address 7109 Cannonade Court

City State Zip Code  
 Prospect KY 40059

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

VP Purchasing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

665.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 30 2012

**Transaction ID : PR1094193925422**

Amount of Each Receipt this Period

70.00

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

Full Name (Last, First, Middle Initial)

**C. Dennis J Hansen**

Mailing Address 1791 Connor Station Road

City State Zip Code  
 Simpsonville KY 40067

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

VP Reimb-NCD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

665.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 30 2012

**Transaction ID : PR1094194125422**

Amount of Each Receipt this Period

70.00

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

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

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

170.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 15 OF 50

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

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NAME OF COMMITTEE (In Full)

**Kindred Healthcare, Inc. PAC**

Full Name (Last, First, Middle Initial)

**A. Mary Suzanne Riedman**

Mailing Address 4308 Hampton Creek Drive

City State Zip Code  
Louisville KY 40241

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Gen Coun & CDO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

MM / DD / YYYY  
09 / 30 / 2012

**Transaction ID : PR1094194225422**

Amount of Each Receipt this Period

40.00

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

Full Name (Last, First, Middle Initial)

**B. Mary L Dennison**

Mailing Address 4678 Mount Eden Road

City State Zip Code  
Shelbyville KY 40065

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Mgr Reimbursement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

MM / DD / YYYY  
09 / 30 / 2012

**Transaction ID : PR1094194825422**

Amount of Each Receipt this Period

40.00

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

Full Name (Last, First, Middle Initial)

**C. Michael J Bean**

Mailing Address 4304 Hill Top Road

City State Zip Code  
Louisville KY 40207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

VP Tax Planning

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

MM / DD / YYYY  
09 / 30 / 2012

**Transaction ID : PR1094195125422**

Amount of Each Receipt this Period

80.00

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

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

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

160.00

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 50  
(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. Anne S Woods**

Mailing Address 7420 Falls Ridge Ct.

City State Zip Code  
Louisville KY 40241

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation  
VP Internal Audit

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

741.00

Date of Receipt

MM / DD / YYYY  
09 / 30 / 2012

**Transaction ID : PR1094195425422**

Amount of Each Receipt this Period

78.00

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

Full Name (Last, First, Middle Initial)

**B. Stephanie J Warren**

Mailing Address 2169 Balmer-Fenwick Road

City State Zip Code  
Floyds Knobs IN 47119

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation  
Sr Dir Facility Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

MM / DD / YYYY  
09 / 30 / 2012

**Transaction ID : PR1094195725422**

Amount of Each Receipt this Period

30.00

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

Full Name (Last, First, Middle Initial)

**C. John Lucchese**

Mailing Address 14401 Broad Oak Place

City State Zip Code  
Louisville KY 40245

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation  
SVP & Corp Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1824.00

Date of Receipt

MM / DD / YYYY  
09 / 30 / 2012

**Transaction ID : PR1094195925422**

Amount of Each Receipt this Period

192.00

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

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

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

300.00



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

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for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 17 OF 50

☒ 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. Rose M Michels**

Mailing Address 6503 Chenoweth Run Road

City State Zip Code  
Louisville KY 40299

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation  
Sr Dir Tax Compliance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

09 / 30 / 2012

**Transaction ID : PR1094196025422**

Amount of Each Receipt this Period

30.00

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

Full Name (Last, First, Middle Initial)

## **B. Joseph Landenwich**

Mailing Address 1822 Casselberry Road

City State Zip Code  
Louisville KY 40205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation  
Co Gen Counsel & Corp Sec

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1140.00

Date of Receipt

09 / 30 / 2012

**Transaction ID : PR1094196325422**

Amount of Each Receipt this Period

120.00

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

Full Name (Last, First, Middle Initial)

## **C. Arthur L Rothgerber**

Mailing Address 8325 Regency Woods Way

City State Zip Code  
Louisville KY 40220

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation  
SVP Reimbursement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

437.00

Date of Receipt

09 / 30 / 2012

**Transaction ID : PR1094196425422**

Amount of Each Receipt this Period

46.00

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

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

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

196.00

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 50  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Kindred Healthcare, Inc. PAC**

Full Name (Last, First, Middle Initial)

**A. Linda M O'Bryan**

Mailing Address 1614 Sylvan Way

City State Zip Code  
Louisville KY 40205

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

VP Patient Care & Qual HD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

09 / 30 / 2012

**Transaction ID : PR1094196725422**

Amount of Each Receipt this Period

40.00

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

Full Name (Last, First, Middle Initial)

**B. Douglas Curnutte**

Mailing Address 1014 Springside Way

City State Zip Code  
Louisville KY 40223

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

VP Fac & Real Estate Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

09 / 30 / 2012

**Transaction ID : PR1094197225422**

Amount of Each Receipt this Period

30.00

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

Full Name (Last, First, Middle Initial)

**C. Brian L Caudill**

Mailing Address 1647 Beechwood Avenue

City State Zip Code  
Louisville KY 40204

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Sr Dir HD Reimb

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.00

Date of Receipt

09 / 30 / 2012

**Transaction ID : PR1094197325422**

Amount of Each Receipt this Period

52.00

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

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

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

122.00

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

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for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 19 OF 50

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

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NAME OF COMMITTEE (In Full)

**Kindred Healthcare, Inc. PAC**

Full Name (Last, First, Middle Initial)

**A. William M Altman**

Mailing Address 9103 Lexington Lane

City

Louisville

State

KY

Zip Code

40241

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

EVPStrategyPolicy&IntCare

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3653.70

Date of Receipt

09 / 30 / 2012

**Transaction ID : PR1094198025422**

Amount of Each Receipt this Period

384.60

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

Full Name (Last, First, Middle Initial)

**B. Michael Comer**

Mailing Address 12 Lewis

City

Irvine

State

CA

Zip Code

92620

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

VP & CFO West Reg HD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

665.00

Date of Receipt

09 / 30 / 2012

**Transaction ID : PR1094200425422**

Amount of Each Receipt this Period

70.00

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

Full Name (Last, First, Middle Initial)

**C. Traci Shelton**

Mailing Address 2913 3rd. Street # 201

City

Santa Monica

State

CA

Zip Code

90405

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Exec VP West Reg HD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 30 / 2012

**Transaction ID : PR1094200625422**

Amount of Each Receipt this Period

200.00

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

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

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

654.60

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 20 OF 50

☒ 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. Steven Monaghan**

Mailing Address 508 W. Melrose #7-A

City

Chicago

State

IL

Zip Code

60657

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Exec VP Cent Reg HD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4055.00

Date of Receipt

09 / 30 / 2012

**Transaction ID : PR1094200725422**

Amount of Each Receipt this Period

270.00

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

Full Name (Last, First, Middle Initial)

**B. John Miner**

Mailing Address 4730 Dunnie Drive

City

Tampa

State

FL

Zip Code

33614

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Sr CFO I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

09 / 30 / 2012

**Transaction ID : PR1094202125422**

Amount of Each Receipt this Period

40.00

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

Full Name (Last, First, Middle Initial)

**C. Julie Feasel**

Mailing Address 6211 Iroquios Ct.

City

Odessa

State

FL

Zip Code

33556

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Market CEO II HD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

09 / 30 / 2012

**Transaction ID : PR1094203025422**

Amount of Each Receipt this Period

30.00

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

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

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

340.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 21 OF 50

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

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NAME OF COMMITTEE (In Full)

**Kindred Healthcare, Inc. PAC**

Full Name (Last, First, Middle Initial)

## **A. Charles D Doten**

Mailing Address 7644 Harbour Blvd.

City  
Miramar

State  
FL

Zip Code  
33023

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Chief Executive Off II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 30 / 2012

**Transaction ID : PR1094203625422**

Amount of Each Receipt this Period

40.00

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

Full Name (Last, First, Middle Initial)

## **B. Timothy L Simpson**

Mailing Address 140 Pioneer Trail

City

Green Cove Springs

State

FL

Zip Code

32043

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

DVP HD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

09 / 30 / 2012

**Transaction ID : PR1094204325422**

Amount of Each Receipt this Period

40.00

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

Full Name (Last, First, Middle Initial)

## **C. E. Jane Jackson**

Mailing Address 43171 Buttermere Terrace

City

Ashburn

State

VA

Zip Code

20147

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Dir Business Implement HD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

09 / 30 / 2012

**Transaction ID : PR1094205125422**

Amount of Each Receipt this Period

30.00

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

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

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

110.00

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

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

FOR LINE NUMBER: PAGE 22 OF 50

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

**A. Sally I Hoffmann**

Mailing Address 11518 Captiva Kay Drive

City State Zip Code  
 Riverview FL 33569

FEC ID number of contributing federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Resource CEO HD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 30 2012

Transaction ID : PR1094205725422

Amount of Each Receipt this Period

30.00

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

Full Name (Last, First, Middle Initial)

**B. 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

EVP West Region NCD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 30 2012

Transaction ID : PR1094210125422

Amount of Each Receipt this Period

50.00

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

Full Name (Last, First, Middle Initial)

**C. Anita Tillery**

Mailing Address 3512 Raytee Drive

City State Zip Code  
 Chesapeake VA 23323

FEC ID number of contributing federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Market Executive Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 30 2012

Transaction ID : PR1094211025422

Amount of Each Receipt this Period

40.00

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

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

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

120.00

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 23 OF 50

☒ 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. Donna M Nackers**

Mailing Address 1760 Waters Ferry Drive

City State Zip Code  
 Lawrenceville GA 30043

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Reg Mgr Operational Reimb

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

09 / 30 / 2012

**Transaction ID : PR1094212525422**

Amount of Each Receipt this Period

30.00

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

Full Name (Last, First, Middle Initial)

## **B. Celeste M Bentley**

Mailing Address 2613 Harris Avenue

City State Zip Code  
 Key West FL 33040

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Dir Reimb-NCD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

09 / 30 / 2012

**Transaction ID : PR1094213325422**

Amount of Each Receipt this Period

30.00

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

Full Name (Last, First, Middle Initial)

## **C. Lane M Bowen**

Mailing Address 10966 Secret View Drive

City State Zip Code  
 Sandy UT 84092

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Exec VP & President-NCD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

09 / 30 / 2012

**Transaction ID : PR1094213625422**

Amount of Each Receipt this Period

100.00

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

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

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

160.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 24 OF 50

☒ 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. Michael W Beal**

Mailing Address 10 Glenwood Road

City  
Windham

State Zip Code  
NH 03087

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation  
EVP East Region NCD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

09 / 30 / 2012

**Transaction ID : PR1094214125422**

Amount of Each Receipt this Period

40.00

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

Full Name (Last, First, Middle Initial)

**B. Susan A Kesterson**

Mailing Address 2334 Heritage Dr

City  
Corona

State Zip Code  
CA 92882

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation  
Reg Financial Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

09 / 30 / 2012

**Transaction ID : PR1094216225422**

Amount of Each Receipt this Period

30.00

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

Full Name (Last, First, Middle Initial)

**C. Julie Butenko**

Mailing Address 1835 Franklin Street # 303

City  
San Francisco

State Zip Code  
CA 94109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare, Inc

Occupation  
Market Executive Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

09 / 30 / 2012

**Transaction ID : PR1094216925422**

Amount of Each Receipt this Period

40.00

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

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

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

110.00



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 25 OF 50

☒ 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. 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

09 / 30 / 2012

**Transaction ID : PR1094217625422**

Amount of Each Receipt this Period

30.00

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

Full Name (Last, First, Middle Initial)

**B. Gloria J Miller**

Mailing Address 2700 Saint Marys Road

City State Zip Code  
 Hillsborough NC 27278

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Kindred Healthcare Inc.

Occupation  
 DVP NCD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

09 / 30 / 2012

**Transaction ID : PR1094222125422**

Amount of Each Receipt this Period

40.00

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

Full Name (Last, First, Middle Initial)

**C. Ronald D Long**

Mailing Address 148 Cheyenne Road

City State Zip Code  
 Shelbyville KY 40065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Kindred Healthcare Inc.

Occupation  
 Dir Contract Admin

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

09 / 30 / 2012

**Transaction ID : PR1094224525422**

Amount of Each Receipt this Period

30.00

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

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

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

100.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 26 OF 50

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

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NAME OF COMMITTEE (In Full)

**Kindred Healthcare, Inc. PAC**

Full Name (Last, First, Middle Initial)

**A. Stephen F. Stoess**

Mailing Address 514 Locust Creek Blvd.

City State Zip Code  
Louisville KY 40245

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Sr Dir Telecommunications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

444.60

Date of Receipt

09 / 30 / 2012

**Transaction ID : PR1094224625422**

Amount of Each Receipt this Period

46.80

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

Full Name (Last, First, Middle Initial)

**B. James E. Bell**

Mailing Address 14213 Aiken Road

City State Zip Code  
Louisville KY 40245

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Sr Dir Div Reimb HD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

09 / 30 / 2012

**Transaction ID : PR1094225025422**

Amount of Each Receipt this Period

30.00

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

Full Name (Last, First, Middle Initial)

**C. Catharine C Young**

Mailing Address 6303 Deep Creek Drive

City State Zip Code  
Prospect KY 40059

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

VP & Employment Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

09 / 30 / 2012

**Transaction ID : PR1094228025422**

Amount of Each Receipt this Period

30.00

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

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

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

106.80

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

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

FOR LINE NUMBER: PAGE 27 OF 50  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Kindred Healthcare, Inc. PAC**

Full Name (Last, First, Middle Initial)

**A. Mary W Miller**

Mailing Address 3201 Vista Verde Lane SW

City State Zip Code  
 Tumwater WA 98512

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Clinical Impl Cnslt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 30 2012

**Transaction ID : PR1094228425422**

Amount of Each Receipt this Period

30.00

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

Full Name (Last, First, Middle Initial)

**B. Charles K. Currens**

Mailing Address 7801 McCarthy  
Lane

City State Zip Code  
 Louisville KY 40222

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Dir IS Production Svcs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 30 2012

**Transaction ID : PR1094229125422**

Amount of Each Receipt this Period

40.00

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

Full Name (Last, First, Middle Initial)

**C. Keith Krein**

Mailing Address 3227 North 88th Street

City State Zip Code  
 Mesa AZ 85207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Sr VP Medical Affairs-NCD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 30 2012

**Transaction ID : PR1094229825422**

Amount of Each Receipt this Period

40.00

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

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

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

110.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 28 OF 50

☒ 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. Patricia M McGillan**

Mailing Address 510 Altagate Rd

City

Louisville

State

KY

Zip Code

40206

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

VP Pat Saf & Reg Compl HD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

09 / 30 / 2012

**Transaction ID : PR1094229925422**

Amount of Each Receipt this Period

60.00

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

Full Name (Last, First, Middle Initial)

**B. Barbara L Baylis**

Mailing Address 7212 Deer Ridge Road

City

Prospect

State

KY

Zip Code

40059

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Sr VP Clin & Res Svcs-NCD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

09 / 30 / 2012

**Transaction ID : PR1094230025422**

Amount of Each Receipt this Period

40.00

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

Full Name (Last, First, Middle Initial)

**C. Pete Kalmey**

Mailing Address 3502 Hedgewick Place

City

Louisville

State

KY

Zip Code

40245

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

VP Ops Central Reg HD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

09 / 30 / 2012

**Transaction ID : PR1094232025422**

Amount of Each Receipt this Period

30.00

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

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

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

130.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 29 OF 50

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

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NAME OF COMMITTEE (In Full)

**Kindred Healthcare, Inc. PAC**

Full Name (Last, First, Middle Initial)

**A. Mary J Yesue**

Mailing Address P. O. Box 921

City

York Harbor

State

ME

Zip Code

03911

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Dist Dir Clin Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

09 / 30 / 2012

**Transaction ID : PR1094232125422**

Amount of Each Receipt this Period

30.00

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

Full Name (Last, First, Middle Initial)

**B. Edward J Goddard**

Mailing Address 32 Peters Lane

City

Wrentham

State

MA

Zip Code

02093

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

VP Labor Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

09 / 30 / 2012

**Transaction ID : PR1094233525422**

Amount of Each Receipt this Period

80.00

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

Full Name (Last, First, Middle Initial)

**C. Jeffrey F Luckett**

Mailing Address 7701 Kendrick Crossing Lane

City

Louisville

State

KY

Zip Code

40291

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Dir Internal Audit IS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

418.00

Date of Receipt

09 / 30 / 2012

**Transaction ID : PR1094234425422**

Amount of Each Receipt this Period

44.00

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

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

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

154.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 30 OF 50

☒ 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. 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-NCD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

09 / 30 / 2012

**Transaction ID : PR1094235225422**

Amount of Each Receipt this Period

60.00

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

Full Name (Last, First, Middle Initial)

## **B. 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-NCD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

09 / 30 / 2012

**Transaction ID : PR1094235425422**

Amount of Each Receipt this Period

40.00

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

Full Name (Last, First, Middle Initial)

## **C. 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-West RegNCD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

09 / 30 / 2012

**Transaction ID : PR1094237325422**

Amount of Each Receipt this Period

80.00

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

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

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

180.00

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

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

FOR LINE NUMBER: PAGE 31 OF 50  
(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. Douglas T Collins**

Mailing Address 3703 River Bluff Road

City State Zip Code  
Prospect KY 40059

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Dir Fin Sys-NCD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2012

**Transaction ID : PR1094241225422**

Amount of Each Receipt this Period

40.00

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

Full Name (Last, First, Middle Initial)

## **B. Linda L Newberry-Ferguson**

Mailing Address 11310 Haleco Lane

City State Zip Code  
Hales Corners WI 53130

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Chief Executive Off II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2012

**Transaction ID : PR1094241925422**

Amount of Each Receipt this Period

40.00

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

Full Name (Last, First, Middle Initial)

## **C. Philip L. Jones**

Mailing Address 702 Helmsdale Place N.

City State Zip Code  
Brentwood TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Chief Financial Off I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2012

**Transaction ID : PR1094243525422**

Amount of Each Receipt this Period

40.00

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

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

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

120.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 32 OF 50

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

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NAME OF COMMITTEE (In Full)

**Kindred Healthcare, Inc. PAC**

Full Name (Last, First, Middle Initial)

## **A. Raymond J Sierpina**

Mailing Address 14 Westwind Road

City State Zip Code  
Louisville KY 40207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

VP Pub Pol & Govt Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1900.00

Date of Receipt

09 / 30 / 2012

**Transaction ID : PR1094246625422**

Amount of Each Receipt this Period

200.00

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

Full Name (Last, First, Middle Initial)

## **B. Steven Tanner**

Mailing Address 1059 Mt Vernon Dr

City State Zip Code  
Greenwood IN 46142

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Market Executive Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

09 / 30 / 2012

**Transaction ID : PR1094246825422**

Amount of Each Receipt this Period

40.00

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

Full Name (Last, First, Middle Initial)

## **C. Thomas Wood**

Mailing Address 2949 Glascock Street

City State Zip Code  
Oakland CA 94601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

DVP NCD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1235.00

Date of Receipt

09 / 30 / 2012

**Transaction ID : PR1094247225422**

Amount of Each Receipt this Period

130.00

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

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

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

370.00



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

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

FOR LINE NUMBER: PAGE 33 OF 50

(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. Gwynn Rucker**

Mailing Address 15106 59th Place NE

City State Zip Code  
 Kenmore WA 98028

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Market Executive Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

09 / 30 / 2012

**Transaction ID : PR1094247825422**

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Weekly)

Full Name (Last, First, Middle Initial)

## **B. Benjamin A Breier**

Mailing Address 5400 Farm Ridge Lane

City State Zip Code  
 Prospect KY 40059

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

President&COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3653.70

Date of Receipt

09 / 30 / 2012

**Transaction ID : PR1094250925422**

Amount of Each Receipt this Period

384.60

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

Full Name (Last, First, Middle Initial)

## **C. Steve Ross**

Mailing Address 34729 Alpine Ave.

City State Zip Code  
 St Helens OR 97051

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Executive Dir I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 30 / 2012

**Transaction ID : PR1135252625422**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Weekly)

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

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

484.60

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 34 OF 50

☒ 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 1201

City State Zip Code  
St Petersburg FL 33716

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Sr Dir Managed Care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

09 / 30 / 2012

**Transaction ID : PR1135286925422**

Amount of Each Receipt this Period

36.00

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

Full Name (Last, First, Middle Initial)

**B. Gregory T Hayden**

Mailing Address 7207 Trail Ridge Court

City State Zip Code  
Louisville KY 40241

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Dir State Tax

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

09 / 30 / 2012

**Transaction ID : PR1150400125422**

Amount of Each Receipt this Period

30.00

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

Full Name (Last, First, Middle Initial)

**C. Rachael L Parker**

Mailing Address 70 Birch Ridge Rd

City State Zip Code  
Westford VT 05494

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Executive Dir II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

09 / 30 / 2012

**Transaction ID : PR1150411125422**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$10.00 Weekly)

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

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

106.00

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

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

FOR LINE NUMBER: PAGE 35 OF 50  
(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. Pamela M Bresee**

Mailing Address 4155 SW 192nd Avenue

City State Zip Code  
Aloha OR 97007

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Reg Financial Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

09 / 30 / 2012

**Transaction ID : PR1227852425422**

Amount of Each Receipt this Period

30.00

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

Full Name (Last, First, Middle Initial)

## **B. 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-NCD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

09 / 30 / 2012

**Transaction ID : PR1267998125422**

Amount of Each Receipt this Period

100.00

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

Full Name (Last, First, Middle Initial)

## **C. 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

09 / 30 / 2012

**Transaction ID : PR1267998425422**

Amount of Each Receipt this Period

30.00

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

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

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

160.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 36 OF 50

☒ 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. Diane L. Otteman**

Mailing Address 40 East Cedar  
Apt. #21A

City State Zip Code  
Chicago IL 60611

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Chief Executive Off II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

09 / 30 / 2012

**Transaction ID : PR1300206425422**

Amount of Each Receipt this Period

30.00

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

Full Name (Last, First, Middle Initial)

**B. Rita D Simmons**

Mailing Address 200 Franck Avenue

City State Zip Code  
Louisville KY 40206

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Sr Dir Ops Risk Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.00

Date of Receipt

09 / 30 / 2012

**Transaction ID : PR1333437025422**

Amount of Each Receipt this Period

32.00

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

Full Name (Last, First, Middle Initial)

**C. Mark D. Johnson**

Mailing Address 3011 Springcrest Drive

City State Zip Code  
Louisville KY 40241

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Mgr Desktop Support

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

09 / 30 / 2012

**Transaction ID : PR1336786725422**

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 37 OF 50

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

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NAME OF COMMITTEE (In Full)

**Kindred Healthcare, Inc. PAC**

Full Name (Last, First, Middle Initial)

**A. James C Hansen**

Mailing Address 1944 South 275 East

City

Clearfield

State

UT

Zip Code

84015

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Reg Mgr Operational Reimb

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

09 / 30 / 2012

**Transaction ID : PR1394177125422**

Amount of Each Receipt this Period

30.00

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

Full Name (Last, First, Middle Initial)

**B. Mary D Van De Kamp**

Mailing Address 251 Arbor Lane

City

Green Bay

State

WI

Zip Code

54301

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

SVP Clinical Ops RHB

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

09 / 30 / 2012

**Transaction ID : PR1408953125422**

Amount of Each Receipt this Period

30.00

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

Full Name (Last, First, Middle Initial)

**C. Pamela A. Adams**

Mailing Address 5912 Mercury Dr

City

Louisville

State

KY

Zip Code

40291

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Sr Dir Fin Systems Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

09 / 30 / 2012

**Transaction ID : PR1408953225422**

Amount of Each Receipt this Period

40.00

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

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

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

100.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 38 OF 50

☒ 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. Katherine W Gilchrist**

Mailing Address 1668 Victory Court

City

Prospect

State

KY

Zip Code

40059

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

SVP Finance RHB

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

09 / 30 / 2012

**Transaction ID : PR1524244425422**

Amount of Each Receipt this Period

120.00

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

Full Name (Last, First, Middle Initial)

**B. Mary Jane Dailey**

Mailing Address 10411 Loving Trail Drive

City

Frisco

State

TX

Zip Code

75035

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare, Inc.

Occupation

VP & CCO SW Reg HD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1900.00

Date of Receipt

09 / 30 / 2012

**Transaction ID : PR1618127525422**

Amount of Each Receipt this Period

200.00

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

Full Name (Last, First, Middle Initial)

**C. Darrin Hull**

Mailing Address 277 Bark River Court

City

Delafield

State

WI

Zip Code

53018

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Market Executive Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

09 / 30 / 2012

**Transaction ID : PR1622380125422**

Amount of Each Receipt this Period

40.00

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

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

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

360.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 39 OF 50

☒ 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. Susan D. Rose**

Mailing Address 3402 Acacia Avenue

City State Zip Code  
 Shepherdsville KY 40165

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Sr Dir Fin Bus Devlp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

09 / 30 / 2012

**Transaction ID : PR1622380225422**

Amount of Each Receipt this Period

30.00

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

Full Name (Last, First, Middle Initial)

**B. Michelle Mullen**

Mailing Address 11516 Yorktown Blvd.

City State Zip Code  
 Sellersburg IN 47172

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Chief Executive Off II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

09 / 30 / 2012

**Transaction ID : PR1774751225422**

Amount of Each Receipt this Period

30.00

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

Full Name (Last, First, Middle Initial)

**C. David M Mikula**

Mailing Address 3751 Northaven Road

City State Zip Code  
 Dallas TX 75229

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

SVP Sales & Marketing HD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

09 / 30 / 2012

**Transaction ID : PR1774751725422**

Amount of Each Receipt this Period

40.00

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

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

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

100.00

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 40 OF 50

☒ 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. Philip B Ragsdell**

Mailing Address 12004 Log Cabin Lane

City State Zip Code  
Louisville KY 40223

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare

Occupation

Dir Customer Supp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

418.00

Date of Receipt

09 / 30 / 2012

**Transaction ID : PR1784229525422**

Amount of Each Receipt this Period

44.00

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

Full Name (Last, First, Middle Initial)

**B. Timmy L. Hesson**

Mailing Address 2710 Pikes Peak Boulevard

City State Zip Code  
Louisville KY 40214

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Dir Wintel & Storage Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

09 / 30 / 2012

**Transaction ID : PR1784230725422**

Amount of Each Receipt this Period

30.00

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

Full Name (Last, First, Middle Initial)

**C. Lawrence J. Toye**

Mailing Address 3 September Lane

City State Zip Code  
Burlington MA 01803

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare

Occupation

Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

09 / 30 / 2012

**Transaction ID : PR1784230825422**

Amount of Each Receipt this Period

40.00

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

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

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

114.00



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 41 OF 50

☒ 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. Carol Falo**

Mailing Address 7041 Clubview Dr

City  
Bridgeville

State  
PA

Zip Code  
15017

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare

Occupation

Chief Clinical Off II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 30 / 2012

**Transaction ID : PR1784231525422**

Amount of Each Receipt this Period

40.00

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

Full Name (Last, First, Middle Initial)

**B. Barry Somervell**

Mailing Address 7307 Grand Isle Way

City

Prospect

State

KY

Zip Code

40059

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

SVP Sales & Bus Dev NCD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

09 / 30 / 2012

**Transaction ID : PR1835833725422**

Amount of Each Receipt this Period

100.00

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

Full Name (Last, First, Middle Initial)

**C. Laura Hoffpauir**

Mailing Address 1805 Pintail Pkw

City

Eules

State

TX

Zip Code

76039

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare, Inc.

Occupation

Market Executive Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

09 / 30 / 2012

**Transaction ID : PR1887633325422**

Amount of Each Receipt this Period

30.00

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

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

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

170.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 42 OF 50

☒ 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. Kelly A Priegnitz**

Mailing Address 436 Hillcrest Avenue

City

Louisville

State

KY

Zip Code

40206

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare, Inc.

Occupation

SVP & Chief Counsel NCD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

09 / 30 / 2012

**Transaction ID : PR1950875225422**

Amount of Each Receipt this Period

40.00

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

Full Name (Last, First, Middle Initial)

**B. Matthew B Steinberg**

Mailing Address 9009 Anemone Drive

City

Prospect

State

KY

Zip Code

40059

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare, Inc.

Occupation

DVP Litigation Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

09 / 30 / 2012

**Transaction ID : PR1961243225422**

Amount of Each Receipt this Period

40.00

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

Full Name (Last, First, Middle Initial)

**C. Jeffrey M Jasnoff**

Mailing Address 9012 Coltsfoot Trace

City

Prospect

State

KY

Zip Code

40059

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare, Inc.

Occupation

SVP Human Resources HD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

09 / 30 / 2012

**Transaction ID : PR1961243325422**

Amount of Each Receipt this Period

100.00

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

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

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

180.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 43 OF 50

☒ 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. Jeffrey P Stodghill**

Mailing Address 2002 Kenilworth Place

City

Louisville

State

KY

Zip Code

40205

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare, Inc.

Occupation

VP & Corporate Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

09 / 30 / 2012

**Transaction ID : PR1961243425422**

Amount of Each Receipt this Period

100.00

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

Full Name (Last, First, Middle Initial)

**B. Kenneth T Higgins**

Mailing Address 4103 Old Farm Drive

City

Crestwood

State

KY

Zip Code

40014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare, Inc.

Occupation

VP Fin & Controller RHB

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

09 / 30 / 2012

**Transaction ID : PR1961243625422**

Amount of Each Receipt this Period

80.00

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

Full Name (Last, First, Middle Initial)

**C. Camilla Baughman**

Mailing Address 109 Thoreau Way #712

City

Lawrence

State

MA

Zip Code

01843

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare, Inc.

Occupation

Reg Dir Case Mgmt-NCD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

09 / 30 / 2012

**Transaction ID : PR1963724625422**

Amount of Each Receipt this Period

40.00

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

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

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

220.00

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

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

FOR LINE NUMBER: PAGE 44 OF 50  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Kindred Healthcare, Inc. PAC**

Full Name (Last, First, Middle Initial)

**A. James T Flowers**

Mailing Address 4020 Gilman Avenue

City State Zip Code  
Louisville KY 40207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare, Inc.

Occupation

VP Corp Dev & Fin Plan

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2012

**Transaction ID : PR1975144125422**

Amount of Each Receipt this Period

60.00

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

Full Name (Last, First, Middle Initial)

**B. Linda R Kurland**

Mailing Address 6109 Forest Lane

City State Zip Code  
Fort Worth TX 76121

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare, Inc.

Occupation

Region Vice President HRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2012

**Transaction ID : PR1983484225422**

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Weekly)

Full Name (Last, First, Middle Initial)

**C. Michael J Dixon**

Mailing Address 2694 Whitetail Ln

City State Zip Code  
O'Fallon MO 63368

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare, Inc.

Occupation

DVP Sales RHB

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2012

**Transaction ID : PR1983484325422**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Weekly)

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

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

300.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 45 OF 50

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

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NAME OF COMMITTEE (In Full)

**Kindred Healthcare, Inc. PAC**

Full Name (Last, First, Middle Initial)

**A. James M Douthitt**

Mailing Address 160 N Sappington Rd

City

St Louis

State

MO

Zip Code

63122

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare, Inc.

Occupation

SVP Operations SRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

MM / DD / YYYY  
09 / 30 / 2012

**Transaction ID : PR1983484425422**

Amount of Each Receipt this Period

40.00

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

Full Name (Last, First, Middle Initial)

**B. Patricia M Henry**

Mailing Address 2555 N Pearl St  
#502

City

Dallas

State

TX

Zip Code

75201

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

President PRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2660.00

Date of Receipt

MM / DD / YYYY  
09 / 30 / 2012

**Transaction ID : PR1983484525422**

Amount of Each Receipt this Period

190.00

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

Full Name (Last, First, Middle Initial)

**c. Sherrie Sharp**

Mailing Address 11 Talais Drive

City

Little Rock

State

AR

Zip Code

72223

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare, Inc.

Occupation

Region Vice President SRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

MM / DD / YYYY  
09 / 30 / 2012

**Transaction ID : PR1983484625422**

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Weekly)

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

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

310.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 46 OF 50

☒ 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. Jovena Stucker**

Mailing Address 5851 Midnight Moon Dr

City State Zip Code  
 Frisco TX 75034

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare, Inc.

Occupation

Region Vice President SRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1175.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 30 2012

**Transaction ID : PR1983484725422**

Amount of Each Receipt this Period

54.00

P/R Deduction (\$27.00 Weekly)

Full Name (Last, First, Middle Initial)

## **B. Mary Claire Willman**

Mailing Address 529 Oaks Court

City State Zip Code  
 Webster Grove MO 63119

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare, Inc.

Occupation

Region Vice President HRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1170.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 30 2012

**Transaction ID : PR1983484825422**

Amount of Each Receipt this Period

90.00

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

Full Name (Last, First, Middle Initial)

## **C. Tanya Snodgrass**

Mailing Address 28307 Woodsons Lake Dr.

City State Zip Code  
 Spring TX 77386

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare, Inc.

Occupation

DVP Business Devlp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 30 2012

**Transaction ID : PR1983484925422**

Amount of Each Receipt this Period

100.00

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

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

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

244.00

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

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

FOR LINE NUMBER: PAGE 47 OF 50  
(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. Bennett S Hoffman**

Mailing Address 31 Overlook Road

City State Zip Code  
 Stoughton MA 02072

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare, Inc.

Occupation

VP Finance-East Reg-NCD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2012

**Transaction ID : PR1983485025422**

Amount of Each Receipt this Period

40.00

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

Full Name (Last, First, Middle Initial)

**B. James E Eveslage**

Mailing Address 9216 Springbrooke Circle

City State Zip Code  
 Louisville KY 40241

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare, Inc.

Occupation

DVP Finance HCH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2012

**Transaction ID : PR2004957325422**

Amount of Each Receipt this Period

56.00

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

Full Name (Last, First, Middle Initial)

**C. Mary Patricia Welc**

Mailing Address 38051 North El Indio Cir

City State Zip Code  
 Cave Creek AZ 85331

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare, Inc.

Occupation

SVP Operations HRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2012

**Transaction ID : PR2007353525422**

Amount of Each Receipt this Period

120.00

P/R Deduction (\$60.00 Weekly)

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

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

216.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 48 OF 50

☒ 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. Richard Edward Lacourse**

Mailing Address 35 Winding Ln

City

Basking Ridge

State

NJ

Zip Code

07920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare, Inc.

Occupation

RVP VTA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2012

**Transaction ID : PR2007353625422**

Amount of Each Receipt this Period

160.00

P/R Deduction (\$80.00 Weekly)

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

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

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

160.00

15195.00



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

PAGE 49 OF 50

<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. Tommy Thompson for Senate, Inc.**

Mailing Address PO Box 2539

City Madison	State WI	Zip Code 53701
-----------------	-------------	-------------------

Purpose of Disbursement  
Contribution

011

Candidate Name

Mr. Tommy G. Thompson

Category/  
Type

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

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

State: WI District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		10		2012

Transaction ID : 47623144

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Tommy Thompson for Senate, Inc.**

Mailing Address PO Box 2539

City Madison	State WI	Zip Code 53701
-----------------	-------------	-------------------

Purpose of Disbursement  
Contribution

011

Candidate Name

Mr. Tommy G. Thompson

Category/  
Type

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

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

State: WI District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		10		2012

Transaction ID : 47623145

Amount of Each Disbursement this Period

1500.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Democratic Congressional Campaign Committee**Mailing Address 430 South Capitol Street, SE  
2nd Floor

City Washington	State DC	Zip Code 20003
--------------------	-------------	-------------------

Purpose of Disbursement  
Contribution

011

Candidate Name

Democratic Congressional Campaign Committee

Category/  
Type

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

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		10		2012

Transaction ID : 47625828

Amount of Each Disbursement this Period

5000.00
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Contribution

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

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

7500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 50 OF 50

<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. Republican Party of Wisconsin - Federal Account**

Mailing Address 148 East Johnson Street

City	State	Zip Code
Madison	WI	53703

Purpose of Disbursement  
Contribution

Candidate Name

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

State: District:

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		13		2012

**Transaction ID : 47647964**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Republican Party of Kentucky - Federal Account**

Mailing Address P.O. Box 1068

City	State	Zip Code
Frankfort	KY	40602

Purpose of Disbursement  
Contribution

Candidate Name

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

State: District:

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		27		2012

**Transaction ID : 47867048**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. National Republican Senatorial Committee**

Mailing Address 425 Second Street, NE

City	State	Zip Code
Washington	DC	20002

Purpose of Disbursement  
Contribution

Candidate Name

National Republican Senatorial Committee

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

State: District:

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		28		2012

**Transaction ID : 47895482**

Amount of Each Disbursement this Period

7500.00
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Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

9500.00
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17000.00
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