

**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
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

(c) 12-Day

PRE-Election

Report for the:

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

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

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

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

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

Type or Print Name of Treasurer Hank Robinson

Signature of Treasurer

Hank Robinson

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

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

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

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Kindred Healthcare, Inc. PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
08 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y
08 / 31 / 2013

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|---|---|
| 6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2013 | | 86797.17 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 103062.67 | |
| (c) Total Receipts (from Line 19) | 9234.00 | 118499.50 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 112296.67 | 205296.67 |
| 7. Total Disbursements (from Line 31) | 15000.00 | 108000.00 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 97296.67 | 97296.67 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY 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. 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 |
| 08 | | 01 | | 2013 |

To:

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08 | | 31 | | 2013 |

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).....

7379.00

70038.80

(ii) Unitemized

1855.00

34960.70

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

9234.00

104999.50

(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)

9234.00

104999.50

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

13500.00

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))..... ▶

9234.00

118499.50

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

9234.00

118499.50

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 | 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..... | 15000.00 | 108000.00 |
| 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 | 0.00 |
| 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)) .. | 15000.00 | 108000.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 15000.00 | 108000.00 |

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) | 9234.00 | 104999.50 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 9234.00 | 104999.50 |
| 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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 39

☒ 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. Edward L Kuntz

Mailing Address 8807 Stable Crest Boulevard

City State Zip Code
Houston TX 77024-7035

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 ▼

1700.00

Date of Receipt

08 / 31 / 2013

Transaction ID : PR1094183928273

Amount of Each Receipt this Period

200.00

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

Full Name (Last, First, Middle Initial)

B. David R Windhorst

Mailing Address 2000 Spring Farms Road

City State Zip Code
Floyds Knobs IN 47119-9722

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 ▼

680.00

Date of Receipt

08 / 31 / 2013

Transaction ID : PR1094185028273

Amount of Each Receipt this Period

80.00

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

Full Name (Last, First, Middle Initial)

C. Lawrence I Wolf

Mailing Address 4721 N Clark Street #3S

City State Zip Code
Chicago IL 60640-7553

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 ▼

340.00

Date of Receipt

08 / 31 / 2013

Transaction ID : PR1094185128273

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)..... ►

320.00

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

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

FOR LINE NUMBER: PAGE 7 OF 39

(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. Kathryn J Markham

Mailing Address 10602 Taylor Farm Ct

City

State

Zip Code

Prospect

KY

40059-9580

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Kindred Healthcare Inc.

VP IS Plan & Field Svcs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

775.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2013

Transaction ID : PR1094185628273

Amount of Each Receipt this Period

100.00

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

Full Name (Last, First, Middle Initial)

B. Catherine A Gooch

Mailing Address 14516 Clear Meadow Court

City

State

Zip Code

Louisville

KY

40245-5264

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Kindred Healthcare Inc.

Sr Dir Fin Systems Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2013

Transaction ID : PR1094185928273

Amount of Each Receipt this Period

40.00

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

Full Name (Last, First, Middle Initial)

C. Patrick J Gillenwater

Mailing Address 402 Erin Drive

City

State

Zip Code

Jeffersonville

IN

47130-5290

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Kindred Healthcare Inc.

Dir IS Administration

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

297.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2013

Transaction ID : PR1094186428273

Amount of Each Receipt this Period

35.00

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

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

175.00

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

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

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

FOR LINE NUMBER: PAGE 8 OF 39

(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. Charles Wardrip

Mailing Address 2805 Chestnut Ridge Place

City

Louisville

State

KY

Zip Code

40245-5307

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 ▼

765.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2013

Transaction ID : PR1094187928273

Amount of Each Receipt this Period

90.00

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

Full Name (Last, First, Middle Initial)

B. Stephen M Dobler

Mailing Address 1106 Holly Springs Drive

City

Louisville

State

KY

Zip Code

40242-7771

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 ▼

1700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2013

Transaction ID : PR1094188028273

Amount of Each Receipt this Period

200.00

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

Full Name (Last, First, Middle Initial)

C. Terry Carrico

Mailing Address 3011 Wolf Lair Court

City

New Albany

State

IN

Zip Code

47150-9587

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 ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2013

Transaction ID : PR1094188228273

Amount of Each Receipt this Period

40.00

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

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

330.00

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 9 OF 39

☒ 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. Martin Ardron

Mailing Address 41 La Sierra Dr.

City

Phillips Ranch

State

CA

Zip Code

91766-4703

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 ▼

725.00

Date of Receipt

08 / 31 / 2013

Transaction ID : PR1094189128273

Amount of Each Receipt this Period

300.00

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

Full Name (Last, First, Middle Initial)

B. Jan Turk

Mailing Address 1314 Amelia St.

City

New Orleans

State

LA

Zip Code

70115-3617

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 ▼

340.00

Date of Receipt

08 / 31 / 2013

Transaction ID : PR1094190028273

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

Chicago

State

IL

Zip Code

60660-5049

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 ▼

425.00

Date of Receipt

08 / 31 / 2013

Transaction ID : PR1094190328273

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)..... ►

390.00

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 10 OF 39

☒ 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. Theodore Welding

Mailing Address 2448 Middle River Dr.

City

Ft Lauderdale

State

FL

Zip Code

33305-2729

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Market CEO III HD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

08 / 31 / 2013

Transaction ID : PR1094191328273

Amount of Each Receipt this Period

50.00

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

Full Name (Last, First, Middle Initial)

B. Sean R Muldoon

Mailing Address 239 Fairfax Avenue

City

Louisville

State

KY

Zip Code

40207-3856

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 ▼

4700.00

Date of Receipt

08 / 31 / 2013

Transaction ID : PR1094192228273

Amount of Each Receipt this Period

200.00

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

Full Name (Last, First, Middle Initial)

C. Deborah R Doddridge

Mailing Address 312 Hill Street NW

City

Depauw

State

IN

Zip Code

47115-9016

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 ▼

255.00

Date of Receipt

08 / 31 / 2013

Transaction ID : PR1094193028273

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)..... ►

280.00

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 11 OF 39

☒ 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. Joel W Day

Mailing Address 2017 Spring Farms Drive

City State Zip Code
 Floyds Knobs IN 47119-9723

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 ▼

510.00

Date of Receipt

08 / 31 / 2013

Transaction ID : PR1094193128273

Amount of Each Receipt this Period

60.00

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

Full Name (Last, First, Middle Initial)

B. Susan Moss

Mailing Address 161 Westwind Road

City State Zip Code
 Louisville KY 40207-1545

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 ▼

680.00

Date of Receipt

08 / 31 / 2013

Transaction ID : PR1094193328273

Amount of Each Receipt this Period

80.00

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

Full Name (Last, First, Middle Initial)

C. Michael C Lozier

Mailing Address 7028 Westridge Forest Court

City State Zip Code
 Lanesville IN 47136-9468

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 ▼

255.00

Date of Receipt

08 / 31 / 2013

Transaction ID : PR1094193728273

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: PAGE 12 OF 39

(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. Charles Michael Grannan

Mailing Address 7109 Cannonade Court

City

State

Zip Code

Prospect

KY

40059-9332

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 ▼

595.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2013

Transaction ID : PR1094193928273

Amount of Each Receipt this Period

70.00

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

Full Name (Last, First, Middle Initial)

B. Mary Suzanne Riedman

Mailing Address 4308 Hampton Creek Drive

City

State

Zip Code

Louisville

KY

40241-6423

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 ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2013

Transaction ID : PR1094194228273

Amount of Each Receipt this Period

40.00

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

Full Name (Last, First, Middle Initial)

C. Mary L Dennison

Mailing Address 4678 Mount Eden Road

City

State

Zip Code

Shelbyville

KY

40065-9331

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 ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2013

Transaction ID : PR1094194828273

Amount of Each Receipt this Period

40.00

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

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

150.00

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

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

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

FOR LINE NUMBER: PAGE 13 OF 39

(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. Michael J Bean

Mailing Address 4304 Hill Top Road

City

Louisville

State

KY

Zip Code

40207-2222

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 ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 31 / 2013

Transaction ID : PR1094195128273

Amount of Each Receipt this Period

80.00

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

Full Name (Last, First, Middle Initial)

B. Anne S Woods

Mailing Address 7420 Falls Ridge Ct.

City

Louisville

State

KY

Zip Code

40241-6400

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 ▼

663.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 31 / 2013

Transaction ID : PR1094195428273

Amount of Each Receipt this Period

78.00

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

Full Name (Last, First, Middle Initial)

C. John Lucchese

Mailing Address 14401 Broad Oak Place

City

Louisville

State

KY

Zip Code

40245-5136

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 ▼

1632.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 31 / 2013

Transaction ID : PR1094195928273

Amount of Each Receipt this Period

192.00

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

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

350.00

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 14 OF 39

☒ 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. Rose M Michels

Mailing Address 6503 Chenoweth Run Road

City State Zip Code
Louisville KY 40299-5147

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 ▼

255.00

Date of Receipt

08 / 31 / 2013

Transaction ID : PR1094196028273

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 40205-1632

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 ▼

1020.00

Date of Receipt

08 / 31 / 2013

Transaction ID : PR1094196328273

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 40220-3817

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 ▼

391.00

Date of Receipt

08 / 31 / 2013

Transaction ID : PR1094196428273

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**

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

FOR LINE NUMBER:
(check only one)

PAGE 15 OF 39

☒ 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. Linda M O'Bryan

Mailing Address 1614 Sylvan Way

City

Louisville

State

KY

Zip Code

40205-2437

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 ▼

340.00

Date of Receipt

08 / 31 / 2013

Transaction ID : PR1094196728273

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

Louisville

State

KY

Zip Code

40223-3786

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 ▼

255.00

Date of Receipt

08 / 31 / 2013

Transaction ID : PR1094197228273

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

Louisville

State

KY

Zip Code

40204-1321

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 ▼

442.00

Date of Receipt

08 / 31 / 2013

Transaction ID : PR1094197328273

Amount of Each Receipt this Period

52.00

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

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

122.00

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

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

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

FOR LINE NUMBER: PAGE 16 OF 39
(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. William M Altman

Mailing Address 9103 Lexington Lane

City State Zip Code
Louisville KY 40241-2423

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 ▼

3269.10

Date of Receipt

08 / 31 / 2013

Transaction ID : PR1094198028273

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 State Zip Code
Irvine CA 92620-3362

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 ▼

595.00

Date of Receipt

08 / 31 / 2013

Transaction ID : PR1094200428273

Amount of Each Receipt this Period

70.00

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

Full Name (Last, First, Middle Initial)

C. Steven Monaghan

Mailing Address 508 W. Melrose #7-A

City State Zip Code
Chicago IL 60657-6429

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 ▼

2310.00

Date of Receipt

08 / 31 / 2013

Transaction ID : PR1094200728273

Amount of Each Receipt this Period

280.00

P/R Deduction (\$140.00 Bi-Weekly)

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

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

734.60

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

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

FOR LINE NUMBER: PAGE 17 OF 39

(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. John Miner

Mailing Address 4730 Dunnie Drive

City State Zip Code
 Tampa FL 33614-1496

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 ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 08 31 2013

Transaction ID : PR1094202128273

Amount of Each Receipt this Period

40.00

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

Full Name (Last, First, Middle Initial)

B. Julie Feasel

Mailing Address 6211 Iroquios Ct.

City State Zip Code
 Odessa FL 33556-3325

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 ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 08 31 2013

Transaction ID : PR1094203028273

Amount of Each Receipt this Period

30.00

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

Full Name (Last, First, Middle Initial)

c. Charles D Doten

Mailing Address 7644 Harbour Blvd.

City State Zip Code
 Miramar FL 33023-6566

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 ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 08 31 2013

Transaction ID : PR1094203628273

Amount of Each Receipt this Period

60.00

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

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

130.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 18 OF 39

☒ 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. Timothy L Simpson

Mailing Address 2924 Majestic Oaks Lane

City

Green Cove Springs

State

FL

Zip Code

32043-8329

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 ▼

360.00

Date of Receipt

08 / 31 / 2013

Transaction ID : PR1094204328273

Amount of Each Receipt this Period

60.00

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

Full Name (Last, First, Middle Initial)

B. E. Jane Jackson

Mailing Address 43171 Buttermere Terrace

City

Ashburn

State

VA

Zip Code

20147-3722

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Dir Business Implement

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

08 / 31 / 2013

Transaction ID : PR1094205128273

Amount of Each Receipt this Period

30.00

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

Full Name (Last, First, Middle Initial)

C. Anita Tillery

Mailing Address 3512 Raytee Drive

City

Chesapeake

State

VA

Zip Code

23323-1232

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 ▼

360.00

Date of Receipt

08 / 31 / 2013

Transaction ID : PR1094211028273

Amount of Each Receipt this Period

60.00

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

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

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

150.00

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

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

FOR LINE NUMBER: PAGE 19 OF 39

(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. Donna M Nackers

Mailing Address 1760 Waters Ferry Drive

City State Zip Code
 Lawrenceville GA 30043-3176

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Kindred Healthcare Inc. Reg Mgr Operational Reimb

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

08 / 31 / 2013

Transaction ID : PR1094212528273

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 33040-3944

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Kindred Healthcare Inc. Dir Reimbursement NCD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

08 / 31 / 2013

Transaction ID : PR1094213328273

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 84092-4949

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Kindred Healthcare Inc. Exec VP & President NCD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

08 / 31 / 2013

Transaction ID : PR1094213628273

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 20 OF 39

☒ 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. Michael W Beal

Mailing Address 10 Glenwood Road

City
Windham

State
NH

Zip Code
03087-1162

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Exec VP East Reg NCD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

08 / 31 / 2013

Transaction ID : PR1094214128273

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
CA

Zip Code
92882-5776

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 ▼

255.00

Date of Receipt

08 / 31 / 2013

Transaction ID : PR1094216228273

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
CA

Zip Code
94109-3455

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 ▼

340.00

Date of Receipt

08 / 31 / 2013

Transaction ID : PR1094216928273

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: PAGE 21 OF 39
(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. Sylvia Burton

Mailing Address 718 Maple Point

City State Zip Code
Cookeville TN 38501-7002

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 ▼

270.00

Date of Receipt

08 / 31 / 2013

Transaction ID : PR1094217628273

Amount of Each Receipt this Period

45.00

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 27278-7843

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 ▼

340.00

Date of Receipt

08 / 31 / 2013

Transaction ID : PR1094222128273

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 40065-1930

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 ▼

255.00

Date of Receipt

08 / 31 / 2013

Transaction ID : PR1094224528273

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)..... ►

115.00

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 39

(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. Stephen F. Stoess

Mailing Address 514 Locust Creek Blvd.

City

Louisville

State

KY

Zip Code

40245-6232

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 ▼

397.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2013

Transaction ID : PR1094224628273

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

Louisville

State

KY

Zip Code

40245-4631

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 ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2013

Transaction ID : PR1094225028273

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

Prospect

State

KY

Zip Code

40059-9318

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 ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2013

Transaction ID : PR1094228028273

Amount of Each Receipt this Period

30.00

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

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

106.80

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

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

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

FOR LINE NUMBER: PAGE 23 OF 39

(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. Mary W Miller

Mailing Address 3201 Vista Verde Lane SW

City

State

Zip Code

Tumwater

WA

98512-1444

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Kindred Healthcare Inc.

Clinical Impl Cnslt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2013

Transaction ID : PR1094228428273

Amount of Each Receipt this Period

30.00

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

Full Name (Last, First, Middle Initial)

B. Patricia M McGillan

Mailing Address 510 Altagate Rd

City

State

Zip Code

Louisville

KY

40206-2969

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Kindred Healthcare Inc.

VP Pat Saf & Reg Compl HD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2013

Transaction ID : PR1094229928273

Amount of Each Receipt this Period

60.00

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

Full Name (Last, First, Middle Initial)

C. Pete Kalmey

Mailing Address 3502 Hedgewick Place

City

State

Zip Code

Louisville

KY

40245-8497

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Kindred Healthcare Inc.

VP Ops Central Reg HD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2013

Transaction ID : PR1094232028273

Amount of Each Receipt this Period

30.00

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

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

120.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 24 OF 39

☒ 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. Mary J Yesue

Mailing Address P. O. Box 921

City

York Harbor

State

ME

Zip Code

03911-0921

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Dist Dir Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

08 / 31 / 2013

Transaction ID : PR1094232128273

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

02093-1036

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 ▼

340.00

Date of Receipt

08 / 31 / 2013

Transaction ID : PR1094233528273

Amount of Each Receipt this Period

40.00

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

Full Name (Last, First, Middle Initial)

C. Tamila Johnson-White

Mailing Address 2615 Zhale Smith Rd.

City

Lagrange

State

KY

Zip Code

40031-8098

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

DVP Case Mgmt NCD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

08 / 31 / 2013

Transaction ID : PR1094235428273

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 39

☒ 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. Douglas Roth

Mailing Address 3272 E. Germana Circle

City State Zip Code
 Sandy UT 84093-2150

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

VP Finance West Reg NCD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

08 / 31 / 2013

Transaction ID : PR1094237328273

Amount of Each Receipt this Period

80.00

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

Full Name (Last, First, Middle Initial)

B. Douglas T Collins

Mailing Address 3703 River Bluff Road

City State Zip Code
 Prospect KY 40059-9001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Dir Financial Systems NCD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

08 / 31 / 2013

Transaction ID : PR1094241228273

Amount of Each Receipt this Period

10.00

P/R Deduction (\$5.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Brian Newman

Mailing Address 953 Francis Avenue

City State Zip Code
 Bexley OH 43209-2419

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 ▼

340.00

Date of Receipt

08 / 31 / 2013

Transaction ID : PR1094243328273

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)..... ►

130.00

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

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

FOR LINE NUMBER: PAGE 26 OF 39

(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. Raymond J Sierpina

Mailing Address 14 Westwind Road

City

Louisville

State

KY

Zip Code

40207-1519

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 ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 31 / 2013

Transaction ID : PR1094246628273

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

Greenwood

State

IN

Zip Code

46142-4718

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 ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 31 / 2013

Transaction ID : PR1094246828273

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

Oakland

State

CA

Zip Code

94601-2838

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 ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 31 / 2013

Transaction ID : PR1094247228273

Amount of Each Receipt this Period

65.00

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

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

305.00

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

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

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

FOR LINE NUMBER: PAGE 27 OF 39
(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. Benjamin A Breier

Mailing Address 5400 Farm Ridge Lane

City

State

Zip Code

Prospect

KY

40059-7617

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 ▼

3269.10

Date of Receipt

08 / 31 / 2013

Transaction ID : PR1094250928273

Amount of Each Receipt this Period

384.60

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

Full Name (Last, First, Middle Initial)

B. Steve Ross

Mailing Address 3220 Park Dr.

City

State

Zip Code

Columbia City

OR

97018-9747

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 ▼

360.00

Date of Receipt

08 / 31 / 2013

Transaction ID : PR1135252628273

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Weekly)

Full Name (Last, First, Middle Initial)

C. Josephine Litzenberger

Mailing Address 11401 Dr. M.L.K. Jr. Street N.
Apt 1201

City

State

Zip Code

St Petersburg

FL

33716-2313

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Sr Cnslt Mgd Care Contrac

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

306.00

Date of Receipt

08 / 31 / 2013

Transaction ID : PR1135286928273

Amount of Each Receipt this Period

36.00

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

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

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

460.60

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 28 OF 39

☒ 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. Gregory T Hayden

Mailing Address 7207 Trail Ridge Court

City

Louisville

State

KY

Zip Code

40241-6298

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 ▼

255.00

Date of Receipt

08 / 31 / 2013

Transaction ID : PR1150400128273

Amount of Each Receipt this Period

30.00

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

Full Name (Last, First, Middle Initial)

B. Rachael L Parker

Mailing Address 70 Birch Ridge Rd

City

Westford

State

VT

Zip Code

05494-9788

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 ▼

350.00

Date of Receipt

08 / 31 / 2013

Transaction ID : PR1150411128273

Amount of Each Receipt this Period

50.00

P/R Deduction (\$10.00 Weekly)

Full Name (Last, First, Middle Initial)

C. Pamela M Bresee

Mailing Address 4155 SW 192nd Avenue

City

Aloha

State

OR

Zip Code

97007-1424

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 ▼

255.00

Date of Receipt

08 / 31 / 2013

Transaction ID : PR1227852428273

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:
(check only one)

PAGE 29 OF 39

☒ 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. Russell D Ragland

Mailing Address 9902 Palace Green Way

City State Zip Code
 Vienna VA 22181-5914

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Kindred Healthcare Inc.

Occupation
 SVP Finance NCD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

08 / 31 / 2013

Transaction ID : PR1267998128273

Amount of Each Receipt this Period

100.00

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

Full Name (Last, First, Middle Initial)

B. Catherine Nurmela

Mailing Address 1409 W. Elmdale

City State Zip Code
 Chicago IL 60660-2405

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 ▼

255.00

Date of Receipt

08 / 31 / 2013

Transaction ID : PR1267998428273

Amount of Each Receipt this Period

30.00

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

Full Name (Last, First, Middle Initial)

C. Mark D. Johnson

Mailing Address 3011 Springcrest Drive

City State Zip Code
 Louisville KY 40241-2755

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 ▼

255.00

Date of Receipt

08 / 31 / 2013

Transaction ID : PR1336786728273

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 30 OF 39

☒ 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. Mary D Van De Kamp

Mailing Address 251 Arbor Lane

City

Green Bay

State

WI

Zip Code

54301-1655

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

SVP Clinical Eff Care Mgt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

08 / 31 / 2013

Transaction ID : PR1408953128273

Amount of Each Receipt this Period

30.00

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

Full Name (Last, First, Middle Initial)

B. Pamela A. Adams

Mailing Address 5912 Mercury Dr

City

Louisville

State

KY

Zip Code

40291-2293

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 ▼

340.00

Date of Receipt

08 / 31 / 2013

Transaction ID : PR1408953228273

Amount of Each Receipt this Period

40.00

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

Full Name (Last, First, Middle Initial)

C. Katherine W Gilchrist

Mailing Address 1668 Victory Court

City

Prospect

State

KY

Zip Code

40059-9175

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 ▼

1080.00

Date of Receipt

08 / 31 / 2013

Transaction ID : PR1524244428273

Amount of Each Receipt this Period

150.00

P/R Deduction (\$75.00 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:
(check only one)

PAGE 31 OF 39

☒ 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. Mary Jane Dailey

Mailing Address 10411 Loving Trail Drive

City State Zip Code
 Frisco TX 75035-8181

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Kindred Healthcare, Inc.

Occupation
 VP & CCO SE Reg HD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

08 / 31 / 2013

Transaction ID : PR1618127528273

Amount of Each Receipt this Period

200.00

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

Full Name (Last, First, Middle Initial)

B. Susan D. Rose

Mailing Address 893 Sunray Court

City State Zip Code
 Shepherdsville KY 40165-5652

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 ▼

255.00

Date of Receipt

08 / 31 / 2013

Transaction ID : PR1622380228273

Amount of Each Receipt this Period

30.00

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

Full Name (Last, First, Middle Initial)

C. Michelle Mullen

Mailing Address 11516 Yorktown Blvd.

City State Zip Code
 Sellersburg IN 47172-9495

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 ▼

255.00

Date of Receipt

08 / 31 / 2013

Transaction ID : PR1774751228273

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)..... ►

260.00

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 39

☒ 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. David M Mikula

Mailing Address 4616 Hallmark Drive

City
Dallas

State
TX

Zip Code
75229-2940

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

SVP Enterprise Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

08 / 31 / 2013

Transaction ID : PR1774751728273

Amount of Each Receipt this Period

40.00

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

Full Name (Last, First, Middle Initial)

B. Philip B Ragsdell

Mailing Address 12004 Log Cabin Lane

City
Louisville

State
KY

Zip Code
40223-2218

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 ▼

374.00

Date of Receipt

08 / 31 / 2013

Transaction ID : PR1784229528273

Amount of Each Receipt this Period

44.00

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

Full Name (Last, First, Middle Initial)

C. Lawrence J. Toye

Mailing Address 3 September Lane

City
Burlington

State
MA

Zip Code
01803-1819

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 ▼

340.00

Date of Receipt

08 / 31 / 2013

Transaction ID : PR1784230828273

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)..... ►

124.00

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 33 OF 39

☒ 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. Carol Falo

Mailing Address 7041 Clubview Dr

City
Bridgeville

State
PA

Zip Code
15017-3600

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 ▼

360.00

Date of Receipt

08 / 31 / 2013

Transaction ID : PR1784231528273

Amount of Each Receipt this Period

60.00

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

Full Name (Last, First, Middle Initial)

B. Kelly A Priegnitz

Mailing Address 160 South St. Gregory Church Road

City
Samuels

State
KY

Zip Code
40013-7455

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 ▼

340.00

Date of Receipt

08 / 31 / 2013

Transaction ID : PR1950875228273

Amount of Each Receipt this Period

40.00

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

Full Name (Last, First, Middle Initial)

C. Matthew B Steinberg

Mailing Address 9009 Anemone Drive

City
Prospect

State
KY

Zip Code
40059-6576

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 ▼

340.00

Date of Receipt

08 / 31 / 2013

Transaction ID : PR1961243228273

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)..... ►

140.00

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 34 OF 39

☒ 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. Jeffrey M Jasnoff

Mailing Address 9012 Coltsfoot Trace

City

Prospect

State

KY

Zip Code

40059-7672

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare, Inc.

Occupation

SVP Human Resources Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

08 / 31 / 2013

Transaction ID : PR1961243328273

Amount of Each Receipt this Period

100.00

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

Full Name (Last, First, Middle Initial)

B. Jeffrey P Stodghill

Mailing Address 2002 Kenilworth Place

City

Louisville

State

KY

Zip Code

40205-1514

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 ▼

850.00

Date of Receipt

08 / 31 / 2013

Transaction ID : PR1961243428273

Amount of Each Receipt this Period

100.00

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

Full Name (Last, First, Middle Initial)

C. James T Flowers

Mailing Address 4020 Gilman Avenue

City

Louisville

State

KY

Zip Code

40207-2112

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 ▼

510.00

Date of Receipt

08 / 31 / 2013

Transaction ID : PR1975144128273

Amount of Each Receipt this Period

60.00

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

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

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

260.00

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 35 OF 39

☒ 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. Linda R Kurland

Mailing Address 6109 Forest Lane

City

Fort Worth

State

TX

Zip Code

76112-1062

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 ▼

1600.00

Date of Receipt

08 / 31 / 2013

Transaction ID : PR1983484228273

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Weekly)

Full Name (Last, First, Middle Initial)

B. Michael J Dixon

Mailing Address 2694 Whitetail Ln

City

O Fallon

State

MO

Zip Code

63368-7139

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 ▼

320.00

Date of Receipt

08 / 31 / 2013

Transaction ID : PR1983484328273

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Weekly)

Full Name (Last, First, Middle Initial)

C. James M Douthitt

Mailing Address 160 N Sappington Rd

City

Saint Louis

State

MO

Zip Code

63122-4854

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 ▼

340.00

Date of Receipt

08 / 31 / 2013

Transaction ID : PR1983484428273

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)..... ►

280.00

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 39

☒ 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. Patricia M Henry

Mailing Address 2555 N Pearl St
#502

City State Zip Code
Dallas TX 75201-2244

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

President RHB

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1615.00

Date of Receipt

08 / 31 / 2013

Transaction ID : PR1983484528273

Amount of Each Receipt this Period

190.00

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

Full Name (Last, First, Middle Initial)

B. Sherrie Sharp

Mailing Address 11 Talais Drive

City State Zip Code
Little Rock AR 72223-9129

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 ▼

640.00

Date of Receipt

08 / 31 / 2013

Transaction ID : PR1983484628273

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Weekly)

Full Name (Last, First, Middle Initial)

C. Jovena Stucker

Mailing Address 5851 Midnight Moon Dr

City State Zip Code
Frisco TX 75034-0715

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 ▼

782.00

Date of Receipt

08 / 31 / 2013

Transaction ID : PR1983484728273

Amount of Each Receipt this Period

54.00

P/R Deduction (\$27.00 Weekly)

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

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

324.00

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 37 OF 39

☒ 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. Mary Claire Willman

Mailing Address 440 Belleview Avenue

City

Saint Louis

State

MO

Zip Code

63119-3621

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 ▼

720.00

Date of Receipt

08 / 31 / 2013

Transaction ID : PR1983484828273

Amount of Each Receipt this Period

90.00

P/R Deduction (\$45.00 Weekly)

Full Name (Last, First, Middle Initial)

B. Bennett S Hoffman

Mailing Address 31 Overlook Road

City

Stoughton

State

MA

Zip Code

02072-3856

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 ▼

340.00

Date of Receipt

08 / 31 / 2013

Transaction ID : PR1983485028273

Amount of Each Receipt this Period

40.00

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

Full Name (Last, First, Middle Initial)

C. James E Eveslage

Mailing Address 9216 Springbrooke Circle

City

Louisville

State

KY

Zip Code

40241-3001

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 ▼

476.00

Date of Receipt

08 / 31 / 2013

Transaction ID : PR2004957328273

Amount of Each Receipt this Period

56.00

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

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

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

186.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 38 OF 39

☒ 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. Richard Edward Lacourse

Mailing Address 35 Winding Ln

City

Basking Ridge

State

NJ

Zip Code

07920-1558

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 ▼

1280.00

Date of Receipt

08 / 31 / 2013

Transaction ID : PR2007353628273

Amount of Each Receipt this Period

160.00

P/R Deduction (\$80.00 Weekly)

Full Name (Last, First, Middle Initial)

B. Candace Fisher

Mailing Address 1733 Crow Valley Rd

City

Bailey

State

CO

Zip Code

80421-2304

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare

Occupation

Executive Dir I

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

08 / 31 / 2013

Transaction ID : PR2017834728273

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Weekly)

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

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

200.00

7379.00

**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 39 OF 39

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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. Democratic Congressional Campaign Committee

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08 | | 14 | | 2013 |

Mailing Address 430 South Capitol Street, SE
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

011

Transaction ID : 52597772

Amount of Each Disbursement this Period

| |
|---------|
| 5000.00 |
|---------|

Candidate Name

Democratic Congressional Campaign Committee

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Contribution

Full Name (Last, First, Middle Initial)

B. American Health Care Association PAC

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08 | | 19 | | 2013 |

Mailing Address P.O. Box 70980

City Washington State DC Zip Code 20024

Purpose of Disbursement
Contribution

011

Transaction ID : 52625197

Amount of Each Disbursement this Period

| |
|---------|
| 5000.00 |
|---------|

Candidate Name

American Health Care Association PAC

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Contribution

Full Name (Last, First, Middle Initial)

C. Federation of American Hospitals PAC

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08 | | 19 | | 2013 |

Mailing Address 750 9th Street, NW
Suite 600

City Washington State DC Zip Code 20001

Purpose of Disbursement
Contribution

011

Transaction ID : 52625210

Amount of Each Disbursement this Period

| |
|---------|
| 5000.00 |
|---------|

Candidate Name

Federation of American Hospitals PAC

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Contribution

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

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

| |
|----------|
| 15000.00 |
|----------|

| |
|----------|
| 15000.00 |
|----------|