

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

Office Use Only

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

Kindred Healthcare, Inc. PAC

ADDRESS (number and street)

604 S. Fourth St.

☐Check if different  
than previously  
reported. (ACC)

Louisville

KY

40202

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00242271

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

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

Feb 20 (M2)

☒

May 20 (M5)

☐

Aug 20 (M8)

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

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

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

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

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

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

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

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

04

01

2006

through

04

30

2006

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

Type or Print Name of Treasurer

Hank Robinson

Signature of Treasurer

Electronically Filed by Hank Robinson

Date

05

18

2006

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

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

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Kindred Healthcare, Inc. PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	4	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	4	3	0	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2006</span>		176556.29
(b) Cash on Hand at Beginning of Reporting Period .....	172710.69	
(c) Total Receipts (from Line 19) .....	16917.70	53572.10
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	189628.39	230128.39
7. Total Disbursements (from Line 31) .....	2500.00	43000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	187128.39	187128.39
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

## For further information contact:

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

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

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Kindred Healthcare, Inc. PAC

Report Covering the Period:

From:

M M  
0 4D D  
0 1Y Y Y Y  
2 0 0 6

To:

M M  
0 4D D  
3 0Y Y Y Y  
2 0 0 6

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	5807.20	10341.20
(i) Itemized (use Schedule A) .....		
(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
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➡	16917.70	52572.10
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	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	16917.70	53572.10
20. 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.....			
(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
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		2500.00	41500.00
24. Independent Expenditure (use Schedule E) .....		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....		0.00	0.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (such as PACs) .....		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....		0.00	0.00
29. Other Disbursements.....		0.00	1500.00
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....		0.00	0.00
(ii) "Levin" Share .....		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		2500.00	43000.00
32. 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/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) .....	16917.70	52572.10
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	16917.70	52572.10
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 / 21

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Adam Darvish  
Mailing Address 9040 Phyllis, Unit C

City State Zip Code  
Los Angeles CA 90069

FEC ID number of contributing federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.Occupation  
Asst Admin Clinical Opera

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 6 / 2 0 0 6

Transaction ID: 14035082

Amount of Each Receipt this Period

400.00

**B.** Full Name (Last, First, Middle Initial)  
Richard E Chapman  
Mailing Address 11200 Bodley Drive

City State Zip Code  
Louisville KY 40223

FEC ID number of contributing federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.Occupation  
Exec VP Chief Adm&InfoOff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

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

Transaction ID: PR109418386666

Amount of Each Receipt this Period

210.00

P/R Deduction (\$70.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Edward L Kuntz  
Mailing Address 8807 Stable Crest Boulevard

City State Zip Code  
Houston TX 77024

FEC ID number of contributing federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.Occupation  
Executive Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

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

Transaction ID: PR109418396666

Amount of Each Receipt this Period

300.00

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

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

910.00

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

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

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

FOR LINE NUMBER: PAGE 7 / 21

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

<b>A.</b> Full Name (Last, First, Middle Initial) David R Windhorst Mailing Address 2000 Spring Farms Road City State Zip Code Floyds Knobs IN 47119 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Kindred Healthcare Inc. Occupation VP Financial Sys Dev Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00			Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR109418506666 Amount of Each Receipt this Period 120.00 P/R Deduction (\$40.00 Bi-Weekly)
<b>B.</b> Full Name (Last, First, Middle Initial) Katheryn J Markham Mailing Address 10602 Taylor Farm Ct City State Zip Code Prospect KY 40059 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Kindred Healthcare Inc. Occupation VP IS Planning&FieldSvcs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 315.00			Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR109418566666 Amount of Each Receipt this Period 105.00 P/R Deduction (\$35.00 Bi-Weekly)
<b>C.</b> Full Name (Last, First, Middle Initial) William B Seibert Mailing Address 4706 Wolfcreek Pkwy City State Zip Code Louisville KY 40241 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Fin Sys Dev Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00			Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR109418746666 Amount of Each Receipt this Period 90.00 P/R Deduction (\$30.00 Bi-Weekly)

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

315.00

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

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

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

FOR LINE NUMBER: PAGE 8 / 21

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Charles Wardrip Mailing Address 2805 Chestnut Ridge Place City State Zip Code Louisville KY 40245 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Kindred Healthcare Inc. Occupation VP IS Ops & Telecomm Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 310.00		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR109418796666 Amount of Each Receipt this Period 105.00 P/R Deduction (\$35.00 Bi-Weekly)
<b>B.</b> Full Name (Last, First, Middle Initial) Stephen M Dobler Mailing Address 1106 Holly Springs Drive City State Zip Code Louisville KY 40242 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Kindred Healthcare Inc. Occupation VP IS Finance & Admin Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 405.00		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR109418806666 Amount of Each Receipt this Period 135.00 P/R Deduction (\$45.00 Bi-Weekly)
<b>C.</b> Full Name (Last, First, Middle Initial) Martin Ardron Mailing Address 77 Rising Hill Road City State Zip Code Phillips Ranch CA 91766 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Kindred Healthcare Inc. Occupation Reg Dir Hosp Rehab-PRS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR109418916666 Amount of Each Receipt this Period 75.00 P/R Deduction (\$25.00 Bi-Weekly)

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

315.00

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



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

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

FOR LINE NUMBER: PAGE 9 / 21

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

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

Jack Shapiro

Mailing Address 22591 Covington Drive

City State Zip Code  
 Deer Park IL 60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation  
Executive Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109419046666

Amount of Each Receipt this Period

60.00

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

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

Linda Tiemens

Mailing Address 100 Forest Place #P-39

City State Zip Code  
 Oak Park IL 60301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation  
VP Ops-MW Reg-HD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109419076666

Amount of Each Receipt this Period

90.00

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

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

Frank Battafarano

Mailing Address 2700 Little Hills Lane

City State Zip Code  
 Anchorage KY 40223

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation  
Exec VP & President-HD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109419196666

Amount of Each Receipt this Period

150.00

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

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

300.00

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

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

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

FOR LINE NUMBER: PAGE 10 / 21

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Sean R Muldoon Mailing Address 5800 Brittany Valley Road City State Zip Code Louisville KY 40222 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Kindred Healthcare Inc. Occupation Sr VP & Chief Med Off-HD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR109419226666 Amount of Each Receipt this Period 150.00 P/R Deduction (\$50.00 Bi-Weekly)
<b>B.</b> Full Name (Last, First, Middle Initial) Charles Michael Grannan Mailing Address 7109 Cannonade Court City State Zip Code Prospect KY 40059 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Kindred Healthcare Inc. Occupation VP Purchasing Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 252.00		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR109419396666 Amount of Each Receipt this Period 84.00 P/R Deduction (\$28.00 Bi-Weekly)
<b>C.</b> Full Name (Last, First, Middle Initial) Dennis J Hansen Mailing Address 1791 Connor Station Road City State Zip Code Simpsonville KY 40067 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Kindred Healthcare Inc. Occupation VP Reimb-HSD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 315.00		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR109419416666 Amount of Each Receipt this Period 105.00 P/R Deduction (\$35.00 Bi-Weekly)

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

339.00

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

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

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

FOR LINE NUMBER: PAGE 11 / 21

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

**A.** 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 ▼

266.00

Date of Receipt

M M / D D / Y Y Y Y Y

**Transaction ID:** PR109419546666

Amount of Each Receipt this Period

90.00

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

Full Name (Last, First, Middle Initial)

**B.** John Lucchese

Mailing Address 14401 Broad Oak Place

City State Zip Code  
Louisville KY 40245

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Kindred Healthcare Inc.

Occupation  
VP Crp Fin & Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

297.00

Date of Receipt

M M / D D / Y Y Y Y Y

**Transaction ID:** PR109419596666

Amount of Each Receipt this Period

99.00

P/R Deduction (\$33.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C.** Richard A Lechleiter

Mailing Address 601 Club Lane

City State Zip Code  
Louisville KY 40207

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Kindred Healthcare Inc.

Occupation  
Exec VP & CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y

**Transaction ID:** PR109419626666

Amount of Each Receipt this Period

225.00

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

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

414.00

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

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

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

FOR LINE NUMBER: PAGE 12 / 21

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Joseph Landenwich

Mailing Address 2213 Wrocklage Ave.

City State Zip Code  
 Louisville KY 40205

FEC ID number of contributing federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.Occupation  
SVPCrpLegalAffairs&CrpSec

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

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

Transaction ID: PR109419636666

Amount of Each Receipt this Period

180.00

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

Full Name (Last, First, Middle Initial)

B. Mark A Laemmle

Mailing Address 2224 Highland Springs Place

City State Zip Code  
 Louisville KY 40245

FEC ID number of contributing federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.Occupation  
VP Crp Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

279.00

Date of Receipt

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

Transaction ID: PR109419716666

Amount of Each Receipt this Period

93.00

P/R Deduction (\$31.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Brian L Caudill

Mailing Address 4817 Stanley Farm Court

City State Zip Code  
 LaGrange KY 40031

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 ▼

234.00

Date of Receipt

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

Transaction ID: PR109419736666

Amount of Each Receipt this Period

78.00

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

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

351.00

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

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

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

FOR LINE NUMBER: PAGE 13 / 21

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

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

William M Altman

Mailing Address 9103 Lexington Lane

City State Zip Code  
Louisville KY 40241

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Kindred Healthcare Inc.

Occupation  
SVPCmplGovtProg&IntAudit

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109419806666

Amount of Each Receipt this Period

120.00

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

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

T. Stephen Turner

Mailing Address 680 South Fourth Ave

City State Zip Code  
Louisville KY 40202

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Kindred Healthcare Inc.

Occupation  
SVPSstrategicPlan&BusDevHD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109420036666

Amount of Each Receipt this Period

120.00

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

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

Michael Comer

Mailing Address 12 Lewis

City State Zip Code  
Irvine CA 92620

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Kindred Healthcare Inc.

Occupation  
VP Finance-West Reg-HD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109420046666

Amount of Each Receipt this Period

105.00

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

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

345.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 21

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Traci Shelton Mailing Address 4138 Quiet Meadow Ct City State Zip Code Fairoaks CA 95628 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Kindred Healthcare Inc. Occupation Sr VP-West Reg-HD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 880.00		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR10942006666 Amount of Each Receipt this Period 300.00 P/R Deduction (\$100.00 Bi-Weekly)
<b>B.</b> Full Name (Last, First, Middle Initial) Steven Monaghan Mailing Address 508 W. Melrose #7-A City State Zip Code Chicago IL 60657 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Kindred Healthcare Inc. Occupation Exec VP-West Grp-HD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 765.00		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR10942007666 Amount of Each Receipt this Period 255.00 P/R Deduction (\$85.00 Bi-Weekly)
<b>C.</b> Full Name (Last, First, Middle Initial) Mark A McCullough Mailing Address 1101 Old Cannons Lane City State Zip Code Louisville KY 40207 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Kindred Healthcare Inc. Occupation President-KPS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR10942011666 Amount of Each Receipt this Period 120.00 P/R Deduction (\$40.00 Bi-Weekly)

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

675.00

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

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

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

FOR LINE NUMBER: PAGE 15 / 21

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

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

Mailing Address 5224 Hampton Beach Place

City State Zip Code  
Tampa FL 33609

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Kindred Healthcare Inc.

Occupation  
Executive Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109420246666

Amount of Each Receipt this Period

75.00

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

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

Mailing Address 9680 Ridgewalk Court

City State Zip Code  
Davie FL 33328

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Kindred Healthcare Inc.

Occupation  
Exec VP-East Grp-HD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109420536666

Amount of Each Receipt this Period

126.00

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

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

Mailing Address 2075 E. Tivoli Hills Drive

City State Zip Code  
Draper UT 84020

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Kindred Healthcare Inc.

Occupation  
Sr VP-Pacific Reg-HSD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109421016666

Amount of Each Receipt this Period

75.00

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

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

276.00

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

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

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

FOR LINE NUMBER: PAGE 16 / 21

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Lane M Bowen Mailing Address 680 South Fourth Ave City State Zip Code Louisville KY 40202 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Kindred Healthcare Inc. Occupation Exec VP & President-HSD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR109421366666 Amount of Each Receipt this Period 150.00 P/R Deduction (\$50.00 Bi-Weekly)
<b>B.</b> Full Name (Last, First, Middle Initial) Stephen F. Stoess Mailing Address 705 Sentry Way City State Zip Code Louisville KY 40223 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Telecommunications Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.60		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR109422466666 Amount of Each Receipt this Period 70.20 P/R Deduction (\$23.40 Bi-Weekly)
<b>C.</b> Full Name (Last, First, Middle Initial) Berard E. Tomassetti Mailing Address 7510 Cantrell Drive City State Zip Code Crestwood KY 40014 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Kindred Healthcare Inc. Occupation VP Finance-KPS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR109422626666 Amount of Each Receipt this Period 75.00 P/R Deduction (\$25.00 Bi-Weekly)

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

295.20

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



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

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

FOR LINE NUMBER: PAGE 17 / 21

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Gaylia Bond Mailing Address 7015 Wooded Meadow Rd City State Zip Code Louisville KY 40241 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Kindred Healthcare Inc. Occupation Sr VP Human Resources-HD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR109422976666 Amount of Each Receipt this Period 90.00 P/R Deduction (\$30.00 Bi-Weekly)
<b>B.</b> Full Name (Last, First, Middle Initial) Patricia M McGillan Mailing Address 510 Altagate Rd City State Zip Code Louisville KY 40206 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Kindred Healthcare Inc. Occupation VP Pat Saf & Risk Mgmt-HD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR109422996666 Amount of Each Receipt this Period 90.00 P/R Deduction (\$30.00 Bi-Weekly)
<b>C.</b> Full Name (Last, First, Middle Initial) Carol Holguin Mailing Address 504 Steeplechase Trail City State Zip Code Kennedale TX 76060 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Kindred Healthcare Inc. Occupation Chief Exec Off II Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR109423416666 Amount of Each Receipt this Period 60.00 P/R Deduction (\$30.00 Bi-Weekly)

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

240.00

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

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

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

FOR LINE NUMBER: PAGE 18 / 21

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

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

John Pierson

Mailing Address 7643 Dean Road

City State Zip Code  
 Indianapolis IN 46240

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation  
Chief Exec Off II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10942368666

Amount of Each Receipt this Period

72.00

P/R Deduction (\$24.00 Bi-Weekly)

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

Douglas Roth

Mailing Address 9891 Heytesbery

City State Zip Code  
 Sandy UT 84092

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation  
VP Finance-Pacific RegHSD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109423736666

Amount of Each Receipt this Period

120.00

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

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

Linda L Newberry-Ferguson

Mailing Address 11310 Haleco Lane

City State Zip Code  
 Hales Corners WI 53130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation  
Chief Exec Off II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109424196666

Amount of Each Receipt this Period

100.00

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

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

292.00

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

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

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

FOR LINE NUMBER: PAGE 19 / 21

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

**A.** Full Name (Last, First, Middle Initial)  
Gregory C. Miller  
Mailing Address 8000 Allielough Court

City State Zip Code  
Prospect KY 40059

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Kindred Healthcare Inc.

Occupation  
Sr VP Dev & Fin Plan

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109424286666

Amount of Each Receipt this Period

120.00

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

**B.** Full Name (Last, First, Middle Initial)  
Raymond J Sierpina  
Mailing Address 14 Westwind Road

City State Zip Code  
Louisville KY 40207

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Kindred Healthcare Inc.

Occupation  
Dir Government Programs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109424666666

Amount of Each Receipt this Period

90.00

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

**C.** Full Name (Last, First, Middle Initial)  
Thomas Wood  
Mailing Address 2949 Glascock Street

City State Zip Code  
Oakland CA 94601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Kindred Healthcare Inc.

Occupation  
Dist Dir Operations II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109424726666

Amount of Each Receipt this Period

195.00

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

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

405.00

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

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

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

FOR LINE NUMBER: PAGE 20 / 21

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

**A.** Full Name (Last, First, Middle Initial)  
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  
Dist Dir Operations I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y

**Transaction ID:** PR109424786666

Amount of Each Receipt this Period

75.00

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

**B.** Full Name (Last, First, Middle Initial)  
Sharon Spittle  
Mailing Address 26 Estes Street

City State Zip Code  
Ipswich MA 01938

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 ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y

**Transaction ID:** PR109425006666

Amount of Each Receipt this Period

80.00

P/R Deduction (\$20.00 Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Judith Curtiss  
Mailing Address 15210 Laurel Lane South

City State Zip Code  
Pembroke Pines FL 33027

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Kindred Healthcare Inc.

Occupation  
VP Ops-South Reg-HD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y

**Transaction ID:** PR113528686666

Amount of Each Receipt this Period

180.00

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

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

335.00

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

5807.20

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 21 / 21

<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

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

NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

**A.** National Republican Congressional Committee

Mailing Address 320 First Street SE

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement  
Contribution

Candidate Name

011

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 13918779

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

Contribution

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

2500.00

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

2500.00