05/18/2006 16:35

Image# 26950115337

## FEC FORM 3X

Only

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines Kindred Healthcare, Inc. PAC 604 S. Fourth St. ADDRESS (number and street) Check if different than previously Louisville ΚY 40202 reported. (ACC) FEC IDENTIFICATION NUMBER STATE. ZIPCODE 🛋 CITY A IS THIS NEW **AMENDED** C00242271 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: **Termination Report** (TER) in the Election on State of 04 0 1 2006 0 4 3 0 2006 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Hank Robinson Type or Print Name of Treasurer Hank Robinson Electronically Filed by 05 18 2006 Signature of Treasurer Date 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 **FEC FORM 3X** Use (Rev. 02/2003)

### Image# 26950115338

### **SUMMARY PAGE** OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name Kindred Healthcare, Inc. PAC

FEC Form 3X (Rev. 02/2003)

D D <sup>®</sup> D 0 4 0 1 2006 0.4 3 0 2006 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand <sup>°</sup>2006 176556.29 January 1 (b) Cash on Hand at 172710.69 Begining of Reporting Period ..... 16917.70 53572.10 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 189628.39 230128.39 6(a) and 6(c) for Column B) ..... 2500.00 43000.00 7. Total Disbursements (from Line 31) ...... Cash on Hand at Close of Reporting Period 187128.39 187128.39 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D) ..... 0.00 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) .....

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

### For further information contact:

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

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

## DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name Kindred Healthcare, Inc. PAC

Report Covering the Period:

From:

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2006

-.. (

м м 0 4 <sup>D</sup> 3 0

2006

	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)	5807.20	10341.20
	(ii) Unitemized	11110.50	42230.90
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	16917.70	52572.10
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	16917.70	52572.10
2.	Transfers From Affiliated/Other Party Committees	0.00	0.00
3.	All Loans Received	0.00	0.00
4. 5.	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
Ο.	to Federal candidates and Other Political Committees	0.00	1000.00
7.	Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
8.			
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
9.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	16917.70	53572.10
<u>2</u> 0.	Total Federal Receipts (subtract Line 18(c) from Line 19)	16917.70	53572.10

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures:  (a) Shared Federal/Non-Federal	-	
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating Expenditures	0.00	0.00
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	0.00	0.00
2.	Transfers to Affiliated/Other Party Committees	0.00	0.00
3.	Contributions to Federal Candidates/Committeesand Other Political Committees	2500.00	41500.00
1.	Independent Expenditure	2500.00	
	(use Schedule E)	0.00	0.00
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
<b>3</b> .	Loan Repayments Made	0.00	0.00
	Loans Made Refunds of Contributions To:	0.00	0.00
J.	(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
9.	Other Disbursements	0.00	1500.00
0.	Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	2500.00	43000.00
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)	2500.00	43000.00

## **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Op Expenditures	· ·	COLUMN A tal This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than from Line 11(d), page 3)	′	16917.70	52572.10
34. Total Contribution Refunds (from Line 28(d))		0.00	0.00
<ol> <li>Net Contributions (other than loc (subtract Line 34 from Line 33)</li> </ol>	′	16917.70	52572.10
6. Total Federal Operating Expend (add Line 21(a)(i) and Line 21(b		0.00	0.00
7. Offsets to Operating Expenditu (from Line 15, page 3)		0.00	0.00
88. Net Operating Expenditures (subtract Line 37 from Line 36)		0.00	0.00

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 / 21
TEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X   11a   11b   11c   12   15   16   17
Any information copied from such Reports and Sta	itements may	not be sold or used by any perso	
or for commercial purposes, other than using the n	ame and add	lress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
Kindred Healthcare, Inc. PAC			
/			
Full Name (Last, First, Middle Initial)  A. Mr. Adam Darvish			Date of Receipt
Mailing Address 9040 Phyllis, Unit C			M M / D D / Y Y Y Y
			04 06 2006
City	State	Zip Code	Transaction ID: 14035082
Los Angeles	CA	90069	Amount of Each Receipt this Period
FEC ID number of contributing	С		400.00
federal political committee.	9		
Name of Employer Kindred Healthcare Inc.	Occupation		
		in Clinical Opera	
Receipt For:  Primary General	Aggregate	Year-to-Date ▼	
Other (specify)	' '	400.00	
canon (operation) \	0 0		'
Full Name (Last, First, Middle Initial)			
Richard E Chapman			Date of Receipt
Mailing Address 11200 Bodley Drive			M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR109418386666
<u>Louisville</u>	KY	40223	Amount of Each Receipt this Period
FEC ID number of contributing			
federal political committee.	C		210.00
Name of Employer	Occupation	1	-
Name of Employer Kindred Healthcare Inc.		Chief Adm&InfoOff	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General		630.00	P/R Deduction (\$70.00 Bi-
Other (specify)		000.00	Weekly)
Full Name (Last, First, Middle Initial)			
C. Edward L Kuntz			Date of Receipt
Mailing Address 8807 Stable Crest Boule	evard		M " M / D " D / Y " Y " Y " Y
C:4.	Ctct-	Zip Code	
City Houston	State TX	77024	Transaction ID: PR109418396666
	1/	77024	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
None of Freedom	10		_
Name of Employer Kindred Healthcare Inc.	Occupation	n e Chairman	
Exec		Year-to-Date ▼	
Primary General	33 -3		P/R Deduction (\$100.00 Bi-
Other (specify)		900.00	Weekly)
			910.00
SUBTOTAL of Receipts This Page (optional)		<u> </u>	310.00
TOTAL This Period (last page this line number of	nlv)		

	CHEDULE A (FEC Form 3X)		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 7/21 (check only one)
I <b>I</b>	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
۸.	Full Name (Last, First, Middle Initial) David R Windhorst			Date of Receipt
	Mailing Address 2000 Spring Farms Roa	d		M M / D D / Y Y Y Y
	City	State IN	Zip Code	Transaction ID: PR109418506666
	FION Knobs FEC ID number of contributing federal political committee.	C	47119	Amount of Each Receipt this Period  120.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Finan	n cial Sys Dev	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	P/R Deduction (\$40.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Katheryn J Markham			Date of Receipt
	Mailing Address 10602 Taylor Farm Ct			M M / D D / Y Y Y Y
	City Prospect	State KY	Zip Code	Transaction ID: PR109418566666
	FEC ID number of contributing federal political committee.	C	40059	Amount of Each Receipt this Period  105.00
	Name of Employer Kindred Healthcare Inc.		anning&FieldSvcs	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 315.00	P/R Deduction (\$35.00 Bi- Weekly)
— Э.	Full Name (Last, First, Middle Initial) William B Seibert			Date of Receipt
	Mailing Address 4706 Wolfcreek Pkwy			M M / D D / Y Y Y Y
	City Louisville	State KY	Zip Code 40241	Transaction ID: PR109418746666
	FEC ID number of contributing federal political committee.	C	40241	Amount of Each Receipt this Period  90.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Fir	n n Sys Dev	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	P/R Deduction (\$30.00 Bi- Weekly)
SI	UBTOTAL of Receipts This Page (optional)			315.00
т	OTAL This Period (last page this line number or	ıly)	<b>)</b>	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 8 / 21
ITEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Sta	atements may	not be sold or used by any person	n for the purpose of soliciting contributions
or for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
Kindred Healthcare, Inc. PAC			
Full Name (Last, First, Middle Initial)			T
A. Charles Wardrip  Mailing Address 2805 Chestnut Ridge Pl			Date of Receipt
Mailing Address 2805 Chestnut Ridge Pl	ace		M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR109418796666
Louisville	KY	40245	Amount of Each Receipt this Period
FEC ID number of contributing	С		105.00
federal political committee.			
Name of Employer Kindred Healthcare Inc.	Occupation		
Receipt For:		os & Telecomm • Year-to-Date ▼	-
Primary General	Aggregate		P/R Deduction (\$35.00 Bi-
Other (specify) ▼		310.00	Weekly)
Full Name (Last, First, Middle Initial)  3. Stephen M Dobler			Date of Receipt
Mailing Address 1106 Holly Springs Drive			M M / D D / Y Y Y Y
		7:- Oada	
City Louisville	State KY	Zip Code 40242	Transaction ID: PR109418806666
FEC ID number of contributing		40242	Amount of Each Receipt this Period
federal political committee.	С		135.00
Name of Employer	Occupation	1	
Name of Employer Kindred Healthcare Inc.		nance & Admin	
Receipt For:	Aggregate	e Year-to-Date ▼	1
Primary General		405.00	P/R Deduction (\$45.00 Bi- Weekly)
Other (specify) ▼		100.00	vveeny)
Full Name (Last, First, Middle Initial)			
Martin Ardron			Date of Receipt
Mailing Address 77 Rising Hill Road			M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR109418916666
Phillips Ranch	CA	91766	Amount of Each Receipt this Period
FEC ID number of contributing	С		75.00
federal political committee.			
+ + -			
		Hosp Rehab-PRS • Year-to-Date ▼	-
Primary General	, iggi cgale		P/R Deduction (\$25.00 Bi-
Other (specify)		225.00	Weekly)
SUBTOTAL of Receipts This Page (optional)			315.00
ODITINE OF HECEIPIS THIS Fage (Optional)		······	
TOTAL This Period (last page this line number o	nly)	<b>)</b>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 21 (check only one)    X
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
۹.	Full Name (Last, First, Middle Initial) Jack Shapiro  Mailing Address 22591 Covington Drive			Date of Receipt
		01-1-	7'- 0-1-	
	City Deer Park	State II	Zip Code 60010	Transaction ID: PR109419046666  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer Kindred Healthcare Inc.	Occupation	e Dir	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 240.00	P/R Deduction (\$30.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Linda Tiemens Mailing Address 100 Forest Place #P-39			Date of Receipt
	Mailing Address 100 Forest Place #P-39			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109419076666
	Oak Park	IL	60301	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		90.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Ops-I	n MW Reg-HD	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		270.00	P/R Deduction (\$30.00 Bi- Weekly)
•	Full Name (Last, First, Middle Initial) Frank Battafarano			Date of Receipt
<b>.</b>	Mailing Address 2700 Little Hills Lane			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109419196666
	Anchorage	KY	40223	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer Kindred Healthcare Inc.	Occupation Exec VP	n & President-HD	
	Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 450.00	P/R Deduction (\$50.00 Bi- Weekly)
S	UBTOTAL of Receipts This Page (optional)			300.00
т	OTAL This Period (last page this line number or	ılv)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 10 / 21
TEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X   11a   11b   11c   12   15   16   17
Any information copied from such Reports and Stor for commercial purposes, other than using the	atements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
Kindred Healthcare, Inc. PAC			
Full Name (Last, First, Middle Initial)  A. Sean R Muldoon			Date of Receipt
Mailing Address 5800 Brittany Valley Ro	ad		M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR109419226666
Louisville	KY	40222	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		150.00
Name of Employer Kindred Healthcare Inc.	Occupatio Sr VP &	n Chief Med Off-HD	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		450.00	P/R Deduction (\$50.00 Bi- Weekly)
Full Name (Last, First, Middle Initial)  3. Charles Michael Grannan			Date of Receipt
Mailing Address 7109 Cannonade Court			M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR109419396666
Prospect	KY	40059	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		84.00
Name of Employer Kindred Healthcare Inc.	Occupatio VP Purch		
Receipt For:		e Year-to-Date ▼	
Primary General		252.00	P/R Deduction (\$28.00 Bi- Weekly)
Other (specify)		0 0 0 0 0 0 0	(Veckly)
Full Name (Last, First, Middle Initial)  Dennis J Hansen			Date of Receipt
Mailing Address 1791 Connor Station Re	oad		M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR109419416666
Simpsonville	KY	40067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		105.00
Name of Employer Kindred Healthcare Inc.	Occupatio VP Reim		
		e Year-to-Date ▼	7
Primary General Other (specify) ▼		315.00	P/R Deduction (\$35.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)			339.00
TOTAL This Period (last page this line number of	only)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 11 / 21		
	EMIZED RECEIPTS		or each category of the	(check only one)	
•••	LIMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12	
_					17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)		7,1111111111111111111111111111111111111		_
$  \rangle$	Kindred Healthcare, Inc. PAC				
	Tanaraa Fraattiaara, mar 1710				
_	Full Name (Last, First, Middle Initial)				
Α.	Anne S Woods			Date of Receipt	
	Mailing Address 7420 Falls Ridge Ct.			M M / D D / Y Y Y Y	
	City	State	Zip Code	Transaction ID: PR109419546666	
	Louisville	KY	40241	Amount of Each Receipt this Period	
			TOETI		7
	FEC ID number of contributing federal political committee.	C		90.00	
	Name of Employer Kindred Healthcare Inc.	Occupation			
		VP Intern		_	
	Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼	D/D D	
	Other (specify)		266.00	P/R Deduction (\$30.00 Bi- Weekly)	
	c (cpcc)/ <b>\</b>	0 0	0 0 0 0 0 0 0	77	
	Full Name (Last, First, Middle Initial)				_
В.	John Lucchese			Date of Receipt	
	Mailing Address 14401 Broad Oak Place	)		M M / D D / Y Y Y Y	
	Otto		7in Codo		
	City Louisville	State KY	Zip Code	Transaction ID: PR109419596666	
		K1	40245	Amount of Each Receipt this Period	-
	FEC ID number of contributing federal political committee.	C		99.00	
	- Todoral political committee.				-
	Name of Employer Kindred Healthcare Inc.	Occupation			
			in & Controller		
	Receipt For:  Primary  General	Aggregate	Year-to-Date ▼		
	Other (specify)		297.00	P/R Deduction (\$33.00 Bi- Weekly)	
	Care (openly) V	0 0		1 1 2 3 3 7 7	
	Full Name (Last, First, Middle Initial)				
C.	Richard A Lechleiter			Date of Receipt	
	Mailing Address 601 Club Lane			M M / D D / Y Y Y	
	City	State	Zip Code	Transaction ID: PR109419626666	
	Louisville	KY	40207	Amount of Each Receipt this Period	
			40201	Amount of Each Necept this Period	7
	FEC ID number of contributing federal political committee.	C		225.00	
		1-			
	Name of Employer Kindred Healthcare Inc.	Occupation			
Receipt For: Ag		Exec VP		_	
		Aggregate	Year-to-Date ▼	D/D D - du - ti /\$75,00 D;	
Primary General Other (specify)			675.00	P/R Deduction (\$75.00 Bi- Weekly)	
				1	
					7
s	UBTOTAL of Receipts This Page (optional)			414.00	
$\vdash$	<u> </u>		•		7
T	OTAL This Period (last page this line number o	nly)			1

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 21 (check only one)    X
An or	y information copied from such Reports and Stator for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
۹.	Full Name (Last, First, Middle Initial) Joseph Landenwich  Mailing Address 2213 Wrocklage Ave.			Date of Receipt
	City	State	Zip Code	Transaction ID: PR109419636666
	Louisville	KY	40205	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		180.00
Kindrod Hoolthoaro Ino		<u> </u>	egalAffairs&CrpSec	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 540.00	P/R Deduction (\$60.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Mark A Laemmle Mailing Address 2224 Highland Springs F	Dlaca		Date of Receipt
	ZZZ4 i ligiliana opinigs i	iace		
	City	State	Zip Code	Transaction ID: PR109419716666
	Louisville	KY	40245	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		93.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Crp F		
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	279.00	P/R Deduction (\$31.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial)			Date of Receipt
٥.	Brian L Caudill  Mailing Address 4817 Stanley Farm Cour	rt		M M / D D / Y Y Y Y
	City	Ctata	7in Codo	
	City LaGrange	State KY	Zip Code 40031	Transaction ID: PR109419736666  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10001	78.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir H	) Reimb	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 234.00	P/R Deduction (\$26.00 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			351.00
T	OTAL This Period (last page this line number or	nlv)		

## SCHEDULE A (FEC Form 3X)

SO	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 13 / 21
	EMIZED RECEIPTS		or each category of the	(check only one)
•	LIVIIZED REGEN 13		Detailed Summary Page	X 11a 11b 11c 12
۸n	y information copied from such Reports and Sta	tomonte may	reat he cold or used by any perso	13 14 15 16 17
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
$\rangle$	Kindred Healthcare, Inc. PAC			
۹.	Full Name (Last, First, Middle Initial) William M Altman			Date of Receipt
	Mailing Address 9103 Lexington Lane			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109419806666
	Louisville	KY	40241	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		120.00
	Name of Employer Kindred Healthcare Inc.	Occupation	n plGovtProg&IntAudit	
	Receipt For:		Year-to-Date ▼	7
	Primary General		360.00	P/R Deduction (\$40.00 Bi-
	Other (specify) ▼	0 0	360.00	Weekly)
3.	Full Name (Last, First, Middle Initial) T. Stephen Turner			Date of Receipt
	Mailing Address 680 South Fourth Ave			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109420036666
	Louisville	KY	40202	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		120.00
	Name of Employer Kindred Healthcare Inc.	Occupation SVPStrat	n tegicPlan&BusDevHD	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	360.00	P/R Deduction (\$40.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Michael Comer			Date of Receipt
	Mailing Address 12 Lewis			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109420046666
	Irvine	CA	92620	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		105.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Finan	n ace-West Reg-HD	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		315.00	P/R Deduction (\$35.00 Bi- Weekly)
SI	UBTOTAL of Receipts This Page (optional)			345.00
T	OTAL This Period (last page this line number or	nly)	<b>)</b>	

## SCHEDULE A (FEC Form 3X)

SCHEDUL	.E A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUM	
	RECEIPTS		or each category of the	(check only one	
	TILOLII TO		Detailed Summary Page	ı <del>⊢</del>	11b 11c 12 14 15 16 17
Any information	copied from such Reports and Sta	atements may	not be sold or used by any perso		
or for commerci	al purposes, other than using the r	name and add	dress of any political committee to	solicit contribution	s from such committee.
\ NAME OF C	OMMITTEE (In Full)				
Kindred He	ealthcare, Inc. PAC				
Full Name (L A. Traci Shelton	ast, First, Middle Initial)			Date of Rece	eipt
Mailing Addr	ess 4138 Quiet Meadow Ct			M M /	D D / Y Y Y Y
City		State	Zip Code	Transaction	ID: PR109420066666
<u>Fairoaks</u>		CA	95628	Amount of E	ach Receipt this Period
	ber of contributing cal committee.	C			300.00
Name of Em Kindred Hea	ployer Ithcare Inc.	Occupation	est Reg-HD		
Receipt For:			Year-to-Date ▼		
Primar Other	y General (specify) ▼		880.00	P/R Deducti Weekly)	on (\$100.00 Bi-
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	0 0			
Full Name (L Steven Mona	ast, First, Middle Initial) ghan			Date of Rece	eipt
Mailing Addr	ess 508 W. Melrose #7-A			M M /	D D / Y Y Y Y
City		State	Zip Code	Transaction	ID: PR109420076666
<u>Chicago</u>		<u>IL</u>	60657	Amount of E	ach Receipt this Period
	ber of contributing cal committee.	С			255.00
Name of Em Kindred Hea	ployer Ithcare Inc.	Occupation Exec VP-	n West Grp-HD		
Receipt For:			Year-to-Date ▼		
Primar Other (	y General (specify) <b>▼</b>	0 0	765.00	P/R Deducti Weekly)	on (\$85.00 Bi-
Full Name (L C. Mark A McCu	ast, First, Middle Initial)			Date of Rece	oint
Mailing Addr	<del>-</del>	e		M M /	
City		State	Zip Code	Transaction	ID: PR109420116666
Louisville		KY	40207		ach Receipt this Period
	ber of contributing cal committee.	C			120.00
Name of Em Kindred Hea	ployer Ithcare Inc.	Occupation President			
Receipt For:		Aggregate	Year-to-Date ▼		
Other (	y General (specify) ▼	0 0	360.00	P/R Deducti Weekly)	on (\$40.00 Bi-
SUBTOTAL of	Receipts This Page (optional)				675.00
	. 0 (1)				
TOTAL This P	eriod (last page this line number o	nly)	<b>)</b>		

	CHEDULE A (FEC Form 3X)		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 15 / 21 (check only one)
I <b>I</b>	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
۹.	Full Name (Last, First, Middle Initial) Pamela Marie Riter			Date of Receipt
	Mailing Address 5224 Hampton Beach PI	ace		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109420246666
	Tampa	FL	33609	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		75.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		225.00	P/R Deduction (\$25.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) James J Novak			Date of Receipt
	Mailing Address 9680 Ridgewalk Court			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109420536666
	Davie	FL	33328	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		126.00
	Name of Employer Kindred Healthcare Inc.	Occupation Exec VP-	n -East Grp-HD	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		378.00	P/R Deduction (\$42.00 Bi- Weekly)
<u> </u>	Full Name (Last, First, Middle Initial) Donna Kelsey			Date of Receipt
Mailing Address 2075 E. Tivoli Hills Drive				M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109421016666
	Draper	UT	84020	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		75.00
	Name of Employer Kindred Healthcare Inc.		cific Reg-HSD	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		225.00	P/R Deduction (\$25.00 Bi- Weekly)
SI	JBTOTAL of Receipts This Page (optional)			276.00
т	OTAL This Period (last page this line number or	nly)	<b>)</b>	

	CHEDULE A (FEC Form 3X)		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 16 / 21 (check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
۹.	Full Name (Last, First, Middle Initial) Lane M Bowen			Date of Receipt
	Mailing Address 680 South Fourth Ave			M M / D D / Y Y Y Y
	City	State KY	Zip Code	Transaction ID: PR109421366666
	Louisville FEC ID number of contributing	C	40202	Amount of Each Receipt this Period
	federal political committee.			
	Name of Employer Kindred Healthcare Inc.	Occupation Exec VP	& President-HSD	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		450.00	P/R Deduction (\$50.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Stephen F. Stoess			Date of Receipt
	Mailing Address 705 Sentry Way			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109422466666
	Louisville	KY	40223	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		70.20
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Te	n lecommunications	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		210.60	P/R Deduction (\$23.40 Bi- Weekly)
— C.	Full Name (Last, First, Middle Initial) Berard E. Tomassetti			Date of Receipt
	Mailing Address 7510 Cantrell Drive			M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR109422626666
	Crestwood	KY	40014	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		75.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Finan		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		225.00	P/R Deduction (\$25.00 Bi- Weekly)
SI	UBTOTAL of Receipts This Page (optional)			295.20
T	OTAL This Period (last page this line number or	nly)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 17/21
TEMIZED RECEIPTS		or each category of the	(check only one)  X 11a  11b  11c  12
		Detailed Summary Page	13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
Kindred Healthcare, Inc. PAC			_
Full Name (Last, First, Middle Initial)  A. Gaylia Bond			Date of Receipt
Mailing Address 7015 Wooded Meado	w Rd		M " M / D " D / Y " Y " Y " Y
City	State	Zip Code	Transaction ID: PR109422976666
Louisville	KY	40241	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		90.00
Name of Employer Kindred Healthcare Inc.	Occupation Sr VP Hu	n uman Resources-HD	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		270.00	P/R Deduction (\$30.00 Bi- Weekly)
Full Name (Last, First, Middle Initial)  3. Patricia M McGillan			Date of Receipt
Mailing Address 510 Altagate Rd			M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR109422996666
<u>Louisville</u>	KY	40206	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		90.00
Name of Employer Kindred Healthcare Inc.	Occupation VP Pat S	n Saf & Risk Mgmt-HD	
Receipt For:		e Year-to-Date ▼	1
Primary General Other (specify) ▼	0 0	270.00	P/R Deduction (\$30.00 Bi- Weekly)
Full Name (Last, First, Middle Initial)  C. Carol Holguin			Date of Receipt
Mailing Address 504 Steeplechase Tra	ail		M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR109423416666
Kennedale	TX	76060	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		60.00
Name of Employer Kindred Healthcare Inc.	Occupation Chief Ex	ec Off II	
Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼	D/D D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Other (specify)		270.00	P/R Deduction (\$30.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)			240.00
TOTAL This Period (last page this line number	ar only)		
I U I AL I I IIIS I CITOU (IAST PAYCETIIS IIITE HUITIDE	,, ∪ιιιγ <i>)</i>	·············	

## SCHEDULE A (FEC Form 3X)

SC	HEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 18 / 21	
	MIZED RECEIPTS		or each category of the	(check only one)  X 11a 11b 11c 12	
			Detailed Summary Page	13 14 15 16 17	,
Any or fo	information copied from such Reports and Star commercial purposes, other than using the n	tements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.	
<u> </u>	IAME OF COMMITTEE (In Full)				7
<u>}</u>	Kindred Healthcare, Inc. PAC				
	ull Name (Last, First, Middle Initial) Iohn Pierson			Date of Receipt	
M	Mailing Address 7643 Dean Road			M M / D D / Y Y Y Y	
	Dity	State	Zip Code	Transaction ID: PR109423686666	
_	ndianapolis	IN	46240	Amount of Each Receipt this Period	
	EC ID number of contributing ederal political committee.	C		72.00	
K	lame of Employer (indred Healthcare Inc.	Occupation Chief Exe			
F	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼		216.00	P/R Deduction (\$24.00 Bi- Weekly)	
	Full Name (Last, First, Middle Initial) Douglas Roth			Date of Receipt	_
N	Mailing Address 9891 Heytesbery	M M / D D / Y Y Y			
	City	State	Zip Code	Transaction ID: PR109423736666	
<u>S</u>	Sandy	UT	84092	Amount of Each Receipt this Period	
	EC ID number of contributing ederal political committee.	C		120.00	
K	lame of Employer Kindred Healthcare Inc.	Occupation VP Finan	n ce-Pacific RegHSD		
F	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		360.00	P/R Deduction (\$40.00 Bi- Weekly)	
_	Full Name (Last, First, Middle Initial) Linda L Newberry-Ferguson			Date of Receipt	_
_	Mailing Address 11310 Haleco Lane			M M / D D / Y Y Y Y	
	City	State	Zip Code	Transaction ID: PR109424196666	
<u> </u>	Hales Corners	WI	53130	Amount of Each Receipt this Period	
	EC ID number of contributing ederal political committee.	C		100.00	
N K	lame of Employer Kindred Healthcare Inc.	Occupation Chief Exe			
F	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼		400.00	P/R Deduction (\$50.00 Bi- Weekly)	
SUI	BTOTAL of Receipts This Page (optional)			292.00	_
	. 3 (1 27				
TO	TAL This Period (last page this line number or	nly)	<b>&gt;</b>		

SCHEDULE A (FEC Form 3X)  Use separate schedule(s)			FOR LINE NUMBER: PAGE 19/21	
ITEMIZED RECEIPTS			or each category of the	(check only one)
••	EMIZED RECEIL 10		Detailed Summary Page	X   11a   11b   11c   12   15   16   17
Δr	ny information copied from such Reports and St	atemente may	y not be sold or used by any person	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	Kindred Healthcare, Inc. PAC			
A.				Date of Receipt
	Mailing Address 8000 Allielough Court			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109424286666
	Prospect	KY	40059	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		120.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP De	n ev & Fin Plan	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		360.00	P/R Deduction (\$40.00 Bi- Weekly)
В.	Full Name (Last, First, Middle Initial) Raymond J Sierpina			Date of Receipt
	Mailing Address 14 Westwind Road			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109424666666
	Louisville	KY	40207	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		90.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Gover	n rnment Programs	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	270.00	P/R Deduction (\$30.00 Bi- Weekly)
<u> </u>	Full Name (Last, First, Middle Initial) Thomas Wood			Date of Receipt
	Mailing Address 2949 Glascock Street			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109424726666
	Oakland	CA	94601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		195.00
	Name of Employer Kindred Healthcare Inc.		Operations II	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	585.00	P/R Deduction (\$65.00 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			405.00
   T	OTAL This Period (last page this line number of	only)	······································	

6	CHEDIII E A /EEC Form 2V)			FOR LINE NUMBER: PAGE 20 / 21
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Summary Fage	13   14   15   16   17
An	y information copied from such Reports and Stat	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or 1	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
$\rangle$	Kindred Healthcare, Inc. PAC			
<u>/_</u>				
	Full Name (Last, First, Middle Initial)			D. (D. )
٩.	Gwynn Rucker			Date of Receipt
	Mailing Address 15106 59th Place NE			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109424786666
	Kenmore	WA	98028	Amount of Each Receipt this Period
			30020	Amount of Each receipt this renou
	FEC ID number of contributing federal political committee.	C		75.00
	Name of Employer Kindred Healthcare Inc.	Occupation	n	
	Kindred Healthcare Inc.		Operations I	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1 1	225.00	P/R Deduction (\$25.00 Bi-
	Other (specify) ▼		223.00	Weekly)
2	Full Name (Last, First, Middle Initial) Sharon Spittle			Date of Receipt
	Mailing Address 26 Estes Street			M M / D D / Y Y Y Y
	Maining Address 20 Estes Street			W W / B B / T T T
	City	State	Zip Code	Transaction ID: PR109425006666
	Ipswich	MA	01938	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		80.00
	Name of Familian			_
	Name of Employer Kindred Healthcare Inc.	Occupation Executive		
	Receipt For:		e Year-to-Date ▼	-
	Primary General	Aggregate	rear-to-bate V	D/D Dadwatian (\$00.00 Mag
	Other (specify)		340.00	P/R Deduction (\$20.00 Wee-
	outer (opening)/ •	0 0	0 0 0 0 0 0 0	"
	Full Name (Last, First, Middle Initial)			
Э.	Judith Curtiss			Date of Receipt
	Mailing Address 15210 Laurel Lane South	า		M M / D D / Y Y Y Y
		Ctata	7:- Cada	
	City Pembroke Pines	State FL	Zip Code	Transaction ID: PR113528686666
		1 -	33027	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		180.00
	Tederal political committee.			
	Name of Employer Kindred Healthcare Inc.	Occupation		
			South Reg-HD	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		480.00	P/R Deduction (\$60.00 Bi-
	Other (specify)		100.00	Weekly)
SI	JBTOTAL of Receipts This Page (optional)			335.00
	22.2.7.2 or recoupto rino i age (optional)		······································	
T	OTAL This Period (last page this line number on	ıly)	<b>&gt;</b>	5807.20

_	<u> </u>				
S	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)		NUMBER: PAGE 21/21	
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check onl)	y one)  22 X 23 24 25 26 28a 28b 28c 29 30b	
	y Information copied from such Reports and S for commercial purposes, other than using the				
$\overline{\ }$	NAME OF COMMITTEE (In Full)				
/	Kindred Healthcare, Inc. PAC				
	Full Name (Last, First, Middle Initial)			Transaction ID: 13918779	
٩.	National Republican Congressional Co	Date of Disbursement			
	Mailing Address 320 First Street SE			04	
	City	State Zip Code		Amount of Each Disbursement this Period	
	Washington	DC 20003			
	Purpose of Disbursement Contribution		011	2500.00	
	Candidate Name		Category/ Type		
	Office Sought: House Dis	bursement For:		Contribution	
	Senate	Primary General		Continuation	
	President	Other (specify)			
	State District				

SUBTOTAL of Disbursements This Page (optional)	<b>•</b>	2500.00
TOTAL This Period (last page this line number only)	<u> </u>	2500.00