12/04/2006 16:43

Image# 26930572581

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines Kindred Healthcare, Inc. PAC 604 S. Fourth St. ADDRESS (number and street) Check if different than previously Louisville ΚY 40202 reported. (ACC) FEC IDENTIFICATION NUMBER STATE. ZIPCODE 🛋 CITY A IS THIS NEW **AMENDED** C00242271 Х REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Х Runoff (30R) Post -Election General (30G) Special (30S) Report for the: **Termination Report** (TER) in the 07 2006 11 Election on State of 10 19 2006 27 2006 11 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Hank Robinson Type or Print Name of Treasurer Hank Robinson Electronically Filed by 12 04 2006 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 02/2003) Only

Image# 26930572582

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

OF RECEIPTS AND DISBURSEMENTS

	FEC Form 3X (Rev. 02/2003)		Page 2
	te or Type Committee Name Kindred Healthcare, Inc. PAC		
Re	port Covering the Period: From:	10 19 2006 T	o: D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Yellow 2006 Y Y		176556.29
(b) Cash on Hand at Begining of Reporting Period	125812.79	
(c) Total Receipts (from Line 19)	17716.20	146558.60
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	143528.99	323114.89
7. 1	otal Disbursements (from Line 31)	36500.00	216085.90
F	Cash on Hand at Close of Reporting Period Subtract Line 7 from Line 6(d))	107028.99	107028.99
t	Debts and Obligations owed TO ne committee (Itemize all on Schedule C and/or Schedule D)	0.00	
t	Debts and Obligations owed BY ne committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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:

м м 1 0

From:

^D 1 9

2006

-₀. 11

^D 2^D 7

2006

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From:		
	(a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	14676.20	67646.20
		3040.00	72912.40
	(ii) Unitemized(iii) TOTAL (add		
	Lines 11(a)(i) and (ii)	17716.20	140558.60
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees	0.00	0.00
	(such as PACs)(d) Total Contributions (add Lines	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	17716.20	140558.60
2.	Transfers From Affiliated/Other Party Committees	0.00	0.00
3.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
6.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
	to Federal candidates and Other Political Committees	0.00	6000.00
7.	Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
8.	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))	17716.20	146558.60
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	17716.20	146558.60

from Line 31).....

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4 **COLUMN A COLUMN B II. DISBURSEMENTS Total This Period** Calendar Year-to-Date 21. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 0.00 135.90 Expenditures..... (c) Total Operating Expenditures 0.00 135.90 (add 21(a)(i), (a)(ii) and (b))............ 22. Transfers to Affiliated/Other Party 0.00 0.00 Committees..... Contributions to 23. Federal Candidates/Committees.....and Other Political Committees..... 36500.00 209250.00 24. Independent Expenditure 0.00 0.00 0.00 0.00 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 27. Loans Made..... 28. Refunds of Contributions To: Individuals/Persons Other 0.00 0.00 Than Political Committees 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) (d) Total Contribution Refunds 0.00 0.00 (add Lines 28(a), (b), and (c)) 0.00 6700.00 29. Other Disbursements..... 30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) 0.00 0.00 (i) Federal Share 0.00 0.00 (ii) "Levin" Share (b) Federal Election Activity Paid Entirely 0.00 0.00 With Federal Funds (c) Total Federal Election Activity (add 0.00 0.00 Lines 30(a)(i), 30(a)(ii) and 30(b)).... 31. Total Disbursements (add Lines 21(c), 22, 36500.00 216085.90 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii)

36500.00

216085.90

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	tributions/Operating enditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	s (other than loans) age 3)	17716.20	140558.60
34. Total Contribution (from Line 28(d))	Refunds	0.00	0.00
35. Net Contributions (subtract Line 34	(other than loans)	17716.20	140558.60
	rating Expenditures and Line 21(b))	0.00	135.90
37. Offsets to Operati	ng Expenditures re 3)	0.00	0.00
38. Net Operating Exp	enditures from Line 36)	0.00	135.90

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NU		
	EMIZED RECEIPTS		or each category of the	(check only on	. – –	
••	LIMIZED RECEIL 13		Detailed Summary Page	X 11a	11b 11c 12	747
Δr	ny information copied from such Reports and Stater	mente may	y not be sold or used by any perso	n for the purpose	14 15 16 1	17
or	for commercial purposes, other than using the name	ne and add	dress of any political committee to	solicit contribution	ons from such committee.	
	NAME OF COMMITTEE (In Full)					
$ \rangle$	Kindred Healthcare, Inc. PAC					
\angle				_		
Α.	Full Name (Last, First, Middle Initial) Christine A. Albro			Date of Re	eceint	
٠	Mailing Address 1260 Smith Hill Road			M M /	·	1
				1.1	13 2006	
	City	State	Zip Code	Transactio	on ID: 17827725	
	Corydon	IN	47112	Amount of	Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C			350.00	
	Name of Employer	Occupation	 1	-		
	Kindred Healthćare Inc.	Direct Cu	stomer Support			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General	1 1	350.00			
	Other (specify) ▼	0 0	000.00			
— В.	Full Name (Last, First, Middle Initial) Aryendra Laljie			Date of Re	eceipt	
	Mailing Address 10241 SW 13th Street				D D / Y Y Y Y	
	City	State Zip Code			on ID: PR109410349173	
	Pembroke Pines FI	FL	33025		Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С			30.00	
	Name of Employer) a a un ati a u		_		
	Kindrod Hoolthoore Inc	Dccupatior Reg Dir F				
			Year-to-Date ▼			
	Primary General	1 1		P/R Deduc	ction (\$10.00 Bi-	
	Other (specify) ▼	0 0	240.00	Weekly)	.	
_	Full Name (Last, First, Middle Initial)					
C.	Teresa S Anderson			Date of Re	•	
	Mailing Address 7115 Coachwood Drive			M M /	D D / Y Y Y Y	
City State			Zip Code	Transactio	on ID: PR109418379173	
	Georgetown	IN	47122		Each Receipt this Period	
	FEC ID number of contributing	<u></u>			45.00	
	federal political committee.	C			+5.00	
Kindred Healthćare Inc. Sr D		Occupation	<u> </u>	-		
		•	Sys Dev			
			Year-to-Date ▼			
	Primary General	-	360.00	P/R Deduc	ction (\$15.00 Bi-	
	Other (specify) ▼		000.00	Weekly)		
Г	I					_
s	UBTOTAL of Receipts This Page (optional)				425.00	
\vdash			<u> </u>			
T	OTAL This Period (last page this line number only)	>			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7/95 (check only one) X 11a 11b 11c 12
An	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		,,,	
۹.	Full Name (Last, First, Middle Initial) Richard E Chapman Mailing Address 11200 Bodley Drive			Date of Receipt
	City	State	Zip Code	Transaction ID: PR109418389173
	Louisville	KY	40223	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		210.00
	Name of Employer Kindred Healthcare Inc.	Occupation Exec VP	n Chief Adm&InfoOff	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1680.00	P/R Deduction (\$70.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Edward L Kuntz			Date of Receipt
	Mailing Address 8807 Stable Crest Boule	M " M / D " D / Y " Y " Y " Y		
	City	State	Zip Code	Transaction ID: PR109418399173
	Houston	TX	77024	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Kindred Healthcare Inc.		e Chairman	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 2400.00	P/R Deduction (\$100.00 Bi- Weekly)
).	Full Name (Last, First, Middle Initial) Kurt Brockhausen			Date of Receipt
	Mailing Address 209 Glenwood Ct			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109418429173
	Great Falls	MT	59405	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Pharm M	lgr	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 240.00	P/R Deduction (\$10.00 Bi- Weekly)
SI	UBTOTAL of Receipts This Page (optional)			540.00
т	OTAL This Period (last page this line number or	nly))	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 8 / 95	
	ITEMIZED RECEIPTS		or each category of the	(check only one)	
•••			Detailed Summary Page	X 11a 11b 11c 12 15 16 17	
Δr	ny information copied from such Reports and St	atements may	y not he sold or used by any ners		
or	for commercial purposes, other than using the	name and ado	dress of any political committee to	o solicit contributions from such committee.	
\setminus	NAME OF COMMITTEE (In Full)				
	Kindred Healthcare, Inc. PAC				
A.	Full Name (Last, First, Middle Initial) David R Windhorst			Date of Receipt	
	Mailing Address 2000 Spring Farms Ro	ad		M " M / D " D / Y " Y " Y " Y	
	City		Zip Code	Transaction ID: PR109418509173	
	Floyds Knobs	IN	47119	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		120.00	
	Name of Employer Kindred Healthcare Inc.	Occupation VP Finan	n cial Sys Dev		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼	0 0	960.00	P/R Deduction (\$40.00 Bi- Weekly)	
— В.	Full Name (Last, First, Middle Initial) Lawrence I Wolf			Date of Receipt	
	Mailing Address 4826 N Winthrop Ave #	M M / D D / Y Y Y Y			
	City	State	Zip Code	Transaction ID: PR109418519173	
	Chicago	<u> </u>	60640	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		60.00	
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Cnslt /	n Appl-Data Arch		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼		480.00	P/R Deduction (\$20.00 Bi- Weekly)	
<u> </u>	Full Name (Last, First, Middle Initial) Mary Jane Frappier-Neff			Date of Receipt	
	Mailing Address 2883 Bellwind Circle			M " M / D " D / Y " Y " Y " Y	
	City	State	Zip Code	Transaction ID: PR109418529173	
	Rockledge	<u>FL</u>	32955	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		30.00	
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Re			
	Receipt For:	Aggregate	Year-to-Date V		
	Primary General Other (specify) ▼		240.00	P/R Deduction (\$10.00 Bi- Weekly)	
s	UBTOTAL of Receipts This Page (optional)			210.00	
H	OTAL This Period (last page this line number of				

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 95 (check only one) X
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
۹.	Full Name (Last, First, Middle Initial) Judy Weaver Mailing Address 1635 Blackmore Drive			Date of Receipt
	City	State	Zip Code	PD100410520172
	City Indianapolis	IN	46231	Transaction ID: PR109418539173 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		45.00
	Name of Employer Kindred Healthcare Inc.		Clin Ops-HD	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 360.00	P/R Deduction (\$15.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Katheryn J Markham			Date of Receipt
	Mailing Address 10602 Taylor Farm Ct			M M / D D / Y Y Y
	City	State	Zip Code	Transaction ID: PR109418569173
	Prospect	KY	40059	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		105.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP IS Pla	n anning&FieldSvcs	
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		840.00	P/R Deduction (\$35.00 Bi- Weekly)
`	Full Name (Last, First, Middle Initial) Dan Mcreynolds			Date of Receipt
J .	Mailing Address 7620 Beech Spring Cour	rt		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109418579173
	Louisville	KY	40241	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Kindred Healthcare Inc.	1	ntaWarehouseSvcs	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 240.00	P/R Deduction (\$10.00 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			180.00
т.	OTAL This Period (last page this line number or	ılv)		

SI	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 10 / 95
	· · · · · · · · · · · · · · · · · · ·		Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, ,	13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	Kindred Healthcare, Inc. PAC			
۹.	Full Name (Last, First, Middle Initial) Janis L Mahoney			Date of Receipt
	Mailing Address 3403 S. Highway 53			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109418589173
	LaGrange	KY	40031	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Te	n chnical Svcs	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		340.00	P/R Deduction (\$20.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Catherine A Gooch			Date of Receipt
	Mailing Address 14516 Clear Meadow Co	M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR109418599173
	Louisville	KY	40245	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		60.00
	Name of Employer Kindred Healthcare Inc.	Occupation		
		Dir Fin S	•	_
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	D/D Doduction (\$20.00 Bi
	Other (specify) ▼	0 0	480.00	P/R Deduction (\$20.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Brian K Rapp			Date of Receipt
	Mailing Address 154 Rock Trail Court			M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR109418639173
	<u>Ballwin</u>	MO	63011	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		С		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Quali		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		240.00	P/R Deduction (\$10.00 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			150.00
	. 5 ,		<u> </u>	
T	OTAL This Period (last page this line number or	ıly)	>	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 11 / 95	
	ITEMIZED RECEIPTS		or each category of the	(check only one)	
••			Detailed Summary Page	X 11a 11b 11c 12 15 16 17	
Δn	y information copied from such Reports and Sta	toments may	not be sold or used by any person		
or	for commercial purposes, other than using the n	ame and add	lress of any political committee to	o solicit contributions from such committee.	
\setminus	NAME OF COMMITTEE (In Full)				
	Kindred Healthcare, Inc. PAC				
A.	Full Name (Last, First, Middle Initial) Patrick J Gillenwater			Date of Receipt	
	Mailing Address 402 Erin Drive	0	7: 0 1	M M / D D / Y Y Y Y	
	City	State IN	Zip Code	Transaction ID: PR109418649173	
	<u>Jeffersonville</u>	IIN	47130	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		52.50	
	Name of Employer Kindred Healthcare Inc.	Occupation Adm Dir I			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		420.00	P/R Deduction (\$17.50 Bi- Weekly)	
	Other (specify)	0 0		Weekly)	
В.	Full Name (Last, First, Middle Initial) Mona Euler			Date of Receipt	
	Mailing Address 11325 Moss Dr			M M / D D / Y Y Y Y	
	City	State	Zip Code	Transaction ID: PR109418679173	
	Carmel	IN	46033	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		30.00	
	Name of Employer Kindred Healthcare Inc.	Occupation	1		
		Chief Exe			
	Receipt For: Primary General	Aggregate	Year-to-Date ▼		
	Other (specify)		230.00	P/R Deduction (\$10.00 Bi- Weekly)	
<u> </u>	Full Name (Last, First, Middle Initial) William B Seibert			Date of Receipt	
	Mailing Address 4706 Wolfcreek Pkwy			M M / D D / Y Y Y Y	
	City	State	Zip Code	Transaction ID: PR109418749173	
	Louisville	KY	40241	Amount of Each Receipt this Period	
	FEC ID number of contributing				
	federal political committee.	C		90.00	
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Fin			
Receipt For:			Year-to-Date ▼		
	Primary General	-	720.00	P/R Deduction (\$30.00 Bi-	
	Other (specify) ▼		720.00	Weekly)	
S	UBTOTAL of Receipts This Page (optional)			172.50	
\vdash	ccsopio 11110 1 ago (optional)				
T	OTAL This Period (last page this line number or	nly))		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 95 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and Sta	atements may	y not be sold or used by any perso	n for the purpose of soliciting contributions
or for commercial purposes, other than using the r NAME OF COMMITTEE (In Full)	name and add	dress of any political committee to	solicit contributions from such committee.
Kindred Healthcare, Inc. PAC			
Full Name (Last, First, Middle Initial) Deborah F Rickert			Date of Receipt
Mailing Address 7003 Shallow Lake Roa	d		M M / D D / Y Y Y
City	State	Zip Code	Transaction ID: PR109418779173
Prospect	KY	40059	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		60.00
Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Fir	n n Sys Dev	
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼		480.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) 3. Charles Wardrip			Date of Receipt
Mailing Address 2805 Chestnut Ridge Pl	M " M / D " D / Y " Y " Y " Y		
City	State	Zip Code	Transaction ID: PR109418799173
Louisville	KY	40245	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		105.00
Name of Employer Kindred Healthcare Inc.	Occupation VP IS Op	n os & Telecomm	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		835.00	P/R Deduction (\$35.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) C. Stephen M Dobler			Date of Receipt
Mailing Address 1106 Holly Springs Driv	е		M " M / D " D / Y " Y " Y " Y
City	State	Zip Code	Transaction ID: PR109418809173
Louisville	KY	40242	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		135.00
Name of Employer Kindred Healthcare Inc.	Occupation VP IS Fire	n nance & Admin	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		1080.00	P/R Deduction (\$45.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)			300.00
TOTAL This Period (last page this line number o	nlv)	.	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 13 / 95 (check only one)
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Star for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
۹.	Full Name (Last, First, Middle Initial) Terry Carrico			Date of Receipt
	Mailing Address 3311 Cobblers Ct			M M / D D / Y Y Y Y
	City New Albany	State IN	Zip Code	Transaction ID: PR109418829173
	FEC ID number of contributing federal political committee.	C	47150	Amount of Each Receipt this Period 60.00
	Name of Employer Kindred Healthcare Inc.	Occupation		
	Receipt For:		n Systems Dev Year-to-Date ▼	_
	Primary General Other (specify) ▼	Aggregate	480.00	P/R Deduction (\$20.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Steven J Paynter			Date of Receipt
	Mailing Address 3105 Crestmoor Court	M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR109418849173
	Prospect	KY	40059	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer Kindred Healthcare Inc.		Tech Arch	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	D/D Doduction (\$00.00 B)
	Other (specify)		480.00	P/R Deduction (\$20.00 Bi- Weekly)
D.	Full Name (Last, First, Middle Initial) Kimberly Ann Beach			Date of Receipt
	Mailing Address 6615 Leland Drive			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109418869173
	Crestwood	KY	40014	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Kindred Healthcare Inc.		ation Sys-HSD	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00	P/R Deduction (\$10.00 Bi- Weekly)
SI	UBTOTAL of Receipts This Page (optional)			150.00
TO	OTAL This Period (last page this line number or	nly)	>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 14 / 95
	EMIZED RECEIPTS		or each category of the	(check only one)
•			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	Kindred Healthcare, Inc. PAC			
۹.	Full Name (Last, First, Middle Initial) William R Rhodes			Date of Receipt
	Mailing Address 11303 Vista Greens Driv	/e		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109418899173
	Louisville	KY	40241	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Tech Cns		
	Receipt For:		Year-to-Date ▼	
	Primary General			P/R Deduction (\$10.00 Bi-
	Other (specify)		240.00	Weekly)
3.	Full Name (Last, First, Middle Initial) Martin Ardron			Date of Receipt
	Mailing Address 77 Rising Hill Road			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109418919173
	Phillips Ranch	CA	91766	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		75.00
	Name of Employer Kindred Healthcare Inc.	Occupation		
	Receipt For:	<u> </u>	Hosp Rehab-PRS e Year-to-Date ▼	-
	Primary General	Aggregate		P/R Deduction (\$25.00 Bi-
	Other (specify) ▼		600.00	Weekly)
	Full Name (Last, First, Middle Initial) Michael Metzger			Date of Receipt
	Mailing Address 121 Tamarack Ct.			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109418939173
	Lindenhurst	IL	60046	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		45.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Fin		
	Receipt For:	Aggregate	e Year-to-Date ▼	1
	Primary General Other (specify) ▼		345.00	P/R Deduction (\$15.00 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			150.00
_			······································	
T	OTAL This Period (last page this line number or	nly))	

SCHEDL	ILE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 15 / 95 (check only one)
ITEMIZE	D RECEIPTS		or each category of the Detailed Summary Page	X 11a
			Detailed Summary Page	13 14 15 16 17
Any informati or for comme	on copied from such Reports and Starcial purposes, other than using the r	atements may	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	COMMITTEE (In Full)			
Kindred	Healthcare, Inc. PAC			
Full Name A. Linn Billing	(Last, First, Middle Initial) psley			Date of Receipt
Mailing Ad	Idress P.O. Box 122			M M / D D / Y Y Y Y
City	d	State	Zip Code	Transaction ID: PR109418989173
Blue Dia		NV	89004	Amount of Each Receipt this Period
	umber of contributing litical committee.	C		60.00
Name of E Kindred H	Employer ealthcare Inc.	Occupatio Executive		
Receipt F		Aggregate	e Year-to-Date ▼	
Oth	nary		460.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name 3. Jan Turk	(Last, First, Middle Initial)			Date of Receipt
Mailing Ad	ldress 1314 Amelia St.			M " M / D " D / Y " Y " Y " Y
City		State	Zip Code	Transaction ID: PR109419009173
New Orl	eans	LA	70115	Amount of Each Receipt this Period
	umber of contributing litical committee.	C		60.00
Name of E Kindred H	mployer ealthcare Inc.	Occupatio Chief Exc		
Receipt F	or:		e Year-to-Date ▼	
Prin Othe	nary General er (specify) ▼		460.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name	(Last, First, Middle Initial)			Date of Receipt
Mailing Ad				M M / D D / Y Y Y Y
City	•	State	Zip Code	Transaction ID: PR109419039173
<u>Chicago</u>		<u> </u>	60660	Amount of Each Receipt this Period
	umber of contributing litical committee.	C		30.00
Name of E Kindred H	mployer ealthcare Inc.	Occupatio Chief Exc		
Receipt F		Aggregate	e Year-to-Date ▼	
Prim Othe	nary		230.00	P/R Deduction (\$10.00 Bi- Weekly)
SUBTOTAL	of Receipts This Page (optional)			150.00
TOTAL This	Period (last page this line number o	nly)	>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 16 / 95 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
۹.	Full Name (Last, First, Middle Initial) Jack Shapiro			Date of Receipt
	Mailing Address 22591 Covington Drive			M M / D D / Y Y Y Y
	City Deer Park	State II	Zip Code 60010	Transaction ID: PR109419049173 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		90.00
	Name of Employer Kindred Healthcare Inc.	Occupation		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 690.00	P/R Deduction (\$30.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Adrienne Lyons			Date of Receipt
	Mailing Address 1220 North Oak Park Avenue			M M / D D / Y Y Y Y
	City Oak Park	State IL	Zip Code 60302	Transaction ID: PR109419059173
	FEC ID number of contributing federal political committee.	C	00002	Amount of Each Receipt this Period 30.00
	Name of Employer Kindred Healthcare Inc. Receipt For:		n Clin Ops-HD e Year-to-Date ▼	
	Primary General Other (specify) ▼		240.00	P/R Deduction (\$10.00 Bi- Weekly)
) .	Full Name (Last, First, Middle Initial) Linda Tiemens			Date of Receipt
	Mailing Address 100 Forest Place #P-39			M " M / D " D / Y " Y " Y " Y
	City Oak Park	State IL	Zip Code 60301	Transaction ID: PR109419079173 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		90.00
	Name of Employer Kindred Healthcare Inc.		MW Reg-HD	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 720.00	P/R Deduction (\$30.00 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			210.00
T	OTAL This Period (last page this line number on	ıly)	>	

SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)		FOR LINE NUMBER: PAGE 17/95	
	EMIZED RECEIPTS		or each category of the	(check only one)	h 🗆 440 🗆 40	
			Detailed Summary Page	X 11a 111 13 14	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	
An	y information copied from such Reports and State	ements may	γ not be sold or used by any perso	n for the purpose of	soliciting contributions	
or	for commercial purposes, other than using the na	me and add	dress of any political committee to	solicit contributions f	from such committee.	
\setminus	NAME OF COMMITTEE (In Full)					
/	Kindred Healthcare, Inc. PAC					
_	Full Name (Last, First, Middle Initial) Linda Mcguade			Date of Receip	nt .	
٠.	Mailing Address 4712 Sw 24 Ave			<u> </u>	D / Y Y Y Y	
	0.1	01-1-	7'- 0-4-		DD 100 110 100 170	
	City Ft Lauderdale	State FL	Zip Code 33312		b: PR109419109173	
	FEC ID number of contributing		00012	Amount of Lac		
	federal political committee.	C			30.00	
	Name of Employer Kindred Healthcare Inc.	Occupation				
			th Info Mgmt	_		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	D/D Doduction	- (Φ10 00 Di	
	Other (specify) ▼	0 0	230.00	P/R Deduction Weekly)	I (\$10.00 BI-	
	Full Name (Last, First, Middle Initial)					
3.	John Caron			Date of Receip	ot	
	Mailing Address 2333 Brickell Ave #1402			M M / D	D / Y Y Y Y	
	City	State	Zip Code	Transaction ID	o: PR109419129173	
	Miami	FL	33129	Amount of Eac	ch Receipt this Period	
	FEC ID number of contributing	C			30.00	
	federal political committee.					
	Name of Employer Kindred Healthcare Inc.	Occupation				
	Receipt For:		ce-South Reg-HD Year-to-Date ▼	_		
	Primary General	riggregate		P/R Deduction	n (\$10 00 Bi-	
	Other (specify) ▼		240.00	Weekly)	- (ψ10.00 Δ1	
	Full Name (Last, First, Middle Initial)					
Э.	Theodore Welding			Date of Receip		
	Mailing Address 2448 Middle River Dr.			M M / D	D / Y Y Y Y	
	City	State	Zip Code	Transaction ID): PR109419139173	
	Ft. Lauderdale	FL	33305	Amount of Eac	ch Receipt this Period	
	FEC ID number of contributing federal political committee.	С			75.00	
	Name of Employer	Occupation				
	Name of Employer Kindred Healthcare Inc.	Executive				
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼	' '	600.00	P/R Deduction Weekly)	n (\$25.00 Bi-	
	(-F // V		0 0 0 0 0 0 0	,,		
SI	UBTOTAL of Receipts This Page (optional)				135.00	
T	OTAL This Period (last page this line number onl	y)	>			

CCHEDIII E A /EEC Form 2V)			FOR LINE NUMBER: PAGE 18 / 95
SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12
		Detailed Summary Page	13 14 15 16 17
Any information copied from such Reports and Sta	tomonte may	ret be sold or used by any perso	
or for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
Kindred Healthcare, Inc. PAC			
Kindred Healthcare, Inc. FAC			
Full Name (Last, First, Middle Initial)			
A. Linda McGunnigle			Date of Receipt
Mailing Address 17 Hartshorn Street			M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR109419169173
West Bridgewater	MA	02379	Amount of Each Receipt this Period
FEC ID number of contributing			
federal political committee.	C		30.00
Name of Employer Kindred Healthcare Inc.	Occupation		
		Reg Loss Prevent	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General		240.00	P/R Deduction (\$10.00 Bi-
Other (specify) ▼		240.00	Weekly)
Full Name (Last, First, Middle Initial)			D
Andrew W Tsapatsaris			Date of Receipt
Mailing Address 5121 Avalon Drive			M M / D D / Y Y Y Y
City	State	Zip Code	T .: ID DD100410170172
Peabody	MA	•	Transaction ID: PR109419179173
reabouy	IVIA	01960	Amount of Each Receipt this Period
FEC ID number of contributing	C		30.00
federal political committee.			
Name of Employer	Occupation	n	7
Kindred Healthćare Inc.	Sr Dir Tra	ansition Team	
Receipt For:	Aggregate	e Year-to-Date ▼	7
Primary General			P/R Deduction (\$10.00 Bi-
Other (specify) ▼		240.00	Weekly)
Full Name (Last, First, Middle Initial)			
Frank Battafarano			Date of Receipt
Mailing Address 2700 Little Hills Lane			M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR109419199173
Anchorage	KY	40223	Amount of Each Receipt this Period
FEC ID number of contributing	<u></u>		150.00
federal political committee.	C		100.00
Name of Employer	Occupation	<u> </u>	\dashv
Name of Employer Kindred Healthcare Inc.		& President-HD	
Receipt For:		Year-to-Date ▼	-
Primary General	ggi ogaic		P/P Doduction (\$50.00 Pi
Other (specify)		1200.00	P/R Deduction (\$50.00 Bi- Weekly)
		1 1 1 1 1 1 1	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
SUBTOTAL of Receipts This Page (optional)			210.00
a		······································	
TOTAL This Period (last page this line number or	nly)	>	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 19/95
TEMIZED RECEIPTS			or each category of the	(check only one)
!			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any ir	nformation copied from such Reports and Stat	ements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or for	commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.
\	AME OF COMMITTEE (In Full)			
∕ Ki	indred Healthcare, Inc. PAC			
, Fu	ıll Name (Last, First, Middle Initial)			
_	ean R Muldoon			Date of Receipt
Ma	ailing Address 5800 Brittany Valley Roa	ad		M M / D D / Y Y Y
Ci	tv	State	Zip Code	Transaction ID: PR109419229173
	ouisville	KY	40222	Amount of Each Receipt this Period
	EC ID number of contributing			
	deral political committee.	C		150.00
Na	ame of Employer ndred Healthcare Inc.	Occupation	1	1
Ki	ndred Healthćare Inc.	Sr VP & 0	Chief Med Off-HD	
Re	eceipt For:	Aggregate	e Year-to-Date ▼	
-	Primary General	, , ,	1200.00	P/R Deduction (\$50.00 Bi- Weekly)
	Other (specify) ▼	0 0		(vveekiy)
	ıll Name (Last, First, Middle Initial)			
_	mes L Lindberg			Date of Receipt
Ma	ailing Address 11119 Brook Stone Cour	t		M M / D D / Y Y Y Y
Ci	ty	State	Zip Code	Transaction ID: PR109419259173
Lo	ouisville	KY	40223	Amount of Each Receipt this Period
	EC ID number of contributing	С		60.00
fed	deral political committee.			33.00
Na	ame of Employer ndred Healthcare Inc.	Occupation		
			Facilities-HD	
Re	eceipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)	' '	480.00	P/R Deduction (\$20.00 Bi- Weekly)
				,
_	ull Name (Last, First, Middle Initial) eborah R Doddridge			Date of Receipt
_	ailing Address 312 Hill St. PO Box 273			M M / D D / Y Y Y Y
_	0 0.2 0 20.1 20			
Ci		State	Zip Code	Transaction ID: PR109419309173
	illtown	IN	47145	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		45.00
		0001112-24		-
Na Ki	ame of Employer ndred Healthcare Inc.	Occupation Dir Procu	า ıre Sys & Capital	
Re	eceipt For:		Year-to-Date V	1
	Primary General	35 0		P/R Deduction (\$15.00 Bi-
	Other (specify) ▼	0 0	360.00	Weekly)
SUB	TOTAL of Receipts This Page (optional)			255.00
			·	
TOT	AL This Period (last page this line number on	ly)	>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 20 / 95 (check only one)
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	Kindred Healthcare, Inc. PAC			
۹.	Full Name (Last, First, Middle Initial) Joel W Day			Date of Receipt
	Mailing Address 2017 Spring Farms Driv	е		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109419319173
	Floyd Knobs	IN	47119	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		45.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP & Cor	n ntroller-HD	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	1 1	360.00	P/R Deduction (\$15.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Susan Moss			Date of Receipt
	Mailing Address 161 Westwind Road			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109419339173
	Louisville	KY	40207	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer Kindred Healthcare Inc.	Occupation		
	Receipt For:		Communications e Year-to-Date ▼	_
	Primary General	Aggregate		P/R Deduction (\$20.00 Bi-
	Other (specify) ▼		480.00	Weekly)
) .	Full Name (Last, First, Middle Initial) Theresa M Graham			Date of Receipt
	Mailing Address 1203 Falls Creek Landin	ıg		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109419359173
	New Ablany	IN	47150	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		45.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Comp		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		330.00	P/R Deduction (\$15.00 Bi- Weekly)
S	UBTOTAL of Receipts This Page (optional)			150.00
	,		•	
T	OTAL This Period (last page this line number or	nly)	>	

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 21 / 95
TEMIZED RECEIPTS	or each category of the	(check only one)
	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and State	ments may not be sold or used by any perso	n for the purpose of soliciting contributions
or for commercial purposes, other than using the nan	ie and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
/ Tandred Fleatificare, Inc. FAC		
Full Name (Last, First, Middle Initial) A. Michael C Lozier		Date of Receipt
Mailing Address 5106 Creekwood Drive		M M / D D / Y Y Y Y
City	State Zin Code	- II IP DD100410070170
City Greenville	State Zip Code IN 47124	Transaction ID: PR109419379173 Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	30.00
Kindred Healthéare Inc	Occupation	
	Dir Purch Contract Admin	-
Receipt For: Primary General	Aggregate Year-to-Date ▼	B/B Doduction (\$10.00 Bi
Other (specify)	240.00	P/R Deduction (\$10.00 Bi- Weekly)
Full Name (Last First Middle Initial)		
Full Name (Last, First, Middle Initial) Charles Michael Grannan		Date of Receipt
Mailing Address 7109 Cannonade Court		M " M / D " D / Y " Y " Y " Y
City	State Zip Code	Transaction ID: PR109419399173
Prospect	KY 40059	Amount of Each Receipt this Period
FEC ID number of contributing	C	84.00
federal political committee.		
Kindred Healthéare Inc	Occupation (D. Duracha sing)	
	/P Purchasing Aggregate Year-to-Date ▼	-
Primary General		P/R Deduction (\$28.00 Bi-
Other (specify) ▼	672.00	Weekly)
Full Name (Last, First, Middle Initial)		
Robert G Weir		Date of Receipt
Mailing Address 4100 Napanee Rd		M M / D D / Y Y Y Y
City	State Zip Code	Transaction ID: PR109419409173
Louisville	KY 40207	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
·		
Kindrod Hoolthoore Inc	Occupation VP Operations-KPS	
	Aggregate Year-to-Date ▼	
Primary General	480.00	P/R Deduction (\$20.00 Bi-
Other (specify) ▼	+00.00	Weekly)
		174.00
SUBTOTAL of Receipts This Page (optional)	>	174.00
TOTAL This Period (last page this line number only)	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 22/95
	EMIZED RECEIPTS		or each category of the	(check only one)
••			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Δn	y information copied from such Reports and St	atements may	y not be sold or used by any ners	
or	for commercial purposes, other than using the	name and ado	dress of any political committee to	o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	Kindred Healthcare, Inc. PAC			
A.	Full Name (Last, First, Middle Initial) Dennis J Hansen			Date of Receipt
	Mailing Address 1791 Connor Station Re	oad		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109419419173
	Simpsonville	KY	40067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		105.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Reiml		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		840.00	P/R Deduction (\$35.00 Bi-
	Other (specify)	0 0	040.00	Weekly)
В.	Full Name (Last, First, Middle Initial) Mary Suzanne Riedman			Date of Receipt
	Mailing Address 6401 Orchid Hill Pl			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109419429173
	Louisville	KY	40207	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP & 0	n General Counsel	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	480.00	P/R Deduction (\$20.00 Bi- Weekly)
<u> </u>	Full Name (Last, First, Middle Initial) Susan P Riedl			Date of Receipt
	Mailing Address 8914 Lippincott Road			M ' M / D ' D / Y ' Y ' Y
	City	State	Zip Code	Transaction ID: PR109419449173
	Louisville	KY	40222	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir HS		
Receipt For:			Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	240.00	P/R Deduction (\$10.00 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			195.00
H	OTAL This Period (last page this line number of			

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 23/95
ITEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X 11a
Any information copied from such Reports and Stat	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
Kindred Healthcare, Inc. PAC			
/ Full Name (Last, First, Middle Initial)			
A. Mary L Dennison			Date of Receipt
Mailing Address 4678 Mount Eden Road			M M / D D / Y Y Y Y
Oit.	Ctata	7:- Oada	
City Shelbyville	State KY	Zip Code 40065	Transaction ID: PR109419489173 Amount of Each Receipt this Period
•		40003	
FEC ID number of contributing federal political committee.	C		52.50
Name of Employer	Occupation	<u> </u>	
Name of Employer Kindred Healthcare Inc.	Mgr Reim		
Receipt For:		e Year-to-Date ▼	1
Primary General		420.00	P/R Deduction (\$17.50 Bi-
Other (specify)	0 0	720.00	Weekly)
Full Name (Last, First, Middle Initial)			
Michael J Bean			Date of Receipt
Mailing Address 8011 Kendrick Crossing	Lane		M M / D D / Y Y Y
City	State	Zip Code	Transaction ID: PR109419519173
<u>Louisville</u>	KY	40291	Amount of Each Receipt this Period
FEC ID number of contributing			60.00
federal political committee.	C		60.00
Name of Employer Kindred Healthcare Inc.	Occupation	1	1
	VP Tax P		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		480.00	P/R Deduction (\$20.00 Bi- Weekly)
			<u> </u>
Full Name (Last, First, Middle Initial)			Data of Descript
Peggy Black Mailing Address 1607 Helmridge Court			Date of Receipt
City	State	Zip Code	Transaction ID: PR109419539173
Louisville	KY	40222	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
<u> </u>			
Name of Employer Kindred Healthcare Inc.	Occupation	ո .t to Chair & BOD	
Exec		Year-to-Date ∇	-
Primary General	33. 23.40		P/R Deduction (\$10.00 Bi-
Other (specify) ▼		240.00	Weekly)
SUBTOTAL of Receipts This Page (optional)			142.50
TOTAL This Period (last page this line number on	nly)	>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 24 / 95 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	/ not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
۹.	Full Name (Last, First, Middle Initial) Anne S Woods			Date of Receipt
	Mailing Address 7420 Falls Ridge Ct.			M M / D D / Y Y Y Y
	City Louisville	State KY	Zip Code 40241	Transaction ID: PR109419549173 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		90.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Intern		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 716.00	P/R Deduction (\$30.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Stephanie J Warren			Date of Receipt
	Mailing Address 2169 Balmer-Fenwick R	oad		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109419579173
	Floyds Knobs	IN	47119	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		45.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Fa	n cility Mgmt	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	360.00	P/R Deduction (\$15.00 Bi- Weekly)
<u> </u>	Full Name (Last, First, Middle Initial) Teri A Hartlage			Date of Receipt
	Mailing Address 5600 Bradbe Meadows	Way		M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR109419589173
	Fisherville	KY	40023	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer Kindred Healthcare Inc.	Occupation Asst Trea	asurer	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 480.00	P/R Deduction (\$20.00 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			195.00
T	OTAL This Period (last page this line number or	nly)	>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 25 / 95 (check only one)
			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
۹.	Full Name (Last, First, Middle Initial) John Lucchese			Date of Receipt
	Mailing Address 14401 Broad Oak Place			M " M / D " D / Y " Y " Y " Y "
	City Louisville	State KY	Zip Code 40245	Transaction ID: PR109419599173 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40243	99.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Crp F	n in & Controller	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 792.00	P/R Deduction (\$33.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Rose M Michels			Date of Receipt
	Mailing Address 6503 Chenoweth Run Ro	oad		M ' M / D ' D / Y ' Y ' Y ' Y
	City	State	Zip Code	Transaction ID: PR109419609173
	Louisville	KY	40299	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		45.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Tax C		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		360.00	P/R Deduction (\$15.00 Bi- Weekly)
— Э.	Full Name (Last, First, Middle Initial) Richard A Lechleiter			Date of Receipt
	Mailing Address 601 Club Lane			M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR109419629173
	Louisville	KY	40207	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		225.00
	Name of Employer Kindred Healthcare Inc.	Occupation Exec VP		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1800.00	P/R Deduction (\$75.00 Bi- Weekly)
SI	UBTOTAL of Receipts This Page (optional)			369.00
т	OTAL This Period (last page this line number or	nly)	>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 95 (check only one) X
An or	y information copied from such Reports and Stator commercial purposes, other than using the national states.	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
۹.	Full Name (Last, First, Middle Initial) Joseph Landenwich Mailing Address 2213 Wrocklage Ave.			Date of Receipt
	City	State	Zip Code	Transaction ID: PR109419639173
	Louisville	KY	40205	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		180.00
	Name of Employer Kindred Healthcare Inc.	<u> </u>	n LegalAffairs&CrpSec e Year-to-Date ▼	
	Primary General Other (specify) ▼		1440.00	P/R Deduction (\$60.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Arthur L Rothgerber			Date of Receipt
	Mailing Address 8325 Regency Woods W	/ay		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109419649173
	Louisville	KY	40220	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		57.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP Re	n eimbursement	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	P/R Deduction (\$19.00 Bi-
	Other (specify)		456.00	Weekly)
) .	Full Name (Last, First, Middle Initial) Ruth Ann Lusk			Date of Receipt
	Mailing Address 1800 Acorn Lane			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109419659173
	Lagrange	KY	40031	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		45.00
	Name of Employer Kindred Healthcare Inc.		ast Reg-HD	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 360.00	P/R Deduction (\$15.00 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			282.00
т.	OTAL This Period (last page this line number or	nlv)		

	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 27 / 95 (check only one)		
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17		
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.		
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC					
۸.	Full Name (Last, First, Middle Initial) Charles E Leanhart			Date of Receipt		
	Mailing Address 1200 Twin Willows Lane)		M M / D D / Y Y Y Y		
	City	State KY	Zip Code	Transaction ID: PR109419669173		
	Louisville FEC ID number of contributing federal political committee.	C	40214	Amount of Each Receipt this Period 60.00		
	Name of Employer Kindred Healthcare Inc.	Occupation	n cts Payable			
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 480.00	P/R Deduction (\$20.00 Bi- Weekly)		
3.	Full Name (Last, First, Middle Initial) Linda M O'Bryan			Date of Receipt		
	Mailing Address 1001 Willow Creek Cour	M M / D D / Y Y Y Y				
	City	State	Zip Code	Transaction ID: PR109419679173		
	Louisville FEC ID number of contributing federal political committee.	C	40245	Amount of Each Receipt this Period 45.00		
	Name of Employer Kindred Healthcare Inc.		tientCare&QualHD			
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 360.00	P/R Deduction (\$15.00 Bi- Weekly)		
D.	Full Name (Last, First, Middle Initial) Timothy W Jolly			Date of Receipt		
	Mailing Address 6703 Kingslook Ct			M M / D D / Y Y Y Y		
	City Louisville	State KY	Zip Code 40207	Transaction ID: PR109419689173 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	70201	60.00		
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Pla	n anning & Dev			
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 480.00	P/R Deduction (\$20.00 Bi- Weekly)		
SI	UBTOTAL of Receipts This Page (optional)			165.00		
т	TOTAL This Period (last page this line number only)					

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 28 / 95 (check only one)
			Detailed Summary Page	13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any person dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
۸.	Full Name (Last, First, Middle Initial) Karen R Blain			Date of Receipt
	Mailing Address 9708 Northridge Dr			M M / D D / Y Y Y Y
	City Louisville	State KY	Zip Code	Transaction ID: PR109419709173
	FEC ID number of contributing federal political committee.	C	40272	Amount of Each Receipt this Period 30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Mgr Patie	n ent Accting-HSD	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 240.00	P/R Deduction (\$10.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Mark A Laemmle			Date of Receipt
	Mailing Address 2224 Highland Springs I	M " M / D " D / Y " Y " Y " Y "		
	City	State	Zip Code	Transaction ID: PR109419719173
	Louisville	KY	40245	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		93.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Crp F		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		744.00	P/R Deduction (\$31.00 Bi- Weekly)
— Э.	Full Name (Last, First, Middle Initial) Douglas Curnutte			Date of Receipt
	Mailing Address 1014 Springside Way			M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR109419729173
	Louisville	KY	40223	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		45.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Fac 8	n k Real Estate Dev	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 360.00	P/R Deduction (\$15.00 Bi- Weekly)
SI	JBTOTAL of Receipts This Page (optional)			168.00
т	OTAL This Period (last page this line number or	าly))	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 95 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
۹.	Full Name (Last, First, Middle Initial) Brian L Caudill Mailing Address 4817 Stanley Farm Coul	rt		Date of Receipt
	City	State	Zip Code	Transaction ID: PR109419739173
	LaGrange	KY	40031	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		78.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir HE		
	Primary General Other (specify) ▼	Aggregate	624.00	P/R Deduction (\$26.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Mary R Russell Mailing Address 7300 Wood Rock Rd			Date of Receipt
	City	State KY	Zip Code	Transaction ID: PR109419769173
	Louisville FEC ID number of contributing federal political committee.	C	40291	Amount of Each Receipt this Period 66.00
	Name of Employer Kindred Healthcare Inc.		unting-HSD	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 528.00	P/R Deduction (\$22.00 Bi- Weekly)
- C.	Full Name (Last, First, Middle Initial) William M Altman			Date of Receipt
	Mailing Address 9103 Lexington Lane			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109419809173
	Louisville	KY	40241	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		120.00
	Name of Employer Kindred Healthcare Inc.		plGovtProg&IntAudit	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 960.00	P/R Deduction (\$40.00 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			264.00
T	OTAL This Period (last page this line number or	nlv)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 95 (check only one)
		Detailed Summary Page	13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
Full Name (Last, First, Middle Initial) A. Scott M Juetten			Date of Receipt
Mailing Address 8315 Running Spring Dr	•		M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR109419819173
Louisville	KY	40241	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer Kindred Healthcare Inc.	Occupation VP & Cor	n ntroller-HSD	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		240.00	P/R Deduction (\$10.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) 3. Vicki Chaffins			Date of Receipt
Mailing Address 364 Loretta Drive	M M / D D / Y Y Y Y		
City	State	Zip Code	Transaction ID: PR109419829173
Shepherdsville	KY	40165	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer Kindred Healthcare Inc.	Occupation Mgr Acct	n ing-Fixed Assets	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		240.00	P/R Deduction (\$10.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) 2. Bobby V Bas			Date of Receipt
Mailing Address 2084 Wind River Road			M " M / D " D / Y " Y " Y " Y
City	State	Zip Code	Transaction ID: PR109419839173
El Cajon	CA	92019	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		45.00
Name of Employer Kindred Healthcare Inc.	Occupation Radiolog		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 360.00	P/R Deduction (\$15.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)			105.00
TOTAL This Period (last page this line number or	nlv)	·	

S	CHEDULE A (FEC Form 3X)	FOR LINE NUMBER: PAGE 31 / 95					
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)			
ITEMIZED RECEIPTS			Detailed Summary Page	X 11a 11b 11c 12			
			17				
An	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any person dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.			
<u></u>	NAME OF COMMITTEE (In Full)		arees or any pointed committee to				
$ \rangle$	Kindred Healthcare, Inc. PAC						
	Tandred Fledithedre, me. 1770						
_	Full Name (Last, First, Middle Initial)						
A.	Nancy Wilson			Date of Receipt			
	Mailing Address 38 La Sierra Drive			M M / D D / Y Y Y			
	City	State	Zip Code	Transaction ID: PR109419929173			
	Phillips Ranch	CA	91766				
	•	<u>UA</u>	91700	Amount of Each Receipt this Period	-		
	FEC ID number of contributing federal political committee.	C		30.00			
					_		
	Name of Employer Kindred Healthcare Inc.	Occupation					
		Chief Fin		4			
	Receipt For:	Aggregate	Year-to-Date ▼	P/R Deduction (\$10.00 Bi-			
	Other (specify)	Primary General 240.00					
	Sanor (oposiny) 🔻	0 0		Weekly)			
	Full Name (Last, First, Middle Initial)						
В.				Date of Receipt			
	Mailing Address 6025 Bridge Garden Rd			M M / D D / Y Y Y Y			
	01.	01-1-	7'- 0-1-	Transaction ID: PR109419979173			
	City	State Zip Code					
	Knoxville	TN	37912	Amount of Each Receipt this Period	_		
	FEC ID number of contributing federal political committee.			30.00			
	Tederal political committee.				_		
	Name of Employer Kindred Healthcare Inc.	Occupation					
		Dist Dir C	•				
	Receipt For:	Aggregate	e Year-to-Date ▼	P/R Deduction (\$10.00 Bi- Weekly)			
	Primary General Other (specify)	' '	240.00				
	Other (specify)	0 0					
_	Full Name (Last, First, Middle Initial)						
C.	Joseph Wainscott			Date of Receipt			
	Mailing Address 8918 Serpent Circle			M M / D D / Y Y Y Y			
	C'4	Otata	7:- 0-4-				
	City Indianapolis	State IN	Zip Code 46236	Transaction ID: PR109419989173			
	•	IIN	40230	Amount of Each Receipt this Period	-		
	FEC ID number of contributing federal political committee.	C		45.00			
					_		
	Name of Employer Kindred Healthcare Inc.	Occupation					
			ce-Central RegHSD	_			
	Receipt For:	Aggregate	Year-to-Date ▼				
Primary General Other (specify) ▼			360.00	P/R Deduction (\$15.00 Bi- Weekly)			
	Canor (Speedily)		Troonly)				
Г					$\overline{}$		
s	UBTOTAL of Receipts This Page (optional)	105.00					
\vdash	(ī		
1 -	OTAL This Period (last page this line number on	TOTAL This Period (last page this line number only)					

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 32/95 (check only one)
ITEMIZED RECEIPTS			or each category of the Detailed Summary Page	X 11a
			Detailed Summary Page	13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	Kindred Healthcare, Inc. PAC			
۹.	Full Name (Last, First, Middle Initial) Martha S Rhoads			Date of Receipt
	Mailing Address 137 N. Cherry Street			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109420009173
	Greenville	KY	42345	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir C		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		240.00	P/R Deduction (\$10.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) J. Harold Walker			Date of Receipt
	Mailing Address 429 Freedom Trail	M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR109420019173
	<u>Sparta</u>	TN	38583	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		45.00
	Name of Employer Kindred Healthcare Inc.	Occupation		7
			Operations II e Year-to-Date ▼	_
	Receipt For: Primary General	Aggregate	e real-lo-Dale ▼	P/R Deduction (\$15.00 Bi-
	Other (specify) ▼	0 0	360.00	Weekly)
).	Full Name (Last, First, Middle Initial) T. Stephen Turner			Date of Receipt
	Mailing Address 4105 Pacific Ave #4			M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR109420039173
	Marina Del Ray	CA	90292	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		120.00
	Name of Employer Kindred Healthcare Inc.	Occupation SVPStrat	n tegicPlan&BusDevHD	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		960.00	P/R Deduction (\$40.00 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			195.00
_			<u></u>	
T	OTAL This Period (last page this line number on	ly)	>	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 33 / 95			
TEMIZED RECEIPTS		or each category of the	(check only one)			
TEMIZED RESERVES		Detailed Summary Page	X 11a 11b 11c 12 15 16 17			
Any information copied from such Reports and State	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions			
or for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)						
Kindred Healthcare, Inc. PAC						
Full Name (Last, First, Middle Initial)						
A. Michael Comer			Date of Receipt			
Mailing Address 12 Lewis			M M / D D / Y Y Y Y			
City	State	Zip Code	Transaction ID: PR109420049173			
Irvine	CA	92620	Amount of Each Receipt this Period			
FEC ID number of contributing						
federal political committee.	C		105.00			
Name of Employer Kindred Healthcare Inc.	Occupation					
Receipt For:	1	ce-West Reg-HD Year-to-Date ▼	_			
Primary General	Aggregate	Teal-to-Date V	P/R Deduction (\$35.00 Bi-			
Other (specify) ▼		840.00	Weekly)			
			'			
Full Name (Last, First, Middle Initial) 3. Billy Wilcox			Date of Receipt			
Mailing Address 3218 Morning Dove	M M / D D / Y Y Y Y					
City	State	Zip Code	Transaction ID: PR109420059173			
Midlothian	TX	76065	Amount of Each Receipt this Period			
FEC ID number of contributing			45.00			
federal political committee.	C		45.00			
Name of Employer Kindred Healthcare Inc.	Occupation		7			
	Chief Fin					
Receipt For: Primary General	Aggregate	Year-to-Date ▼	D/D Doduction (\$15.00 Di			
Other (specify)		360.00	P/R Deduction (\$15.00 Bi- Weekly)			
Full Name (Last, First, Middle Initial) 7. Traci Shelton			Date of Receipt			
Mailing Address 4138 Quiet Meadow Ct			M " M / D " D / Y " Y " Y " Y			
City	State	Zip Code	Transaction ID: PR109420069173			
<u>Fairoaks</u>	CA	95628	Amount of Each Receipt this Period			
FEC ID number of contributing			300.00			
federal political committee.	C		300.00			
Name of Employer Kindred Healthcare Inc.	Occupation		7			
	1	est Reg-HD	-			
Receipt For: Primary General	Aggregate	Year-to-Date ▼	P/R Deduction (\$100.00 Pi			
Other (specify) ▼	L	2380.00	P/R Deduction (\$100.00 Bi- Weekly)			
SUBTOTAL of Receipts This Page (optional)		.	450.00			
FOTAL This Period (last page this line number only)						

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 34 / 95 (check only one)		
1			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17		
An or	y information copied from such Reports and State for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions		
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC					
۸.	Full Name (Last, First, Middle Initial) Steven Monaghan			Date of Receipt		
	Mailing Address 508 W. Melrose #7-A			M M / D D / Y Y Y Y		
	Chicago	State II	Zip Code 60657	Transaction ID: PR109420079173 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		255.00		
	Name of Employer Kindred Healthcare Inc.	Name of Employer Kindred Healthcare Inc. Exec VP-West Grp-HD				
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2040.00	P/R Deduction (\$85.00 Bi- Weekly)		
3.	Full Name (Last, First, Middle Initial) Laura Wills			Date of Receipt		
	Mailing Address 5019 Brown Bear Dr. NE	M " M / D " D / Y " Y " Y " Y "				
	City Dia Baraha	State	Zip Code	Transaction ID: PR109420099173		
	Rio Rancho FEC ID number of contributing federal political committee.	C	87144	Amount of Each Receipt this Period 30.00		
	Name of Employer Kindred Healthcare Inc.	Occupation Executive				
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 230.00	P/R Deduction (\$10.00 Bi- Weekly)		
D.	Full Name (Last, First, Middle Initial) Cynthia Smith			Date of Receipt		
	Mailing Address 9N668 Bowes Bend Dr			M M / D D / Y Y Y Y		
	City	State II	Zip Code	Transaction ID: PR109420109173		
	Elgin FEC ID number of contributing federal political committee.	C	60123	Amount of Each Receipt this Period 30.00		
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Exe	ec Off II			
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 240.00	P/R Deduction (\$10.00 Bi- Weekly)		
SI	SUBTOTAL of Receipts This Page (optional)					
т	OTAL This Period (last page this line number only)					

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 95 (check only one) X 11a 11b 11c 12 13 14 15 16 17			
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	y not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.			
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC						
΄ Α.	Full Name (Last, First, Middle Initial) Mark A McCullough			Date of Receipt			
	Mailing Address 1101 Old Cannons Lane	Э		M M / D D / Y Y Y Y			
	City	State KY	Zip Code	Transaction ID: PR109420119173			
	Louisville FEC ID number of contributing federal political committee.	C	40207	Amount of Each Receipt this Period 120.00			
	Name of Employer Kindred Healthcare Inc.	Occupation Presiden					
	Receipt For: ☐ Primary ☐ General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 960.00	P/R Deduction (\$40.00 Bi- Weekly)			
В.	Full Name (Last, First, Middle Initial) Susan B Myers			Date of Receipt			
	Mailing Address 959 Whetstone Way			M " M / D " D / Y " Y " Y " Y			
	City	State	Zip Code	Transaction ID: PR109420159173			
	Louisville	KY	40223	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		45.00			
	Name of Employer Kindred Healthcare Inc.		Ops-CentralRegHSD				
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼				
	Other (specify)		360.00	P/R Deduction (\$15.00 Bi- Weekly)			
С.	Full Name (Last, First, Middle Initial) James Ransone			Date of Receipt			
	Mailing Address 11644 Sw 53Th. Place			M " M / D " D / Y " Y " Y " Y			
	City	State	Zip Code	Transaction ID: PR109420169173			
	Cooper City	FL	33330	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		30.00			
	Name of Employer Kindred Healthcare Inc.		nical Off III				
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 230.00	P/R Deduction (\$10.00 Bi- Weekly)			
S	UBTOTAL of Receipts This Page (optional)			195.00			
т	OTAL This Period (last page this line number only)						

S	CHEDULE A (FEC Form 3X)	FOR LINE NUMBER: PAGE 36 / 95		
	EMIZED RECEIPTS	(check only one)		
TEMPED REGENT TO			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Δη	y information copied from such Reports and St	atements may	y not be sold or used by any perso	
or	for commercial purposes, other than using the	o solicit contributions from such committee.		
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	Kindred Healthcare, Inc. PAC			
Α.	Full Name (Last, First, Middle Initial) John Miner			Date of Receipt
	Mailing Address 4730 Dunnie Drive			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109420219173
	Tampa	FL	33614	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		60.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Fin		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		480.00	P/R Deduction (\$20.00 Bi-
	Other (specify)	0 0	8 8 8 8 8 8	Weekly)
В.				Date of Receipt
	Mailing Address 5224 Hampton Beach F	M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR109420249173
	<u>Tampa</u>	<u>FL</u>	33609	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		75.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Ope		
	Receipt For:		Year-to-Date ▼	
	Primary General		000.00	P/R Deduction (\$25.00 Bi-
	Other (specify) ▼	0 0	600.00	Weekly)
C.	Full Name (Last, First, Middle Initial) Mary Craig			Date of Receipt
	Mailing Address 18602 Camellia Estates	s Lane		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109420269173
	Cypress	TX	77429	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		45.00
			n ec Off III	
			Year-to-Date ▼	
	Primary General Other (specify) ▼		345.00	P/R Deduction (\$15.00 Bi- Weekly)
[e	UBTOTAL of Receipts This Page (optional)	180.00		
\vdash	ODIOTAL OF HEGERALS THIS Page (Optional)			
T	OTAL This Period (last page this line number of	only)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 37 / 95
ITEMIZED RECEIPTS		or each category of the	(check only one)
"	EIMIZED RECEIP 13	Detailed Summary Page	X 11a 11b 11c 12
	in the section with the section of Obstances		13 14 15 16 17
or	ny information copied from such Reports and Statements r for commercial purposes, other than using the name and	nay not be sold or used by any persol address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
$ \rangle$	Kindred Healthcare, Inc. PAC		
_	Full Name (Last, First, Middle Initial)		
Α.	Julie Feasel		Date of Receipt
	Mailing Address 6211 Iroquios Ct.		M M / D D / Y Y Y Y
	City State	Zip Code	Transaction ID: PR109420309173
	Odessa FL	33556	Amount of Each Receipt this Period
	EFO ID 1 () II II	00000	Amount of Each receipt this renou
	FEC ID number of contributing federal political committee.		45.00
	Name of Employer Occupa	tion	4
	Kindrod Hoolthooro Inc	ir Hosp Rehab-PRS	
		ate Year-to-Date ▼	-
	Primary General		P/R Deduction (\$15.00 Bi-
	Other (specify) ▼	360.00	Weekly)
	Full Name (Last, First, Middle Initial) Robert Stein		Date of Receipt
Ь.	Mailing Address 14 Hermit Thrush Place		M M / D D / Y Y Y Y
	Mailing Address 14 Herrini Thrush Place		M M / D D / Y Y Y Y
	City State	Zip Code	Transaction ID: PR109420319173
	The Woodlands TX	77382	Amount of Each Receipt this Period
	FEC ID number of contributing		
	federal political committee.		30.00
	Name of Employer Occupa	ation	-
	Kindred Healtheare Inc	tive Dir	
		ate Year-to-Date ▼	
	Primary General		P/R Deduction (\$10.00 Bi-
	Other (specify) ▼	240.00	Weekly)
_			
^	Full Name (Last, First, Middle Initial) Charles D Doten		Date of Receipt
٥.	Mailing Address 7644 Harbour Blvd.		M M / D D / Y Y Y Y
	City State	Zip Code	Transaction ID: PR109420369173
	Miramar FL	33023	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee		60.00
	federal political committee.		00.00
	Name of Employer Kindred Healthcare Inc.	ıtion	1
	Kindred Healthćare Inc. Chief E	Exec Off II	
	Receipt For: Aggreg	ate Year-to-Date ▼	1
	Primary General	400.00	P/R Deduction (\$20.00 Bi-
	Other (specify) ▼	480.00	Weekly)
_			<u> </u>
	PURTOTAL of Descints This Description of	_	135.00
\vdash^{s}	SUBTOTAL of Receipts This Page (optional)	<u> </u>	
_	OTAL This Period (last page this line number only)	>	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 38/95
ITEMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12
		Detailed Summary Page	13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
Kindred Healthcare, Inc. PAC			
Full Name (Last, First, Middle Initial) A. Carol Cregan			Date of Receipt
Mailing Address 2649 Ne 26Th Avenue)		M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR109420379173
Ft Lauderdale	FL	33306	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer Kindred Healthcare Inc.	Occupation Dir Bus D		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		240.00	P/R Deduction (\$10.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) 3. John Gross			Date of Receipt
Mailing Address 6133 Rolfe Avenue			M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR109420399173
Norfolk	VA	23508	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		45.00
Name of Employer Kindred Healthcare Inc.	Occupation Pharm M		
Receipt For:		e Year-to-Date ▼	_
Primary General		360.00	P/R Deduction (\$15.00 Bi-
Other (specify) ▼	0 0	000.00	Weekly)
Full Name (Last, First, Middle Initial) 2. James Malady			Date of Receipt
Mailing Address 954 Lindfield Dr.			M " M / D " D / Y " Y " Y " Y
City	State	Zip Code	Transaction ID: PR109420419173
Library	PA	15129	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer Kindred Healthcare Inc.	Occupation Dir Plant		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		240.00	P/R Deduction (\$10.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)			105.00
TOTAL This Period (last page this line number	only)		
	O. 11 y /	······································	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 95 (check only one) X 11a 11b 11c 12
Λ	vinformation conicd from such December and Ot-	tomonto	, ,	13 14 15 16 17
or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
۹.	Full Name (Last, First, Middle Initial) Timothy L Simpson			Date of Receipt
	Mailing Address 498 Branscomb Road			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109420439173
	Grn Cve Spgs	FL	32043	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		480.00	P/R Deduction (\$20.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) John M Pinnix			Date of Receipt
	Mailing Address 881 SAWYER RUN LAN	IE		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109420459173
	PONTE VEDRA BEACH	FL	32082	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Pharm M		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		240.00	P/R Deduction (\$10.00 Bi- Weekly)
).	Full Name (Last, First, Middle Initial) James D Thigpen			Date of Receipt
	Mailing Address 355 Woolsey Brooks			M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR109420469173
	<u>Fayetteville</u>	GA	30214	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		45.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Plant		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 360.00	P/R Deduction (\$15.00 Bi- Weekly)
S	UBTOTAL of Receipts This Page (optional)			135.00
т,	OTAL This Period (last page this line number or	nlv)		
- 1 '	FIRE THIS I SHOW (IASL PAYE THIS HITE HUTTIDE! OF	!! ∀ /	··············	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 40 / 95 (check only one)
			Detailed Summary Page	13 14 15 16 17
An or	y information copied from such Reports and Stator commercial purposes, other than using the na	tements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
۸.	Full Name (Last, First, Middle Initial) Sharon A Barnard			Date of Receipt
	Mailing Address 1937 Sr 16 West			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109420489173
	Green Cove Spgs	FL	32043	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Clir	n nical Off III	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		240.00	P/R Deduction (\$10.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) E. Jane Jackson			Date of Receipt
	Mailing Address 43171 Buttermere Terra			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109420519173
	Ashburn	VA	20147	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Kindred Healthcare Inc.		mplement-HD	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	N
	Other (specify)		240.00	P/R Deduction (\$10.00 Bi- Weekly)
) .	Full Name (Last, First, Middle Initial) James J Novak			Date of Receipt
	Mailing Address 9680 Ridgewalk Court			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109420539173
	Davie	FL	33328	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		126.00
	Name of Employer Kindred Healthcare Inc.		East Grp-HD	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1008.00	P/R Deduction (\$42.00 Bi- Weekly)
SI	JBTOTAL of Receipts This Page (optional)			186.00
т	OTAL This Period (last page this line number or	nly))	

SCHEDULE A (FEC Form 3X)			Harana and a salar data (a)	FOR LINE NUMBER: PAGE 41 / 95
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
•••	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
or	y information copied from such Reports and St for commercial purposes, other than using the	name and add	r not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\angle	Kindred Healthcare, Inc. PAC			
A.	Full Name (Last, First, Middle Initial) Ronald R Luken			Date of Receipt
	Mailing Address 6760 E. 9Th Street			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109420549173
	Indianapolis	IN	46219	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Pharm M		
	Receipt For:		Year-to-Date ▼	
	Primary General		240.00	P/R Deduction (\$10.00 Bi-
	Other (specify)	0 0	240.00	Weekly)
В.	Full Name (Last, First, Middle Initial) Sally I Hoffmann			Date of Receipt
	Mailing Address 13739 Ogakor Drive			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109420579173
	Riverview	FL	33569	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		45.00
	Name of Employer Kindred Healthcare Inc.	Occupation		
		Chief Exe		_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	D/D Doduction (\$15.00 Bi
	Other (specify) ▼	0 0	360.00	P/R Deduction (\$15.00 Bi- Weekly)
<u>С</u> .	Full Name (Last, First, Middle Initial) Christopher A Clements			Date of Receipt
	Mailing Address 3111 North Ocean Driv #1007	е		M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR109420629173
	Hollywood	FL	33019	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Administ		
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify)		230.00	P/R Deduction (\$10.00 Bi- Weekly)
_			0 0 0 0 0 0 0	···
s	UBTOTAL of Receipts This Page (optional)			105.00
T	OTAL This Period (last page this line number of	only)		

S	CHEDULE A (FEC Form 3X)		l la a compressa a planel (la (a)	FOR LINE NUMBER: PAGE 42/95
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
11	EIMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
or	y information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	Kindred Healthcare, Inc. PAC			
A.	Full Name (Last, First, Middle Initial) John Griffes			Date of Receipt
	Mailing Address 27240 Autumn Glen			M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR109420689173
	Boerne TX		78006	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Exe		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	-	480.00	P/R Deduction (\$20.00 Bi-
	Other (specify)	0 0	400.00	Weekly)
В.	Full Name (Last, First, Middle Initial) James J McQuaid			Date of Receipt
	Mailing Address 2 Hunter Point Dr.			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109420739173
	Scarborough	ME	04074	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation	n	
			Relations KPS	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		240.00	P/R Deduction (\$10.00 Bi- Weekly)
<u> </u>	Full Name (Last, First, Middle Initial) Susan M Fortin			Date of Receipt
	Mailing Address 48 Half Moon Terrace			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109420809173
	Colchester	VT	05446	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Nursi		
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		240.00	P/R Deduction (\$5.00 Week-ly)
[e	UBTOTAL of Receipts This Page (optional)			120.00
\vdash	CDICIAL OF HOOGING THIS Lage (optional)			
T	OTAL This Period (last page this line number of	only)		

S	CHEDULE A (FEC Form 3X)		Lloo concrete cohertura(a)	FOR LINE NUMBER: PAGE 43 / 95
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
	EIMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	Kindred Healthcare, Inc. PAC			
۹.	Full Name (Last, First, Middle Initial) Daniel A Oneil			Date of Receipt
	Mailing Address 15 Westside Drive - Suite			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109420869173
	N. Grosvenordale	CT	06255	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation		
	Receipt For:	Aggregate	e Year-to-Date ▼	7
	Primary General		235.00	P/R Deduction (\$5.00 Week-
	Other (specify) ▼		233.00	l ly)
3.	Full Name (Last, First, Middle Initial) Elizabeth D Dubois			Date of Receipt
	Mailing Address 21 Harriman Road			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109420949173
	Hudson	MA	01749	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation	n	
			Field Accting-HSD	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify) ▼		240.00	P/R Deduction (\$10.00 Bi- Weekly)
 C.	Full Name (Last, First, Middle Initial) Terrance Kuzman			Date of Receipt
	Mailing Address 34 Miller Drive			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109420989173
	Somers	CT	06071	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Area Exe	n ecutive Dir	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		235.00	P/R Deduction (\$5.00 Week-ly)
<u></u>	UBTOTAL of Receipts This Page (optional)			90.00
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T	OTAL This Period (last page this line number on	ly)	>	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 44 / 95
TEMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12
		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any information copied from such Reports and Stat	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or for commercial purposes, other than using the na	arne and add	iress or any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
Minuted Healthcare, Inc. FAC			
Full Name (Last, First, Middle Initial) 4. Scott West			Date of Receipt
Mailing Address 13 Edward Street			M M / D D / Y Y Y Y
0			
City	State	Zip Code	Transaction ID: PR109420999173
Milton	VT	05468	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer Kindred Healthcare Inc.	Occupation Executive		
Receipt For:		Year-to-Date ▼	1
Primary General		240.00	P/R Deduction (\$5.00 Week-
Other (specify) ▼	0 0	240.00	ly)
Full Name (Last, First, Middle Initial) 3. Donna Kelsey			Date of Receipt
Mailing Address 2075 E. Tivoli Hills Drive)		M " M / D " D / Y " Y " Y " Y
City	State	Zip Code	Transaction ID: PR109421019173
<u>Draper</u>	UT	84020	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		75.00
Name of Employer Kindred Healthcare Inc.	Occupation		7
		cific Reg-HSD Year-to-Date ▼	-
Receipt For: Primary General	Aggregate		P/R Deduction (\$25.00 Bi-
Other (specify) ▼		600.00	Weekly)
Full Name (Last, First, Middle Initial) C. Katherine Davis			Date of Receipt
Mailing Address 8419 Oxford Woods Cou	ırt		M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR109421029173
Louisville	KY	40222	Amount of Each Receipt this Period
FEC ID number of contributing	С		45.00
federal political committee.			
Name of Employer Kindred Healthcare Inc.	Occupation		
Receipt For:		Jtil Svcs-HSD Year-to-Date ▼	-
Primary General	, iggi egale		P/R Deduction (\$15.00 Bi-
Other (specify) ▼		360.00	Weekly)
SUBTOTAL of Receipts This Page (optional)			150.00
ago (opiional)			
TOTAL This Period (last page this line number on	nly)	>	

	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 45 / 95 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
۹.	Full Name (Last, First, Middle Initial) Marsha Miles			Date of Receipt
	Mailing Address 2221 Admiral Circle			M M / D D / Y Y Y Y
	City Virginia Beach	State VA	Zip Code 23451	Transaction ID: PR109421039173 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20101	30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Registere	n ed Dietitian	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 240.00	P/R Deduction (\$10.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Anita Tillery			Date of Receipt
	Mailing Address 2531 Rock Creek Drive			M M / D D / Y Y Y Y
	Changage	State VA	Zip Code	Transaction ID: PR109421109173
	Chesapeake FEC ID number of contributing federal political committee.	C	23325	Amount of Each Receipt this Period 60.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive	e Dir II	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 480.00	P/R Deduction (\$20.00 Bi- Weekly)
 ጋ.	Full Name (Last, First, Middle Initial) Christina Schramm			Date of Receipt
	Mailing Address 166 Columbia Ave			M M / D D / Y Y Y Y
	City Chillicothe	State OH	Zip Code 45601	Transaction ID: PR109421199173 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	45001	30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 240.00	P/R Deduction (\$10.00 Bi- Weekly)
S	UBTOTAL of Receipts This Page (optional)			120.00
T	OTAL This Period (last page this line number on	ly))	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 46/95
ITEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Si	tatements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
Kindred Healthcare, Inc. PAC			
Full Name (Last, First, Middle Initial) A. Anthony D Lacke			Date of Receipt
Mailing Address 95 Caesar Chelor Dr			M " M / D " D / Y " Y " Y " Y
City	State	Zip Code	Transaction ID: PR109421249173
Wrentham	MA	02093	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer Kindred Healthcare Inc.	Occupation	n	_
Kindred Healthčare Inc.	Executive	e Dir I	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	235.00	P/R Deduction (\$5.00 Week-ly)
Full Name (Last, First, Middle Initial) 3. Donna M Nackers			Date of Receipt
Mailing Address 1760 Waters Ferry Driv	ve		M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR109421259173
Lawrenceville	GA	30043	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		45.00
Name of Employer Kindred Healthcare Inc.	Occupation		
Receipt For:	, , , ,	Operation Reimb e Year-to-Date ▼	_
Primary General	Aggregate		P/R Deduction (\$15.00 Bi-
Other (specify) ▼		360.00	Weekly)
Full Name (Last, First, Middle Initial) 5. Joseph F Weglarz	•		Date of Receipt
Mailing Address 35 Farrington Ave			M " M / D " D / Y " Y " Y " Y
City	State	Zip Code	Transaction ID: PR109421269173
Gloucester	MA	01930	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer Northeast Region	Occupation VP Finan	n ice-NE Reg-HSD	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	275.00	P/R Deduction (\$10.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)			105.00
TOTAL This Period (last page this line number	only)	•	
	○···y/ ······	·············	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 95 (check only one) X 11a 11b 11c 12
An	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		,,,	
۹.	Full Name (Last, First, Middle Initial) Victor Emodi Mailing Address 3044 Clarke Drive			Date of Receipt
	City	State	Zip Code	Transaction ID: PR109421289173
	Virginia Beach FEC ID number of contributing	VA	23456	Amount of Each Receipt this Period
	federal political committee.	C		45.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir C	n Operations I	
	Receipt For: Primary General Other (specify) ▼	1	Year-to-Date ▼ 360.00	P/R Deduction (\$15.00 Bi- Weekly)
 3.	Full Name (Last, First, Middle Initial) Celeste M Bentley			Date of Receipt
	Mailing Address 4 Stuart Drive			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109421339173
	Barrington	NH	03825	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		45.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Reiml		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		360.00	P/R Deduction (\$15.00 Bi- Weekly)
— Э.	Full Name (Last, First, Middle Initial) Debra Forman			Date of Receipt
	Mailing Address 11009 Walnut Creek			M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR109421349173
	Knoxville	TN	37932	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Reg Mgr	n Field Accting	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00	P/R Deduction (\$10.00 Bi- Weekly)
SI	UBTOTAL of Receipts This Page (optional)			120.00
т	OTAL This Period (last page this line number or	ıly))	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 48 / 95
ITEMIZED RECEIPTS			or each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Δr	by information copied from such Reports and St.	atements may	not he sold or used by any nerso	
or	for commercial purposes, other than using the	name and add	lress of any political committee to	o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	Kindred Healthcare, Inc. PAC			
Α.	Full Name (Last, First, Middle Initial) Lane M Bowen			Date of Receipt
	Mailing Address 680 South Fourth Ave			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109421369173
	Louisville	KY	40202	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer Kindred Healthcare Inc.	Occupation Exec VP	& President-HSD	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		1200.00	P/R Deduction (\$50.00 Bi-
	Other (specify)	0 0	1200.00	Weekly)
В.	Full Name (Last, First, Middle Initial) Laurie A Roberto			Date of Receipt
	Mailing Address 217 Main Street			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109421399173
	Lynnfield	MA	01940	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Area Exe		
	Receipt For:		Year-to-Date ▼	
	Primary General			P/R Deduction (\$5.00 Week-
	Other (specify) ▼		230.00	l ly)
C.	Full Name (Last, First, Middle Initial) Michael W Beal			Date of Receipt
	Mailing Address 10 Glenwood Road			M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR109421419173
	Windham	NH	03087	Amount of Each Receipt this Period
Northeast Región Sr VP-N		C		60.00
		Occupation Sr VP-NE	n E Reg-HSD	
			Year-to-Date ▼	
	Primary General Other (specify) ▼		520.00	P/R Deduction (\$20.00 Bi- Weekly)
\ 8	UBTOTAL of Receipts This Page (optional)			240.00
H				
T	OTAL This Period (last page this line number of	only)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 49 / 95 (check only one)
1			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
<u>′</u> ۵.	Full Name (Last, First, Middle Initial) Christine M Walker			Date of Receipt
	Mailing Address 2691 Diamond Rd			M " M / D " D / Y " Y " Y " Y
	Comp Vordo	State AZ	Zip Code	Transaction ID: PR109421449173
	Camp Verde FEC ID number of contributing federal political committee.	C	86322	Amount of Each Receipt this Period 30.00
	Name of Employer Kindred Healthcare Inc.	Occupation		
	Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 230.00	P/R Deduction (\$10.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) John Getts			Date of Receipt
	Mailing Address 15 Evergreen Circle			M " M / D " D / Y " Y " Y " Y
	City Henniker	State NH	Zip Code	Transaction ID: PR109421469173
	FEC ID number of contributing federal political committee.	C	03242	Amount of Each Receipt this Period 30.00
	Name of Employer Kindred Healthcare Inc.		cutive Dir	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 235.00	P/R Deduction (\$5.00 Week-ly)
D.	Full Name (Last, First, Middle Initial) James Holcomb			Date of Receipt
	Mailing Address 317 30Th Avenue N.E.			M M / D D / Y Y Y Y
	City Great Falls	State MT	Zip Code 59404	Transaction ID: PR109421519173
	FEC ID number of contributing federal political committee.	C	39404	Amount of Each Receipt this Period 30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 230.00	P/R Deduction (\$10.00 Wee-kly)
SI	UBTOTAL of Receipts This Page (optional)			90.00
т	OTAL This Period (last page this line number o	nly))	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 95 (check only one) X 11a 11b 11c 12
An	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	n for the purpose of soliciting contributions
$\frac{\text{or }}{}$	for commercial purposes, other than using the r NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC	name and add	dress of any political committee to	solicit contributions from such committee.
/ А .	Full Name (Last, First, Middle Initial) Kelly G Snowball Mailing Address 4468 Forest Green Driv	e		Date of Receipt
	City	State	Zip Code	Transaction ID: PR109421579173
	Ogden	UT	84403	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	P/R Deduction (\$10.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Debi Thompson			Date of Receipt
	Mailing Address 27115 46Th Ave. S.			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109421609173
	Kent	WA	98032	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	230.00	P/R Deduction (\$10.00 Wee-kly)
).	Full Name (Last, First, Middle Initial) Susan A Kesterson			Date of Receipt
	Mailing Address 2334 Heritage Dr			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109421629173
	Corona	CA	92882	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		45.00
	Name of Employer Kindred Healthcare Inc.		ncial Ana	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 360.00	P/R Deduction (\$15.00 Bi- Weekly)
SI	UBTOTAL of Receipts This Page (optional)			105.00
т	OTAL This Period (last page this line number o	nly)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 51 / 95
ITEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any information copied from such Reports and State	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
Kindred Healthcare, Inc. PAC			
Full Name (Last, First, Middle Initial)			
A. Sylvia Burton Mailing Address 433 S. Plantation			Date of Receipt
Walling Address 455 S. Plantation			M M , B b , Y c Y c Y
City	State	Zip Code	Transaction ID: PR109421769173
Cookeville	TN	38506	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		45.00
Name of Employer Kindred Healthcare Inc.	Occupation		
Receipt For:	Executive	e Dir III • Year-to-Date ▼	-
Primary General	Aggregate		P/R Deduction (\$15.00 Bi-
Other (specify) ▼		360.00	Weekly)
Full Name (Last, First, Middle Initial) 3. Paula Proeschel Murray			Date of Receipt
Mailing Address 573 Skodborg Drive			M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR109421799173
Eaton	ОН	45320	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer Kindred Healthcare Inc.	Occupation		7
		Field Accting	4
Receipt For: Primary General	Aggregate	Year-to-Date ▼	P/R Deduction (\$10.00 Bi-
Other (specify) ▼	0 0	240.00	Weekly)
Full Name (Last, First, Middle Initial) C. Mark S Pfeifer			Date of Receipt
Mailing Address 11014 Brave Ct.			M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR109421849173
<u>Idianapolis</u>	IN	46236	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer Kindred Healthcare Inc.	Occupation Reg Fina		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		240.00	P/R Deduction (\$10.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)			105.00
TOTAL This Period (last page this line number or	าly)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 52 / 95 (check only one)
	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
An	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
<u>′</u> ۷.	Full Name (Last, First, Middle Initial) James Grady			Date of Receipt
	Mailing Address 1311 Old Taylor Trail			M M / D D / Y Y Y Y
	Cochon	State KY	Zip Code	Transaction ID: PR109421999173
	Goshen FEC ID number of contributing federal political committee.	C	40026	Amount of Each Receipt this Period 45.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir C	n Operations I	
	Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	P/R Deduction (\$15.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Donna Susan Dickerson			Date of Receipt
	Mailing Address 5283 Pryor Road	M " M		
	City	State	Zip Code	Transaction ID: PR109422079173
	Maryville	TN	37804	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Area Exe	n ecutive Dir	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		230.00	P/R Deduction (\$10.00 Bi- Weekly)
— Э.	Full Name (Last, First, Middle Initial) Larry W Shrader			Date of Receipt
	Mailing Address 425 Deer View Way			M ' M / D ' D / Y ' Y ' Y ' Y
	City	State	Zip Code	Transaction ID: PR109422109173
	Bolivar	TN	38008	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Area Exe	n ecutive Dir	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 230.00	P/R Deduction (\$10.00 Bi- Weekly)
SI	UBTOTAL of Receipts This Page (optional)			105.00
т	OTAL This Period (last page this line number or	ıly))	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 53/95
ITEMIZED RECEIPTS			or each category of the	(check only one)
••	EMIZED RECEIL TO		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Δr	ny information copied from such Reports and St	atomonte may	y not be sold or used by any pers	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	Kindred Healthcare, Inc. PAC			
Α.				Date of Receipt
	Mailing Address 8813 Mallow Drive		7.0.	M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109422129173
	Knoxville	TN	37922	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	230.00	P/R Deduction (\$10.00 Bi- Weekly)
В.	Full Name (Last, First, Middle Initial) Anna Ruth Birdwell			Date of Receipt
	Mailing Address 5450 Grundy Quarles H	M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR109422139173
	Bloomington Sprin	TN	38545	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Nursi		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	240.00	P/R Deduction (\$10.00 Bi- Weekly)
<u> </u>	Full Name (Last, First, Middle Initial) Norine Cross			Date of Receipt
	Mailing Address 204 Highland Trail			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109422179173
	Chapel Hill	NC	27516	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer Kindred Healthcare Inc.	_ · _ · _ ·	Rehab-PRS	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	460.00	P/R Deduction (\$20.00 Wee-kly)
_				
s	UBTOTAL of Receipts This Page (optional)			120.00

SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 54 / 95 (check only one)
ITEMIZED RECEIPTS			or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Any or f	y information copied from such Reports and Stat or commercial purposes, other than using the na	ements may	not be sold or used by any perso	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , , ,	
١.	Kindred Healthcare, Inc. PAC			
_	Full Name (Last, First, Middle Initial) James Tucker			Date of Receipt
	Mailing Address P O Box 223			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109422209173
	Carthage	TN	37030	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		230.00	P/R Deduction (\$10.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Gloria J Miller			Date of Receipt
	Mailing Address 223 Harvest Row Court	M M / D D / Y Y Y Y		
	City State Zip Code			Transaction ID: PR109422219173
	Cary	NC	27513	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir C	n Operations I	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		480.00	P/R Deduction (\$20.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Patricia Pruden Lennox			Date of Receipt
	Mailing Address 11 Cider Mill Road			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109422289173
	Medway	MA	02053	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		60.00
	Name of Employer Kindred Healthcare Inc.		Sales & MktingHSD	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		480.00	P/R Deduction (\$20.00 Bi- Weekly)
SI	JBTOTAL of Receipts This Page (optional)			150.00
	,		•	
TC	OTAL This Period (last page this line number on	ly)	>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 55 / 95 (check only one)
			Detailed Summary Page	13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
<u>′</u> ۵.	Full Name (Last, First, Middle Initial) Scott W Parker			Date of Receipt
	Mailing Address 1533 Panorama Drive			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109422309173
	Vestavia Hill	AL	35216	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Finan	n ce-South Reg-HSD	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	480.00	P/R Deduction (\$20.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Ronald D Long			Date of Receipt
	Mailing Address 148 Cheyenne Road			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109422459173
	Shelbyville	KY	40065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		45.00
	Name of Employer Kindred Healthcare Inc.	Occupation Adm Dir	n Contract Admin	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	360.00	P/R Deduction (\$15.00 Bi- Weekly)
).	Full Name (Last, First, Middle Initial) Stephen F. Stoess			Date of Receipt
	Mailing Address 514 Locust Creek Blvd.			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109422469173
	Louisville	KY	40245	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		70.20
	Name of Employer Kindred Healthcare Inc.		lecommunications	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		561.60	P/R Deduction (\$23.40 Bi- Weekly)
S	UBTOTAL of Receipts This Page (optional)			175.20
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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 56 / 95
ITEMIZED RECEIPTS			or each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
An	y information copied from such Reports and St	atements may	not be sold or used by any person	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	Kindred Healthcare, Inc. PAC			
Α.	Full Name (Last, First, Middle Initial) James E. Bell			Date of Receipt
	Mailing Address 14213 Aiken Road			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109422509173
	Louisville	KY	40245	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		45.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Div	r Reimb-HD	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	1 1	360.00	P/R Deduction (\$15.00 Bi-
	Other (specify)	0 0	360.00	Weekly)
В.	Full Name (Last, First, Middle Initial) Richard A. Hood			Date of Receipt
	Mailing Address 3440 Brian Rd South			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109422559173
	Palm Harbor	FL	34685	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Ph	n arm-SE Reg-KPS	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		480.00	P/R Deduction (\$20.00 Bi- Weekly)
<u> </u>	Full Name (Last, First, Middle Initial) Randy E Johnson			Date of Receipt
	Mailing Address 5208 Grandlake			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109422569173
	Bellaire	TX	77401	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		C		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Exe		7
			Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	230.00	P/R Deduction (\$10.00 Bi- Weekly)
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Т т	OTAL This Period (last page this line number of	only)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 57/95		
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$\overline{}$	NAME OF COMMITTEE (In Full)		71				
\rangle	Kindred Healthcare, Inc. PAC						
	,						
_	Full Name (Last, First, Middle Initial)						
٩.	Paul R. Eiseman			Date of Receipt			
	Mailing Address 3714 Fringe Tree Place			M M / D D	YYYY		
	City	State	Zip Code	Transaction ID: PR	109422589173		
	Louisville	KY	40241	Amount of Each Rec			
	FEC ID number of contributing				· · · · · ·		
	federal political committee.	C			45.00		
	Name of Employer	Occupation					
	Name of Employer Kindred Healthcare Inc.		ness Dev-HD				
	Receipt For:		e Year-to-Date ▼				
	Primary General		000.00	P/R Deduction (\$15	5.00 Bi-		
	Other (specify)		360.00	P/R Deduction (\$15 Weekly)			
3.	Full Name (Last, First, Middle Initial) Danny R Edwards			Date of Receipt			
•	Mailing Address 1112 Hunt Club Lane			M M / D D	/ Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR	109422619173		
	Valrico	<u>FL</u>	33594	Amount of Each Rec	eipt this Period		
	FEC ID number of contributing	C			60.00		
	federal political committee.						
	Name of Employer Kindred Healthcare Inc.	Occupation	n	7			
	Kindred Healthcare Inc.	Chief Exe	ec Off III				
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General Other (specify) ▼	, ,	460.00	P/R Deduction (\$20 Weekly)).00 Bi-		
	Other (specify)	0 0	0 0 0 0 0 0 0	VVCCRIY)			
	Full Name (Last, First, Middle Initial)						
Э.	Berard E. Tomassetti			Date of Receipt			
	Mailing Address 7510 Cantrell Drive			M M / D D	/ Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR	100422620172		
	Crestwood	KY	40014	Amount of Each Rec			
			70017	Amount of Lacif Nec	 		
	FEC ID number of contributing federal political committee.	C			75.00		
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	Name of Employer Kindred Healthcare Inc.	Occupation VP Finan					
VP FIN			e Year-to-Date ▼	\dashv			
	Primary General	, iggi ogale		P/R Deduction (\$25	5.00 Bi-		
	Other (specify) ▼		600.00	Weekly)	7.00 DI-		
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for commercial purposes, other than using the name and address of any political committee to solicit contributions from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee. NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) A. John Waldrop Mailing Address 128 West Hwy 25/70 City Dandridge TN 37725 FEC ID number of contributing federal political committee. Receipt For: Primary General Aggregate Year-to-Date ▼ PFC ID number of contributing federal political committee. Receipt For: City State Zip Code Aggregate Year-to-Date ▼ Transaction ID: PR109422809173 Amount of Each Receipt this Period P/R Deduction (\$15.00 Bi-Weekly) Date of Receipt Transaction ID: PR109422809173 Amount of Each Receipt this Period PRD Deduction (\$15.00 Bi-Weekly) Prospect Name of Employer Kindred Healthcare Inc. Receipt For: Prospect Aggregate Year-to-Date ▼ Primary General Occupation Sr Dir & Litigat Counsel Aggregate Year-to-Date ▼ P/R Deduction (\$15.00 Bi-Weekly) P/R Deduction (\$15.00 Bi-Weekly) Full Name (Last, First, Middle Initial)	S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 58 / 95
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) NAME OF COMMITTEE (in Full) NAME OF COMMITTEE (in Full) Name (Last, First, Middle Initial) A. John Waldrop Mailing Address 128 West Hwy 25/70 City State Zip Code Dandridge TN 3,7725 PEC ID rumber of contributing foderal political committee. Name of Employer Kindred Healthcare Inc. Prinary General Other (specify) ▼ Prinary General Other (specify) ▼ Aggregate Year-to-Date ▼ Prinary General Other (specify) ▼ Pill Name (Last, First, Middle Initial) B. Casharine C Young Mailing Address 6303 Deep Creek Drive City State Zip Code Prosport For: Name of Employer Kindred Healthcare Inc. Name of Employer Individual Count (S15.00 Bi-Weekly) Prinary General Other (specify) ▼ Crush Kindred Healthcare Inc. Spirit & Litigat Counsel Recept For: Aggregate Year-to-Date ▼ Prinary General Other (specify) ▼ Arount of Each Receipt Tips Period Prinary General Other (specify) ▼ Arount of Each Receipt Tips Period Prinary General Other (specify) ▼ Arount of Each Receipt Tips Period Prinary General Other (specify) Tips Period Prinary General O	-			or each category of the	(check only one)
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of scaling contributions of or commending 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) John Waldron Mailing Address 128 West Hwy 25/70 City State Zip Code TN 37725 FEC ID number of contributing federal political committee. PEC ID number of contributing federal political committee. Receipt For: Primary General Other (specify ▼ 355.00) P/R Deduction (\$15.00 Bi-Weekly) P/R Deduction (\$15.00 Bi-Weekly) Date of Receipt Aggregate Year-to-Date ▼ P/R Deduction (\$15.00 Bi-Weekly) Date of Receipt Aggregate Year-to-Date ▼ Primary General Other (specify ▼ 360.00) P/R Deduction (\$15.00 Bi-Weekly) Date of Receipt Transaction ID: PR109422809173 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ Primary General Other (specify ▼ 360.00) P/R Deduction (\$15.00 Bi-Weekly) Date of Receipt Transaction ID: PR109422809173 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ Primary General Other (specify ▼ 360.00) P/R Deduction (\$15.00 Bi-Weekly) Date of Receipt Transaction ID: PR109422809173 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Full Name (Last, First, Middle Initial) Full Name (Last, First, Middle Initial) C Cuty Way W Milling Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General				Detailed Summary Page	
And Commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in First, Middle Initial)	Ar	ny information copied from such Reports and St	atements may	not be sold or used by any perso	
Kindred Healthcare, Inc. PAC	or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) A. John Waldrop Mailing Address 128 West Hwy 25/70 City	\setminus	• •			
A John Wadrop Mailing Address 128 West Hwy 25/70 City State Zip Code TN 37725 FEC ID number of contributing federal political committee. Name of Employer Kindred Healthcare Inc. FEC ID number of Contributing federal political committee. Primary General Other (specify) ▼ City State Zip Code KY 40059 FEC ID number of contributing federal political committee. City State Zip Code KY 40059 FEC ID number of contributing federal political committee. Name of Employer Kindred Healthcare Inc. Receipt For: Primary General Occupation Sor Dir & Litigat Counsel Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) C. Many W Mailer Mailing Address 3611 Glenfield Court City State Zip Code KY 40059 FEC ID number of contributing federal political committee. Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) C. Mary W Mailer Mailing Address 3611 Glenfield Court City State Zip Code KY 40241 FEC ID number of contributing federal political committee. Name of Employer Kindred Healthcare Inc. Receipt For: Primary General Occupation Reg Quality Spec Receipt For: Primary General Other (specify) ▼ Name of Employer Kindred Healthcare Inc. Name of Employer Kindred Healthcare Inc. Receipt For: Primary General Occupation Reg Quality Spec Receipt For: Primary General Other (specify) ▼ 120.00 Substotal of Receipt This Page (optional)		Kindred Healthcare, Inc. PAC			
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Dandridge TN 37725 FEC ID number of contributing federal political committee. Name of Employer Kindrod Healthcare Inc. Receipt FC: Primary General Other (specify) ▼		Mailing Address 128 West Hwy 25/70			M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Kindred Neathcare Inc. Receipt For:		-	State	Zip Code	Transaction ID: PR109422689173
Name of Employer Receipt For: Primary General General General Primary General Properties Primary General Primary Date of Receipt Primary Date of Receipt Primary Date of Receipt Primary General Primary Ge		<u>Dandridge</u>	TN	37725	Amount of Each Receipt this Period
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Receipt For:		Name of Employer Kindred Healthcare Inc.			
Other (specify) ▼ Solution (§13:00 B) Weekly) B. Full Name (Last, First, Middle Initial) Catharine C Young Mailing Address 6303 Deep Creek Drive City State Zip Code KY 40059 FEC ID number of contributing federal political committee. Name of Employer Kindred Healthdare Inc. Receipt For: Primary General Other (specify) ▼ State Zip Code KY 40059 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ Primary W Miller Mailing Address 3611 Glenfield Court City State Zip Code KY 40241 FEC ID number of contributing federal political committee. City State Zip Code KY 40241 FEC ID number of contributing federal political committee. City State Zip Code KY 40241 FEC ID number of contributing federal political committee. Receipt For: Primary General Other (specify) ▼ State Zip Code KY 40241 FEC ID number of contributing federal political committee. City State Zip Code KY 40241 FEC ID number of contributing federal political committee. Reg Quality Spec Receipt For: Primary General Other (specify) ▼ Substotal of Receipts This Page (optional) Substotal of Receipts This Page (optional)		Receipt For:		•	
Full Name (Last, First, Middle Initial)			1 1	355.00	P/R Deduction (\$15.00 Bi-
B. Catharine C Young Mailing Address 6303 Deep Creek Drive City State Zip Code KY 40059 FEC ID number of contributing federal political committee. Name of Employer Kindred Healthcare Inc. Receipt For: Primary General Other (specify) ▼ State Zip Code KY 40059 Transaction ID: PR109422809173 Amount of Each Receipt this Period 45.00 P/R Deduction (\$15.00 Bi-Weekly) Date of Receipt Transaction ID: PR109422809173 Amount of Each Receipt this Period FEU IN Ame of Employer Kindred Healthcare Inc. Receipt For: William (Last, First, Middle Initial) C. Mary W Miller Mailing Address 3611 Glenfield Court City State Zip Code KY 40241 FEC ID number of contributing federal political committee. Name of Employer Kindred Healthcare Inc. Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 240.00 SUBTOTAL of Receipts This Page (optional)		Other (specify)	0 0		Weekly)
City State Zip Code KY 40059 FEC ID number of contributing federal political committee. Name of Employer Kindred Healthcare Inc. Receipt For: Primary General Other (specify) ▼ State Zip Code Mary W Miller Mailing Address 3611 Glenfield Court City State Zip Code KY 40241 FEC ID number of contributing federal political committee. Name of Employer Kindred Healthcare Inc. Full Name (Last, First, Middle Initial) C. Mary W Miller Mailing Address 3611 Glenfield Court City State Zip Code KY 40241 FEC ID number of contributing federal political committee. Name of Employer Kindred Healthcare Inc. Receipt For: Primary General Other (specify) ▼ SubstortAL of Receipts This Page (optional) SubstortAL of Receipts This Page (optional)	В.				Date of Receipt
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Receipt For:		Name of Employer Kindred Healthcare Inc.			
Other (specify) ▼ State Zip Code Transaction ID: PR109422849173 City State Zip Code Transaction ID: PR109422849173 Louisville KY 40241 FEC ID number of contributing federal political committee. Name of Employer Kindred Healthcare Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Subtotal of Receipts This Page (optional) Table 10.00 Bi-Weekly) Subtotal of Receipts This Page (optional) Table 10.00 Bi-Weekly)		Receipt For:			
C. Mary W Miller Mailing Address 3611 Glenfield Court City State Zip Code Louisville KY 40241 FEC ID number of contributing federal political committee. Name of Employer Kindred Healthcare Inc. Reg Quality Spec Receipt For: Primary General Other (specify) ▼ Subtotal of Receipts This Page (optional) Date of Receipt Transaction ID: PR109422849173 Amount of Each Receipt this Period 30.00 P/R Deduction (\$10.00 Bi-Weekly)		H ' -	0 0	360.00	P/R Deduction (\$15.00 Bi- Weekly)
City State Zip Code Louisville KY 40241 Transaction ID: PR109422849173 Amount of Each Receipt this Period PEC ID number of contributing federal political committee. Name of Employer Kindred Healthcare Inc. Receipt For: Primary General Other (specify) ▼ Subtotal of Receipts This Page (optional) PAGE Aggregate Year-to-Date ▼ P/R Deduction (\$10.00 Bi-Weekly)	<u> </u>				Date of Receipt
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Other (specify) ▼ 240.00 Weekly) SUBTOTAL of Receipts This Page (optional)	Receipt For:		Aggregate	Year-to-Date ▼	
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	s	UBTOTAL of Receipts This Page (optional)			120.00
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59 / 95 (check only one) X
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	atements may name and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
۹.	Full Name (Last, First, Middle Initial) Sharon Theresa McGuyer Mailing Address 22441 15Th Ave. So.			Date of Receipt
	City	State	Zip Code	Transaction ID: PR109422909173
	<u>Des Moines</u>	WA	98198	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Nursi	ng II	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 230.00	P/R Deduction (\$10.00 Wee-kly)
3.	Full Name (Last, First, Middle Initial) Charles K. Currens			Date of Receipt
	Mailing Address 7801 McCarthy Lane		7.0.1	M M / D D / Y Y Y Y
	City Louisville	State KY	Zip Code 40222	Transaction ID: PR109422919173
	FEC ID number of contributing federal political committee.	C	40222	Amount of Each Receipt this Period 60.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir IS Pro	od Svcs	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 480.00	P/R Deduction (\$20.00 Bi- Weekly)
- C.	Full Name (Last, First, Middle Initial) Gaylia Bond			Date of Receipt
Mailing Address 7015 Wooded Meadow Rd				M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109422979173
	Louisville	KY	40241	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		90.00
	Name of Employer Kindred Healthcare Inc.	1	ıman Resources-HD	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 720.00	P/R Deduction (\$30.00 Bi- Weekly)
S	UBTOTAL of Receipts This Page (optional)			180.00
т	OTAL This Period (last page this line number o	nlv)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 95 (check only one) X
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
۹.	Full Name (Last, First, Middle Initial) Keith Krein Mailing Address 7212 Deer Ridge Rd			Date of Receipt
	City	State	Zip Code	Transaction ID: PR109422989173
	Prospect	KY	40059	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer Kindred Healthcare Inc.		Chief Med Off-HSD	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 480.00	P/R Deduction (\$20.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Patricia M McGillan			Date of Receipt
	Mailing Address 510 Altagate Rd			M M / D D / Y Y Y
	City	State	Zip Code	Transaction ID: PR109422999173
	Louisville	KY	40206	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		90.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Pat S	ⁿ saf & Risk Mgmt-HD	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	720.00	P/R Deduction (\$30.00 Bi- Weekly)
).	Full Name (Last, First, Middle Initial) Barbara L Baylis			Date of Receipt
	Mailing Address 6702 Kingslook Court			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109423009173
	Louisville	KY	40207	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP Cli	n in & Res Svcs-HSD	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 480.00	P/R Deduction (\$20.00 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			210.00
т.	OTAL This Period (last page this line number or	nlv)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 61 / 95 (check only one)
ITEMIZED RECEIPTS			or each category of the Detailed Summary Page	X 11a
			Detailed Summary Page	13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)		·	
\rangle	Kindred Healthcare, Inc. PAC			
۹.	Full Name (Last, First, Middle Initial) Richard H Starke			Date of Receipt
	Mailing Address 2404 Dundee Rd			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109423159173
	Louisville	KY	40205	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP Re	n ehab Svcs-PRS	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		480.00	P/R Deduction (\$20.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Thomas M Skirven			Date of Receipt
	Mailing Address Hc 67 Box 1301			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109423179173
	Enfield	ME	04493	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation		7
		Executive	e Dir II e Year-to-Date ▼	4
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	P/P Deduction (\$5.00 Week
	Other (specify) ▼		235.00	P/R Deduction (\$5.00 Week-ly)
) .	Full Name (Last, First, Middle Initial) Pete Kalmey			Date of Receipt
	Mailing Address 3221 South WInchester	Acres Roa	ıd	M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR109423209173
	Louisville	KY	40223	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Fin-E	n ast Reg-HD	
		Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		240.00	P/R Deduction (\$10.00 Bi- Weekly)
S	UBTOTAL of Receipts This Page (optional)			120.00
			•	
T	OTAL This Period (last page this line number on	ly)	>	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 62 / 95 (check only one)	
ITEMIZED RECEIPTS			or each category of the	X 11a T 11b T 11c T 12	
			Detailed Summary Page	13 14 15 16	17
Any or f	y information copied from such Reports and States or commercial purposes, other than using the r	atements may	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.	
$\overline{}$	NAME OF COMMITTEE (In Full)				
\rangle	Kindred Healthcare, Inc. PAC				
	Full Name (Last, First, Middle Initial) Mary J Yesue			Date of Receipt	
	Mailing Address P. O. Box 921			M M / D D / Y Y Y Y	
	City	State	Zip Code	Transaction ID: PR109423219173	
	York Harbor	ME	03911	Amount of Each Receipt this Period	-
	FEC ID number of contributing federal political committee.	C		45.00	
	Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir C			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary ☐ General Other (specify) ▼		360.00	P/R Deduction (\$15.00 Bi- Weekly)	
_	Full Name (Last, First, Middle Initial) Janet L Worcester			Date of Receipt	
	Mailing Address 24 Saratoga Avenue			M " M / D " D / Y " Y " Y " Y	
	City	State	Zip Code	Transaction ID: PR109423229173	
	Bangor	ME	04401	Amount of Each Receipt this Period	_
	FEC ID number of contributing federal political committee.	C		30.00	
	Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir C			
	Receipt For:		Year-to-Date ▼		
	Primary ☐ General Other (specify) ▼	0 0	240.00	P/R Deduction (\$10.00 Bi- Weekly)	
_	Full Name (Last, First, Middle Initial) Audrey Johndro			Date of Receipt	
	Mailing Address 41 Maple Drive			M M / D D / Y Y Y Y	
	City	State	Zip Code	Transaction ID: PR109423239173	
	Greenland	NH	03840	Amount of Each Receipt this Period	_
	FEC ID number of contributing federal political committee.	C		30.00	
	Name of Employer Kindred Healthcare Inc.	Occupation Reg Dir F	n Field Accting-HSD		
		Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼	0 0	230.00	P/R Deduction (\$10.00 Bi- Weekly)	
SI	JBTOTAL of Receipts This Page (optional)			105.00	Ī
					Ī
TC	OTAL This Period (last page this line number o	nly)	>		_

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 63 / 95	
TEMIZED RECEIPTS			or each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or i	or commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
/	Kindred Healthcare, Inc. PAC			
_	Full Name (Last, First, Middle Initial) Aimee Oakes			Date of Receipt
	Mailing Address 240 Paradise Lane			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109423269173
	<u>Jacksboro</u>	TN	37757	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer Kindred Healthcare Inc.	Occupation		
		Dist Dir C	•	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	D/D D 1 11 11 1 (#00 00 D)
	Other (specify)	0 0	480.00	P/R Deduction (\$20.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Janet L Clancy			Date of Receipt
	Mailing Address 201 Yorkshire Blv.			M M / D D / Y Y Y Y
	City State Zip Code			Transaction ID: PR109423309173
	Cumberland	IN	46229	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive		
	Receipt For:		e Year-to-Date ▼	
	Primary General			P/R Deduction (\$10.00 Bi-
	Other (specify)		230.00	Weekly)
_	Full Name (Last, First, Middle Initial) Bonnie Deyo			Date of Receipt
	Mailing Address 259 Sweetwater			M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR109423339173
	Lander	WY	82520	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Area Exe	n cutive Dir	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	220.00	P/R Deduction (\$10.00 Wee-kly)
SI	JBTOTAL of Receipts This Page (optional)			120.00
	,			
T	OTAL This Period (last page this line number or	nly))	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 64 / 95 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
۹.	Full Name (Last, First, Middle Initial) Richard R. Hollar Mailing Address 12006 Hillrose Circle			Date of Receipt
	City	State	Zip Code	Transaction ID: PR109423379173
	Louisville	KY	40243	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir HR-K		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 240.00	P/R Deduction (\$10.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) 3. Carol Holguin				Date of Receipt
	Mailing Address 504 Steeplechase Trail	M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR109423419173
	Kennedale	TX	76060	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		90.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Exe		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		720.00	P/R Deduction (\$30.00 Bi- Weekly)
).	Full Name (Last, First, Middle Initial) Jacqueline Lanter			Date of Receipt
	Mailing Address 2355 W Noble Heights D	Orive		M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR109423439173
	Tucson	AZ	85742	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		45.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 345.00	P/R Deduction (\$15.00 Bi- Weekly)
SI	UBTOTAL of Receipts This Page (optional)			165.00
т	OTAL This Period (last page this line number or	nly)	>	

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAG	GE 65/95
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)	
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c	12
				13 14 15	16 17
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	r not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting cor solicit contributions from such co	ntributions ommittee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)				
\rangle	Kindred Healthcare, Inc. PAC				
۹.	Full Name (Last, First, Middle Initial) Jeffrey F Luckett			Date of Receipt	
	Mailing Address 1406 Hawkshead Ln			M M / D D / Y	
	City	State	Zip Code	Transaction ID: PR1094	
	Louisville	KY	40220	Amount of Each Receipt th	is Period
	FEC ID number of contributing federal political committee.	C			60.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Intern	n al Audit-IS		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		480.00	P/R Deduction (\$20.00 E	3i-
	Other (specify) ▼	0 0	480.00	Weekly)	
3.	Full Name (Last, First, Middle Initial) Janet Biedron			Date of Receipt	
	Mailing Address 226 3rd Street	M M / D D / Y	YYY		
	City	State	Zip Code	Transaction ID: PR10942	23469173
	Dunellen	NJ	08812	Amount of Each Receipt th	is Period
	FEC ID number of contributing federal political committee.	С			30.00
	Name of Employer Kindred Healthcare Inc.	Occupation			
		Chief Exe			
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	D/D Doduction (\$10.00 F	o:
	Other (specify)		240.00	P/R Deduction (\$10.00 E Weekly)	51-
).	Full Name (Last, First, Middle Initial) Kathy Skaggs			Date of Receipt	
	Mailing Address 3900 Pine Lake Ct			M M / D D / Y	YYY
	City	State	Zip Code	Transaction ID: PR1094	23499173
	Owensboro	KY	42303	Amount of Each Receipt th	is Period
	FEC ID number of contributing federal political committee.	С			30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive		7	
	Receipt For:		Year-to-Date ▼		
	Primary General	25 0 11		P/R Deduction (\$10.00 E	3i-
	Other (specify)		240.00	Weekly)	
s	UBTOTAL of Receipts This Page (optional)				120.00
_	OTAL This December 2011 in the control of the contr	L X	<u> </u>		
T	OTAL This Period (last page this line number on	ıy)	P		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 66 / 95 (check only one) X	
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.	
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC				
۹.	Full Name (Last, First, Middle Initial) Carolyn F De Blasi Mailing Address 10950 N. LaCanada #82	04		Date of Receipt	
	City Oro Valley	State AZ	Zip Code 85737	Transaction ID: PR109423519173 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	00707	60.00	
	Name of Employer Kindred Healthcare Inc.	Occupation	e Dir III		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 460.00	P/R Deduction (\$20.00 Bi- Weekly)	
3.	Full Name (Last, First, Middle Initial) Peter D Corless			Date of Receipt	
	Mailing Address 3308 Overlook Ridge Rd	g Address 3308 Overlook Ridge Rd			
	City	State	Zip Code	Transaction ID: PR109423529173	
	Prospect	KY	40059	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		60.00	
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP HF	n R & Admin-HSD		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		480.00	P/R Deduction (\$20.00 Bi- Weekly)	
•	Full Name (Last, First, Middle Initial) Tamila Johnson-White			Date of Receipt	
	Mailing Address 2615 Zhale Smith Rd.			M M / D D / Y Y Y Y	
	City	State	Zip Code	Transaction ID: PR109423549173	
	<u>LaGrange</u>	KY	40031	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		60.00	
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Utiliza	n ation Svcs-HSD		
	Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		e Year-to-Date ▼ 480.00	P/R Deduction (\$20.00 Bi- Weekly)	
S	UBTOTAL of Receipts This Page (optional)			180.00	
т	OTAL This Period (last page this line number on	lv)			

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 67/95
ITEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any information copied from such Reports and Sta	atements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or for commercial purposes, other than using the r	name and add	aress 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. Lester Bohnert			Date of Receipt
Mailing Address 2259 N. Pennsylvania S	Street		M M / D D / Y Y Y Y
City	Ctata	7in Code	
City Indianapolis	State IN	Zip Code 46205	Transaction ID: PR109423579173 Amount of Each Receipt this Period
FEC ID number of contributing		10200	
federal political committee.	C		30.00
Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir C	n Operations I	
Receipt For:		Year-to-Date ▼	
Primary General		240.00	P/R Deduction (\$10.00 Bi-
Other (specify) ▼		240.00	Weekly)
Full Name (Last, First, Middle Initial) 3. Barbara Beagle			Date of Receipt
Mailing Address 157 Bramble Oak Drive)		M " M / D " D / Y " Y " Y " Y
City	State	Zip Code	Transaction ID: PR109423599173
Woodstock	GA	30188	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer Kindred Healthcare Inc.	Occupation		7
		Field Accting	4
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	P/P Deduction (\$10.00 P)
Other (specify)		240.00	P/R Deduction (\$10.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) C. Georgia Poole			Date of Receipt
Mailing Address 49 Walnut Hill Road			M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR109423629173
Shapleigh	ME	04076	Amount of Each Receipt this Period
FEC ID number of contributing	С		30.00
federal political committee.			
Name of Employer Kindred Healthcare Inc.	Occupation Dir Nursi		
Receipt For:		Year-to-Date ▼	1
Primary General		240.00	P/R Deduction (\$5.00 Week-
Other (specify)		240.00	l ly)
SUBTOTAL of Receipts This Page (optional)			90.00
		·	
TOTAL This Period (last page this line number of	only)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 68 / 95	
ITEMIZED RECEIP	rs	or each category of the	(check only one) X 11a 11b	11c 12
		Detailed Summary Page	13 14	15 16 17
Any information copied from su	uch Reports and Statements may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciti	ng contributions
NAME OF COMMITTEE (I		areas or arry political committee to	Solicit Contributions from St	Jen committee.
Kindred Healthcare, Inc	•			
Full Name (Last, First, Mide Janet M. Allen	dle Initial)		Date of Receipt	
Mailing Address 10 Gra	ys Ferry Road		M M / D D	YYYY
City	State	Zip Code	Transaction ID: PR	
Titus	AL	36080	Amount of Each Rec	eipt this Period
FEC ID number of contribu federal political committee.	ting			30.00
Name of Employer Kindred Healthcare Inc.	Occupation VP Clinic	n al Pharmacy-KPS		
Receipt For:	Aggregate	e Year-to-Date ▼		
Primary Ger Other (specify) ▼	neral	240.00	P/R Deduction (\$10 Weekly)).00 Bi-
Full Name (Last, First, Midd 3. Douglas Roth	dle Initial)		Date of Receipt	
Mailing Address 9891 H	eytesbery		M M / D D	/ Y Y Y Y Y
City	State	Zip Code	Transaction ID: PR	109423739173
<u>Sandy</u>	UT	84092	Amount of Each Rec	eipt this Period
FEC ID number of contribu federal political committee.	ting			120.00
Name of Employer Kindred Healthcare Inc.	Occupation VP Finar	n nce-Pacific RegHSD]	
Receipt For:		e Year-to-Date ▼		
Primary Ger Other (specify) ▼	neral	960.00	P/R Deduction (\$40 Weekly)).00 Bi-
Full Name (Last, First, Mide 2. Joseph Briley	dle Initial)		Date of Receipt	
	/ Fox Park Dr # 11-I		M M / D D	/ Y Y Y Y Y
City	State	Zip Code	Transaction ID: PR	109423769173
West Jordan	UT	84088	Amount of Each Rec	eipt this Period
FEC ID number of contribu federal political committee.	ting			30.00
Name of Employer Kindred Healthcare Inc.	Occupation Reg Dir N	n Maint-HSD		
Receipt For:		e Year-to-Date ▼		
Primary Ger Other (specify) ▼	neral	240.00	P/R Deduction (\$10 Weekly)).00 Bi-
SUBTOTAL of Receipts This	Page (optional)			180.00
·	•	•		
TOTAL This Period (last pag	e this line number only)	>		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 69 / 95
	TEMIZED RECEIPTS		or each category of the	(check only one)
•			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
An	y information copied from such Reports and State	ements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the na	me and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
/	Kindred Healthcare, Inc. PAC			
٩.	Full Name (Last, First, Middle Initial) Barbara Johnson			Date of Receipt
	Mailing Address 8923 Bluff Lane			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109423839173
	Fair Oaks	CA	95628	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation	n Jtilization Svcs	
	Receipt For:		e Year-to-Date ▼	
	Primary General			P/R Deduction (\$10.00 Bi-
	Other (specify) ▼		240.00	Weekly)
3.	Full Name (Last, First, Middle Initial) Sieglinde Donohue			Date of Receipt
	Mailing Address 6101 Iron Kettle St	M " M / D " D / Y " Y " Y " Y		
	City	State	Zip Code	Transaction ID: PR109423929173
	Las Vegas	NV	89130	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		10.00
	Name of Employer Kindred Healthcare Inc.	Occupation		
		Executive		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	D/D Deduction (010 00 Wee
	Other (specify) ▼		210.00	P/R Deduction (\$10.00 Wee-kly)
).	Full Name (Last, First, Middle Initial) Janet F Francis-Head			Date of Receipt
	Mailing Address 350 Bivens Lane			M ' M / D ' D / Y ' Y ' Y ' Y
	City	State	Zip Code	Transaction ID: PR109423959173
	Beaver Dam	KY	42320	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		45.00
	Name of Employer Kindred Healthcare Inc.	Occupation Reg Fina	n Incial Ana	
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		360.00	P/R Deduction (\$15.00 Bi- Weekly)
SI	UBTOTAL of Receipts This Page (optional)			85.00
	CE. CIAE OF HOSSIPIO TING Lage (optional)		······	
т	OTAL This Period (last page this line number on	ly))	

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER:	PAGE 70 / 95
			Use separate schedule(s) or each category of the	(check only one)	
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b	11c 12
				13 14	15 16 17
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and ado	rnot be sold or used by any perso Iress of any political committee to	n for the purpose of soliciting solicit contributions from su	ng contributions uch committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)				
\rangle	Kindred Healthcare, Inc. PAC				
۹.	Full Name (Last, First, Middle Initial) Henry F. Telfeian			Date of Receipt	
	Mailing Address 1247 Alvarado Road			M M / D D	
	City	State	Zip Code	Transaction ID: PR	
	Berkeley	CA	94705	Amount of Each Rec	eipt this Period
	FEC ID number of contributing federal political committee.	C			30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Labor Re			
	Receipt For:	l	Year-to-Date ▼		
	Primary General Other (specify) ▼		340.00	P/R Deduction (\$10 Weekly)).00 Bi-
	Full Name (Last, First, Middle Initial)			-	
3.	Randall Krentz			Date of Receipt	
	Mailing Address 704 Hillside Dr	M M / D D			
	City	State	Zip Code	Transaction ID: PR	
	Sheboygon	WI	53081	Amount of Each Rec	eipt this Period
	FEC ID number of contributing federal political committee.	C			30.00
	Name of Employer Kindred Healthcare Inc.	Occupation	1		
			perations I		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼		240.00	P/R Deduction (\$10 Weekly)	0.00 Bi-
 C.	Full Name (Last, First, Middle Initial) Jeffrey L. Perry			Date of Receipt	
	Mailing Address 1473 St. James Court			M M / D D	YYYY
	City	State	Zip Code	Transaction ID: PR	109424029173
	Louisville	KY	40208	Amount of Each Rec	eipt this Period
	FEC ID number of contributing federal political committee.	С			60.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Pharn	nacy IS-KPS	7	
	Receipt For:		Year-to-Date ▼	7	
	Primary General Other (specify) ▼		480.00	P/R Deduction (\$20 Weekly)	0.00 Bi-
s	UBTOTAL of Receipts This Page (optional)				120.00
			·		
T	OTAL This Period (last page this line number on	ly))		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 71 / 95 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
۹.	Full Name (Last, First, Middle Initial) Frank E. Perkins			Date of Receipt
	Mailing Address 2101 Cherrywood Drive			M ' M / D ' D / Y ' Y ' Y ' Y
	City LaGrange	State KY	Zip Code 40031	Transaction ID: PR109424039173 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	+0031	60.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Finan		
	Receipt For: ☐ Primary ☐ General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 480.00	P/R Deduction (\$20.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Randall Fuller			Date of Receipt
	Mailing Address 3021 Forest Lake	M M / D D / Y Y Y Y		
	City Las Vegas	State NV	Zip Code 89117	Transaction ID: PR109424079173
	FEC ID number of contributing federal political committee.	C	09117	Amount of Each Receipt this Period 30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive	e Dir I	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 230.00	P/R Deduction (\$10.00 Weekly)
 C.	Full Name (Last, First, Middle Initial) Douglas T Collins			Date of Receipt
	Mailing Address 12106 Briargate Lane			M " M / D " D / Y " Y " Y " Y
	City Goshen	State KY	Zip Code 40026	Transaction ID: PR109424129173 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Fin S	ys-HSD	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 480.00	P/R Deduction (\$20.00 Bi- Weekly)
S	UBTOTAL of Receipts This Page (optional)			150.00
T	OTAL This Period (last page this line number on	ıly)	>	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 72/95
ITEMIZED RECEIPTS		or each category of the	(check only one)
· · · · · · · · · · · · · · · · · · ·		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the n	atements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
Kindred Healthcare, Inc. PAC			_
Full Name (Last, First, Middle Initial) A. Franklin W Stieringer Jr			Date of Receipt
Mailing Address 8731 Amboy Avenue			M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR109424139173
Sun Valley	CA	91352	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer Kindred Healthcare Inc.	Occupation Reg Mgr		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		240.00	P/R Deduction (\$10.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) 3. Kurt Schultz			Date of Receipt
Mailing Address 2374 Fielding			M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR109424149173
Glenview	IL	60026	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		45.00
Name of Employer Kindred Healthcare Inc.	Occupation VP Finan	n nce-MW Reg-HD	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	360.00	P/R Deduction (\$15.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Linda L Newberry-Ferguson			Date of Receipt
Mailing Address 11310 Haleco Lane			M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR109424199173
Hales Corners	WI	53130	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		150.00
Name of Employer Kindred Healthcare Inc.	Occupation Chief Exe	ec Off II	
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1 5/5 5 1 1 1 1455 55 51
Other (specify)		1150.00	P/R Deduction (\$50.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)			225.00
		<u> </u>	
TOTAL This Period (last page this line number or	nıy)	.	

SCHEDULE A (FEC Form 3X)		l le e e e e e e e e e e e e e e e e e	FOR LINE NUMBER: PAGE 73 / 95	
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)
11	EIMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
or	y information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	r not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\angle	Kindred Healthcare, Inc. PAC			
A.	Full Name (Last, First, Middle Initial) Cassandra J. Lind			Date of Receipt
	Mailing Address 3234 S. 9th St. Apt. E			M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR109424219173
	Lafayette IN FEC ID number of contributing federal political committee.		47909	Amount of Each Receipt this Period
				30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Nursi		
	Receipt For:		e Year-to-Date ▼	
	Primary General	1 1	230.00	P/R Deduction (\$10.00 Bi-
	Other (specify)	0 0	230.00	Weekly)
В.	Full Name (Last, First, Middle Initial) Amanda G Estes			Date of Receipt
	Mailing Address 4211 Wine Cellar Cour	M M / D D / Y Y Y Y		
	City State Zip Code			Transaction ID: PR109424239173
	Louisville	KY	40272	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer Kindred Healthcare Inc.	Occupation	ı	7
		Dir Intern		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		480.00	P/R Deduction (\$20.00 Bi- Weekly)
<u> </u>	Full Name (Last, First, Middle Initial) Susan Cote			Date of Receipt
	Mailing Address 24 Adams Court			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109424249173
	Brewer	ME	04412	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Reg Mgr	n Field Accting	
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	240.00	P/R Deduction (\$10.00 Bi- Weekly)
	IIRTOTAL of Receipts This Page (entions)			120.00
\vdash	UBTOTAL of Receipts This Page (optional)			
Т.	OTAL This Period (last page this line number of	only)		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 74 / 95	
			Use separate schedule(s) or each category of the	(check only one)	
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12	
				13 14 15 16 1	7
An or	ny information copied from such Reports and Sta for commercial purposes, other than using the n	itements may lame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.	
$\overline{\ }$	NAME OF COMMITTEE (In Full)				
\rangle	Kindred Healthcare, Inc. PAC				
۹.	Full Name (Last, First, Middle Initial) Melissa A. McGee			Date of Receipt	
	Mailing Address 1514 32nd Avenue			M M M / D D / Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: PR109424259173	
	San Francisco	CA	94122	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		20.00	
	Name of Employer Kindred Healthcare Inc.	Occupation Executive			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		000.00	P/R Deduction (\$10.00 Bi-	
	Other (specify) ▼	0 0	230.00	Weekly)	
3.	Full Name (Last, First, Middle Initial) Gregory C. Miller			Date of Receipt	
	Mailing Address 8000 Allielough Court			M M / D D / Y Y Y Y	
	City	State	Zip Code	Transaction ID: PR109424289173	
	Prospect	KY	40059	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		120.00	
	Name of Employer Kindred Healthcare Inc.	Occupation			
			ev & Fin Plan	_	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	D/D Dadwatian /040 00 Di	
	Other (specify) ▼	0 0	960.00	P/R Deduction (\$40.00 Bi- Weekly)	
).	Full Name (Last, First, Middle Initial) Elvin D. Alsaybar			Date of Receipt	
	Mailing Address 742 White Rock Trail			M M / D D / Y Y Y Y	
	City	State	Zip Code	Transaction ID: PR109424299173	
	Suwanee	GA	30074	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		30.00	
	Name of Employer Kindred Healthcare Inc.	Occupation Reg Dir F	n Field Accting-HSD		
	Receipt For:		Year-to-Date ▼	-	
	Primary General		040.00	P/R Deduction (\$10.00 Bi-	
	Other (specify)	0 0	240.00	Weekly)	
s	UBTOTAL of Receipts This Page (optional)			170.00	
_			_		
T	OTAL This Period (last page this line number or	nly)	>		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 75 / 95
ITEMIZED RECEIPTS		or each category of the		(check only one)
••	LIMIZED NEOEII 13		Detailed Summary Page	X 11a 11b 11c 12
Δη	y information copied from such Reports and Sta	atomonte may	y not be cold or used by any perce	13 14 15 16 17
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	osolicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	Kindred Healthcare, Inc. PAC			
A.	Full Name (Last, First, Middle Initial) Diana Hanyak			Date of Receipt
	Mailing Address 17057 Rosebud Dr.		7: 0 1	M M / D D / Y Y Y Y
	City Yorba Linda	State CA	Zip Code	Transaction ID: PR109424349173
	FEC ID number of contributing federal political committee.		92886	Amount of Each Receipt this Period
				45.00
	Name of Employer Kindred Healthcare Inc.	Occupation Administr		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	360.00	P/R Deduction (\$15.00 Bi- Weekly)
— В.	Full Name (Last, First, Middle Initial) Philip L. Jones			Date of Receipt
	Mailing Address 702 Helmsdale Place N	M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR109424359173
	Brentwood	TN	37027	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		60.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Fin		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	480.00	P/R Deduction (\$20.00 Bi- Weekly)
<u> </u>	Full Name (Last, First, Middle Initial) Susan Mowery			Date of Receipt
	Mailing Address 6294 Anne Arundal Lan	е		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109424439173
	Grove City	<u>OH</u>	43123	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Nursin		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	240.00	P/R Deduction (\$10.00 Bi- Weekly)
s	LUBTOTAL of Receipts This Page (optional)			135.00
T,	OTAL This Period (last page this line number o	nly)	······································	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 76 / 95 (check only one) X 11a 11b 11c 12
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
۹.	Full Name (Last, First, Middle Initial) Myrna Calatan			Date of Receipt
	Mailing Address 6931 San Julia Circle			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109424459173
	Buena Park	CA	90620	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Nursi		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		230.00	P/R Deduction (\$10.00 Weekly)
3.	Full Name (Last, First, Middle Initial) Ronald G Evens			Date of Receipt
	Mailing Address 304 Weston Oaks			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109424539173
	St Louis	MO	63122	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		45.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	360.00	P/R Deduction (\$15.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) James Lee			Date of Receipt
	Mailing Address 880 Meridian Bay Lane	Apt#318		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109424549173
	Foster City	CA	94404	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 230.00	P/R Deduction (\$10.00 Weekly)
SI	UBTOTAL of Receipts This Page (optional)			105.00
т	OTAL This Period (last page this line number or	nly))	

SCHEDULE A (FEC Form 3X)		llas sanarata ashadula(s)	FOR LINE NUMBER: PAGE 77 / 95
ITEMIZED RECEIPTS		or each category of the	(check only one)
••	EMIZED REGEN 10	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Δι	ny information copied from such Reports and Statements	may not be sold or used by any perso	
or	for commercial purposes, other than using the name and	address of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)		
$ \rangle$	Kindred Healthcare, Inc. PAC		
\angle			
Α.	Full Name (Last, First, Middle Initial) Jerome J. Yarnish		Data of Resoint
Α.	Mailing Address 1986 Wrenfield Lane		Date of Receipt
	1986 Wienneid Lane		WI WI / D - D / T - T - T
	City State	Zip Code	Transaction ID: PR109424569173
	Oviedo FL	32765	Amount of Each Receipt this Period
	FEC ID number of contributing		
	federal political committee.		45.00
	Name of Employer Kindred Healthcare Inc.	ation	7
	Kindred Healthcare Inc. VP Bu	siness Dev-PRS	
	Receipt For: Aggree	gate Year-to-Date ▼	
	Primary General	360.00	P/R Deduction (\$15.00 Bi-
	Other (specify) ▼	300.00	Weekly)
_	Full Name (Last, First, Middle Initial)		
В.			Date of Receipt
	Mailing Address 5203 Brookswood Road		M " M / D " D / Y " Y " Y " Y
	City State	Zip Code	Transaction ID: PR109424589173
	Crestwood KY	40014	Amount of Each Receipt this Period
	FFC ID sounds or of contribution	70017	
	FEC ID number of contributing federal political committee.		30.00
	Name of Employer Kindred Healthcare Inc. Occupa		
	Ivigr R		-
	Receipt For: Aggree Primary General	gate Year-to-Date ▼	D/D D - du - ti /010 00 Di
	Other (specify)	240.00	P/R Deduction (\$10.00 Bi- Weekly)
		0 0 0 0 0 0 0 0	,
_	Full Name (Last, First, Middle Initial) Raymond J Sierpina		Date of Receipt
J.	Mailing Address 14 Westwind Road		M M / D D / Y Y Y Y
	Westwind Hoad		
	City State	Zip Code	Transaction ID: PR109424669173
	<u>Louisville</u> KY	40207	Amount of Each Receipt this Period
	FEC ID number of contributing		90.00
	federal political committee.		90.00
Name of Employer Occupation		ation	┪
	Kindrod Hoolthoore Inc	vernment Programs	
		gate Year-to-Date ▼	7
	Primary General	700.00	P/R Deduction (\$30.00 Bi-
	Other (specify) ▼	720.00	Weekly)
s	UBTOTAL of Receipts This Page (optional)		165.00
	· · · · · · · · · · · · · · · · · · ·	<u>, </u>	
T	OTAL This Period (last page this line number only)	>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 78 / 95
IT	EMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
<u> </u>	NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , ,	
\rangle	Kindred Healthcare, Inc. PAC			
۹.	Full Name (Last, First, Middle Initial) Steven Tanner			Date of Receipt
	Mailing Address 6622 Rosebud Lane			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109424689173
	Indianapolis	IN	46237	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		460.00	P/R Deduction (\$20.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Paula Brown			Date of Receipt
	Mailing Address 907 St. Eric	M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR109424709173
	Mansfield	TX	76063	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation		
	Receipt For:		nical Off II e Year-to-Date ▼	_
	Primary General	Aggregate	e real-lo-Dale V	P/R Deduction (\$10.00 Bi-
	Other (specify) ▼		240.00	Weekly)
	Full Name (Last, First, Middle Initial) Mark A Bush			Date of Receipt
	Mailing Address 6208 Tiara Court			M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR109424719173
	Louisville	KY	40219	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		45.00
	Name of Employer Kindred Healthcare Inc.	Occupation Reg Mgr	n Operation Reimb	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		360.00	P/R Deduction (\$15.00 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)		.	135.00
_	- 1		<u></u>	
T	OTAL This Period (last page this line number onl	y)	>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 79 / 95 (check only one)
				13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
۹.	Full Name (Last, First, Middle Initial) Thomas Wood			Date of Receipt
	Mailing Address 2949 Glascock Street			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109424729173
	<u>Oakland</u>	CA	94601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		195.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir C	n Operations II	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1560.00	P/R Deduction (\$65.00 Bi- Weekly)
 3.	Full Name (Last, First, Middle Initial) James Kilburn			Date of Receipt
	Mailing Address 1580 E. Canyon Dr.	M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR109424769173
	South Weber	UT	84403	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir U	n Jtilization Svcs	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		240.00	P/R Deduction (\$10.00 Bi- Weekly)
— C.	Full Name (Last, First, Middle Initial) Gwynn Rucker			Date of Receipt
	Mailing Address 15106 59th Place NE			M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR109424789173
	Kenmore	WA	98028	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		75.00
	Name of Employer Kindred Healthcare Inc.		Operations I	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 600.00	P/R Deduction (\$25.00 Bi- Weekly)
			0 0 0 0 0 0 0	- "
S	UBTOTAL of Receipts This Page (optional)		······	300.00
T	OTAL This Period (last page this line number o	nly))	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 80 / 95 (check only one)	
			Detailed Summary Page	13 14 15 16 17	
An or	y information copied from such Reports and Sta for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.	
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC				
۸.	Full Name (Last, First, Middle Initial) Jane Davis			Date of Receipt	
	Mailing Address 8720 229th PL SW			M " M / D " D / Y " Y " Y " Y	
	City	State	Zip Code	Transaction ID: PR109424839173	
	Edmonds	WA	98026	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		45.00	
	Name of Employer Kindred Healthcare Inc.	Occupation Executive			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼	0 0	345.00	P/R Deduction (\$15.00 Wee-kly)	
3.	Full Name (Last, First, Middle Initial) Jacquelyn Elise Hofmann			Date of Receipt	
	Mailing Address 9741 E. Monte Vista Monte	Address 9741 E. Monte Vista Montanas			
	City	State	Zip Code	Transaction ID: PR109424919173	
	Tucson	AZ	85749	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		30.00	
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Nursi	ng II		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		230.00	P/R Deduction (\$10.00 Bi- Weekly)	
	Full Name (Last, First, Middle Initial) Kristie A Frock			Date of Receipt	
	Mailing Address RR 6 Box 20 Redcoat Ro	oad		M M / D D / Y Y Y Y	
	City	State	Zip Code	Transaction ID: PR109424959173	
	Nevada	MO	64772	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.		C		45.00	
	Name of Employer Kindred Healthcare Inc.	Occupation Quality C	n Compl Cnslt-HSD		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		360.00	P/R Deduction (\$15.00 Bi- Weekly)	
S	UBTOTAL of Receipts This Page (optional)			120.00	
_	OTAL This Davisd (last need this line asset)	alv.)	·		
- 1 (OTAL This Period (last page this line number or	пу)			

SCHEDULE A (FEC Form 3X)		llas apparata appadula(a)	FOR LINE NUMBER: PAGE 81 / 95
ITEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any information copied from such Reports and Stat	ements mav	not be sold or used by any perso	n for the purpose of soliciting contributions
or for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
Kindred Healthcare, Inc. PAC			
Full Name (Last, First, Middle Initial)			
Larry J Green			Date of Receipt
Mailing Address 1420 Creekstone Dr. NE			M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR109424989173
Corydon	IN	47112	Amount of Each Receipt this Period
FEC ID number of contributing	С		54.00
federal political committee.			
Name of Employer Kindred Healthcare Inc.	Occupation		7
	l	Planning & Dev	-
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	D/D Dadustian (010 00 Di
Other (specify)		432.00	P/R Deduction (\$18.00 Bi- Weekly)
			'
Full Name (Last, First, Middle Initial) 3. Sharon Spittle			Date of Receipt
Mailing Address 26 Estes Street			M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR109425009173
<u>lpswich</u>	MA	01938	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		120.00
·	000000		-
Name of Employer Kindred Healthcare Inc.	Occupation Executive		
Receipt For:		Year-to-Date ▼	
Primary General		940.00	P/R Deduction (\$20.00 Wee-
☐ Other (specify) ▼		940.00	kly)
Full Name (Last, First, Middle Initial)			
Mary Kathleen Owens			Date of Receipt
Mailing Address 12774 Whisper Wind Pla	ace		M M / D D / Y Y Y
City	State	Zip Code	Transaction ID: PR109425049173
<u>Draper</u>	UT	84020	Amount of Each Receipt this Period
FEC ID number of contributing	С		30.00
federal political committee.			
Name of Employer Kindred Healthcare Inc.	Occupation		
Receipt For:		Ops-Pac Reg-HSD Year-to-Date ▼	-
Primary General	Aggregate		P/R Deduction (\$10.00 Bi-
Other (specify) ▼		240.00	Weekly)
SUBTOTAL of Receipts This Page (optional)			204.00
CODITION OF HECEIPLE THIS Page (Optional)		······································	
TOTAL This Period (last page this line number on	ly)	>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 82 / 95 (check only one) X 11a 11b 11c 12
An	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions
$\frac{\text{or }}{}$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC	ame and add	aress of any political committee to	solicit contributions from such committee.
/ A .	Full Name (Last, First, Middle Initial) Benjamin A Breier			Date of Receipt
	Mailing Address 5400 Farm Ridge Lane			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109425099173
	Prospect	KY	40059	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer Kindred Healthcare Inc.	Occupation President		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		480.00	P/R Deduction (\$20.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Peter J Adamo			Date of Receipt
	Mailing Address 9143 W Rancho Park Ci	M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR110550459173
	Rancho Cucamonga	CA	91730	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Exe	ec Off III	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		240.00	P/R Deduction (\$10.00 Bi- Weekly)
) .	Full Name (Last, First, Middle Initial) Michael L. Moody			Date of Receipt
	Mailing Address 412 Sunningwell Dr			M M / D D / Y Y Y Y
	City Webster Crayes	State	Zip Code	Transaction ID: PR113524379173
	Webster Groves	MO	63119	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Exe	ec Off II	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 240.00	P/R Deduction (\$10.00 Bi- Weekly)
SI	UBTOTAL of Receipts This Page (optional)			120.00
т	OTAL This Period (last page this line number or	nly))	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 83 / 95		
	EMIZED RECEIPTS	or each category of the		(check only one)		
			Detailed Summary Page	X 11a 11b 11c 12 15 16 17		
An	y information copied from such Reports and Si	tatements may	not he sold or used by any pers			
or	for commercial purposes, other than using the	o solicit contributions from such committee.				
\setminus	NAME OF COMMITTEE (In Full)					
	Kindred Healthcare, Inc. PAC					
A.				Date of Receipt		
	Mailing Address PO Box 140			M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR113524389173		
	Hillsboro MO		63050	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.		C		30.00		
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Clir				
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General		240.00	P/R Deduction (\$10.00 Bi-		
	Other (specify) ▼	0 0	0 0 0 0 0 0 0	Weekly)		
В.	Full Name (Last, First, Middle Initial) Debra Degroot-Toth			Date of Receipt		
٥.	Mailing Address 705 Deer Trace			M M / D D / Y Y Y Y		
City		State	Zip Code	Transaction ID: PR113524459173		
	Bloomington	IN	47401	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		30.00		
	Name of Employer Kindred Healthcare Inc.	Occupation Rehab M				
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼	0 0	220.00	P/R Deduction (\$10.00 Wee-kly)		
— С.	Full Name (Last, First, Middle Initial) Steve Ross			Date of Receipt		
٠.	Mailing Address 35069 Roberts Lane			M M / D D / Y Y Y		
	City	State	Zip Code	Transaction ID: PR113525269173		
	St Helens	OR	97051	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		60.00		
Kindrod Hoolthooro Inc		Occupation Executive		7		
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼	0 0	460.00	P/R Deduction (\$20.00 Wee-kly)		
[e	UBTOTAL of Receipts This Page (optional)			120.00		
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TOTAL This Period (last page this line number only)						

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 84 / 95 (check only one) X 11a 11b 11c 12
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
	Full Name (Last, First, Middle Initial) Ronald G. Cadwell Mailing Address 3829 Belmont Ave.			Date of Receipt
	City	State	Zip Code	Transaction ID: PR113528079173
	San Diego	CA	92116	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.00	P/R Deduction (\$10.00 Wee-kly)
3.	Full Name (Last, First, Middle Initial) Clark D McNatt			Date of Receipt
	Mailing Address 63 Indian Hills Trail	M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR113528569173
	Louisville FEC ID number of contributing federal political committee.	C	40207	Amount of Each Receipt this Period 45.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive	e Dir II	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 345.00	P/R Deduction (\$15.00 Bi- Weekly)
) .	Full Name (Last, First, Middle Initial) Alicia Barnes			Date of Receipt
	Mailing Address 1231 Brannigan Village	Dr.		M M / D D / Y Y Y Y
	City Winston-Salem	State NC	Zip Code 27127	Transaction ID: PR113528679173 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive	e Dir I	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 230.00	P/R Deduction (\$10.00 Bi- Weekly)
SI	UBTOTAL of Receipts This Page (optional)			105.00
TO	OTAL This Period (last page this line number o	nly)	>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 85 / 95 (check only one)
			Detailed Summary Page	13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
<u>′</u> ۵.	Full Name (Last, First, Middle Initial) Judith Curtiss			Date of Receipt
	Mailing Address 5495 NE 25th. Avenue #	300		M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR113528689173
	Ft. Lauderdale	FL	33308	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		180.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Ops-S	n South Reg-HD	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1380.00	P/R Deduction (\$60.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Josephine Litzenberger			Date of Receipt
	Mailing Address 11401 Dr. M.L.K. Jr. Str Apt 1201	reet N.		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR113528699173
	St Petersburg	FL	33716	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		54.00
	Name of Employer Kindred Healthcare Inc.		Managed Care - HD	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	N
	Other (specify)		414.00	P/R Deduction (\$18.00 Bi- Weekly)
) .	Full Name (Last, First, Middle Initial) Genevieve Philogene			Date of Receipt
	Mailing Address 1788 NW 85th Drive			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR113528739173
	Coral Springs	FL	33071	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Resp	Therapy	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	P/R Deduction (\$10.00 Bi-
	Other (specify)		230.00	Weekly)
SI	JBTOTAL of Receipts This Page (optional)			264.00
TO	OTAL This Period (last page this line number or	nly)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 86 / 95 (check only one)
•			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
۹.	Full Name (Last, First, Middle Initial) Brian Rougeux			Date of Receipt
	Mailing Address 39 Saint Raphael			M M / D D / Y Y Y Y
	City	State CA	Zip Code	Transaction ID: PR113528749173
	Laguna Niguel FEC ID number of contributing federal political committee.	C	92677	Amount of Each Receipt this Period 30.00
	Name of Employer Kindred Healthcare Inc.	Occupation	n Operations I	
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼	1 1	230.00	P/R Deduction (\$10.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Martha Heubach			Date of Receipt
	Mailing Address 8000 Redbud Creek Dr.			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR113528899173
	Edmond	OK	73034	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer Kindred Healthcare Inc.	Occupation Administr	rator I	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	D/D Dadication (\$00.00 B)
	Other (specify)		440.00	P/R Deduction (\$20.00 Bi- Weekly)
Э.	Full Name (Last, First, Middle Initial) David Boyd			Date of Receipt
	Mailing Address 1910 N Rampart			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR115039999173
	New Orleans	LA	70116	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Plant	Ops	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00	P/R Deduction (\$10.00 Bi- Weekly)
SI	UBTOTAL of Receipts This Page (optional)			120.00
т	OTAL This Period (last page this line number or	ıly)	>	

S	CHEDULE A (FEC Form 3X)		Llea congreta schodula(a)	FOR LINE NUMBER: PAGE 87 / 95
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
11	LIVIIZED RECEIP I 3		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Δn	y information copied from such Reports and State	omente may	y not be sold or used by any perso	
or	for commercial purposes, other than using the na	ime and add	dress of any political committee to	solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	Kindred Healthcare, Inc. PAC			
_				
۸.	Full Name (Last, First, Middle Initial) Gregory T Hayden			Date of Receipt
••	Mailing Address 2375 Owens Lane Ne			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR115040019173
	Corydon	IN	47112	Amount of Each Receipt this Period
	FEC ID number of contributing	С		45.00
	federal political committee.			
	Name of Employer Kindred Healthcare Inc.	Occupation	1	7
	Niliurea Healthcare Inc.	Dir State	Tax	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	' '	330.00	P/R Deduction (\$15.00 Bi-
	Other (specify)			Weekly)
	Full Name (Last, First, Middle Initial)			
3.	Julie A Viers			Date of Receipt
	Mailing Address 9508 Corinthian Dr			M M / D D / Y Y Y Y
	0"	0	7' 0 1	
	City	State	Zip Code	Transaction ID: PR115040059173
	Louisville	KY	40299	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation		
			Fin Rpting	_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	D/D Daduction (\$10.00 Di
	Other (specify)		220.00	P/R Deduction (\$10.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial)			
j.	Joan Strohm			Date of Receipt
	Mailing Address 19520 French Lace Drive)		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR115040149173
	Lutz	FL	33558	Amount of Each Receipt this Period
	FEC ID number of contributing			45.00
	federal political committee.	C		45.00
	Name of Employer	Occupation	<u> </u>	-
	Name of Employer Kindred Healthcare Inc.		nical Off III	
	Receipt For:		Year-to-Date ▼	1
	Primary General			P/R Deduction (\$15.00 Bi-
	Other (specify)		330.00	Weekly)
				<u> </u>
_	UDTOTAL of Descripto This Do. 10 10 10			120.00
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SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 88 / 95
		Use separate schedule(s) or each category of the	(check only one)
ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the r	atements may	not be sold or used by any person	on for the purpose of soliciting contributions
11 .	iame and add	aress or 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. Rachael L Parker			Date of Receipt
Mailing Address 70 Birch Ridge Rd			M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR115041119173
Westford	VT	05494	Amount of Each Receipt this Period
FEC ID number of contributing		00.0.	
federal political committee.	C		60.00
Name of Employer	Occupation	า	+
Name of Employer Kindred Healthcare Inc.	Executive		
Receipt For:		Year-to-Date ▼	
Primary General		000.00	P/R Deduction (\$10.00 Wee-
Other (specify)	0 0	380.00	kly)
Full Name (Last, First, Middle Initial) 3. Michael Speidel			Date of Receipt
Mailing Address 6658 South Alkire St. #	1412		M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR115041189173
<u>Littleton</u>	CO	80127	Amount of Each Receipt this Period
FEC ID number of contributing	С		45.00
federal political committee.			
Name of Employer Kindred Healthcare Inc.	Occupation	1	
-	Executive		
Receipt For: Primary General	Aggregate	Year-to-Date ▼	
Other (specify)		300.00	P/R Deduction (\$15.00 Wee-
Cuto. (openity)	0 0	1 1 1 1 1 1 1	1 1.177
Full Name (Last, First, Middle Initial)			
Pamela M Bresee			Date of Receipt
Mailing Address 4155 SW 192nd Avenu	ie		M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR122785249173
Aloha	OR	97007	Amount of Each Receipt this Period
FEC ID number of contributing			45.00
federal political committee.	C		43.00
Name of Employer Kindred Healthcare Inc.	Occupation	<u> </u>	7
Kindred Healthćare Inc.		ncial Ana	
Receipt For:	Aggregate	e Year-to-Date ▼	7
Primary General		285.00	P/R Deduction (\$15.00 Bi-
Other (specify)		200.00	Weekly)
SUBTOTAL of Receipts This Page (optional)			150.00
COLUMN TO THE CONTROL OF THE CONTROL		······································	
TOTAL This Period (last page this line number of	nly))	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 89 / 95 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the na	tements may	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
۹.	Full Name (Last, First, Middle Initial) Susan Puzon-Kurtz			Date of Receipt
	Mailing Address 12 San Jose Ave.			M M / D D / Y Y Y Y
	City Jefferson	State LA	Zip Code 70121	Transaction ID: PR122785439173
	FEC ID number of contributing federal political committee.	C	70121	Amount of Each Receipt this Period 75.00
	Name of Employer Kindred Healthcare Inc.	Occupation Physical	n Therapist	
	Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate	e Year-to-Date ▼ 450.00	P/R Deduction (\$25.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Grant Gloor			Date of Receipt
	Mailing Address 587 Old Waverly Way			M M M / D D / Y Y Y Y
	City Eagle Point	State OR	Zip Code 97524	Transaction ID: PR122785489173
	FEC ID number of contributing federal political committee.	C	97324	Amount of Each Receipt this Period 60.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive	e Dir II	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 360.00	P/R Deduction (\$20.00 Wee-kly)
— Э.	Full Name (Last, First, Middle Initial) Russell D Ragland			Date of Receipt
	Mailing Address 724 Daneshall Drive			M " M / D " D / Y " Y " Y " Y
	City Louisville	State KY	Zip Code 40206	Transaction ID: PR126799819173 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP Fir		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 800.00	P/R Deduction (\$50.00 Bi- Weekly)
S	UBTOTAL of Receipts This Page (optional)			285.00
T	OTAL This Period (last page this line number or	ıly)		

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

PAGE 90 / 95 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the 11a 11b 11c **Detailed Summary Page** 13 14 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) Date of Receipt Catherine Nurmela Mailing Address 1409 W. Elmdale City State Zip Code Transaction ID: PR126799849173 Chicago IL 60660 Amount of Each Receipt this Period FEC ID number of contributing 45.00 C federal political committee. Name of Employer Kindred Healthcare Inc. Occupation Chief Clinical Off II Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$15.00 Bi-225.00 Weekly) Other (specify) Full Name (Last, First, Middle Initial) B. Donna Sroczynski Date of Receipt Mailing Address 1485 Champagne Lane City State Zip Code Transaction ID: PR128118539173 South Elgin IL 60177 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Name of Employer Kindred Healthcare Inc. Occupation Dist Dir Operations I Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-300.00 Weekly) Other (specify)

		105.00
SUBTOTAL of Receipts This Page (optional)	•	105.00
TOTAL This Period (last page this line number only)		14676.20

SCHEDOLL B (I LCI OIIII 3X)	Use seperate schedule(s)		(check onl		= NUMBER: PAGE 91 Iv one)				
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 28a	X 23 28b	24 28c	25 29	26 30t	
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name									
 NAME OF COMMITTEE (In Full) 	and address of any political co	اااااااار	iee io S	OHOIL COHE	11 61101110111	om sucil (Johnnie	-	
Kindred Healthcare, Inc. PAC									
Full Name (Last, First, Middle Initial)					action ID		72		
AmeriPAC: The Fund for a Greater Americ	3				of Disburs		/	Υ	
Mailing Address 499 S. Capitol St. SW, #4	114			1 0		20 /	ŽOŎ	6	
	State Zip Code DC 20003			Amou	nt of Each	Disburse	ement this	Period	
Purpose of Disbursement			-				3500	0.00	
Contribution		01							
Candidate Name		Categ Typ							
Office Sought: House Disburse Senate	ment For: Primary General			Contr	ibution				
President	Other (specify)								
State: District:									
Full Name (Last, First, Middle Initial) Fvan Bayh Committee					action ID	-	88		
				М		23 /	žoŏ	e Y	
Mailing Address 850 FT WAYNE AVENUE				1 0		2 3	200	р	
,	State Zip Code IN 46204			Amou	nt of Each	Disburse	ement this	Period	
Purpose of Disbursement	Ī	-		L.			2000	0.00	
Contribution Candidate Name	[_	01 Categ							
Sen. Evan Bayh		Тур	-						
Office Sought: House Disburse	ment For: 2010 Primary General			Contr	ibution				
X Senate X President	Other (specify)								
State: IN District: 2	· 								
Full Name (Last, First, Middle Initial) Eric Cantor for Congress					action ID of Disburs		91		
Mailing Address P.O. Box 17813				1 ^M 0	M / D	23 /	ŽOŎ	6 ^Y	
,	State Zip Code VA 23226			Amou	nt of Each	n Disburse	ement this	Period	
Purpose of Disbursement Contribution	20220	01	1				1000	0.00	
Candidate Name		Categ							
Eric Cantor		Тур							
Office Sought: X House Disburse Senate	ment For: 2006 Primary X General			Contr	ibution				
President State: VA District: 7	Other (specify) ▼								
L					-		6500	00	
SUBTOTAL of Disbursements This Page (optional) .							0000	.00	
TOTAL This Period (last page this line number only)			•						

S	CHEDULE B (FEC Form 3X)	Use sen	erate schedule(s)					NUMBE	R:				PAGI	92/	95	
IT	EMIZED DISBURSEMENTS	for each	category of the Summary Page		Г	check 21		one) 7 22	Гх	23	Г	\neg 2	24 Г	7 25		26
						27		28a		28b] 2	28c	29	<u> </u>	30b
	y Information copied from such Reports and State for commercial purposes, other than using the na															
ļ.	NAME OF COMMITTEE (In Full)		oo o. a.i, poilioa													
$ \rangle$	Kindred Healthcare, Inc. PAC															
Α.	Full Name (Last, First, Middle Initial) Nathan Deal for Congress							Trans				_	37095			
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	Mailing Address PO Box 902 PO Box 902							10		L				200	0	
	City Gainesville	State GA	Zip Code 30503					Amou	int o	f Eac	h C	Disbu	ırseme	nt this	Period	_
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	Candidate Name Nathan Deal			С	at	egory/ ype										
	Office Sought: X House Disburs Senate President	sement For: Primary Other (spe	2006 X General			<u>,, </u>		Contr	ibut	tion						
	State: GA District: 10	``	, v													
В.	Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Co	mmittee						Date	of D	isbur	sen	nent				
	Mailing Address 430 South Capitol Stree 2nd Floor	et, SE						1 0	М	/ D	2 (D /	Y	žoŏ	6 ^Y	
	City Washington	State DC	Zip Code 20003					Amou	int o	f Eac	h D	Disbu	ırseme			7
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С.	Full Name (Last, First, Middle Initial) Friends of Tammy Duckworth							Trans					18380			
	Mailing Address 416 W. 22nd Street							1 ^M 0	М	/ D	2 (D /	Y	žoŏ	6 ^Y	
	City Lombard	State IL	Zip Code 60148					Amou	int o	f Eac	h D	Disbu	urseme	nt this	Period	_
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ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30
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or for commercial purposes, other than using the har NAME OF COMMITTEE (In Full)	ie and address of any political co	mininge to sc	mon continuutions from such committee
Kindred Healthcare, Inc. PAC			
Full Name (Last, First, Middle Initial)			Transaction ID: 17447686
Judy Feder For Congress			Date of Disbursement
Mailing Address 1514 Hardwood Lane			1 0 M / D 2 3 / Y 2 0 0 6 Y
City Mclean	State Zip Code VA 22101		Amount of Each Disbursement this Period
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Candidate Name Judith Feder		Category/ Type	
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Full Name (Last, First, Middle Initial) Giffords For Congress			Transaction ID: 17418385 Date of Disbursement
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Mailing Address PO Box 27565			10 20 2006
City Tucson	State Zip Code AZ 85726		Amount of Each Disbursement this Period
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Gabrielle Giffords		Category/ Type	
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Full Name (Last, First, Middle Initial) Friends Of Phil Hare			Transaction ID: 17418382 Date of Disbursement
Mailing Address 313 17th Street P.O. Box 4183			10 0 7 2 0 7 2 0 0 6
City Rock Island	State Zip Code IL 61202		Amount of Each Disbursement this Period
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Candidate Name Mr. Philip Hare		Category/ Type	
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City Washington	State Zip Code DC 20006			Amount	of Each	Disburse	ement tl	his Pe	riod
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Mailing Address 56 Roland Street				1 0 M	/ D ₂	4 /	Ý Ž O	0 6	1
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