

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

Office Use Only

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

Kindred Healthcare, Inc. PAC

ADDRESS (number and street)

604 S. Fourth St.

☐Check if different
than previously
reported. (ACC)

Louisville

KY

40202

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00242271

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

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

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

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

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

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

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

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

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

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

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

10

19

2006

through

11

27

2006

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

Type or Print Name of Treasurer

Hank Robinson

Signature of Treasurer

Electronically Filed by Hank Robinson

Date

12

04

2006

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

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

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Kindred Healthcare, Inc. PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	1	9	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
1	1	2	7	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2006		176556.29
(b) Cash on Hand at Beginning 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. Total Disbursements (from Line 31)	36500.00	216085.90
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	107028.99	107028.99
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Kindred Healthcare, Inc. PAC

Report Covering the Period:

From:

M M
1 0D D
1 9Y Y Y Y
2 0 0 6

To:

M M
1 1D D
2 7Y Y Y Y
2 0 0 6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	14676.20	67646.20
(i) Itemized (use Schedule A)		
(ii) Unitemized	3040.00	72912.40
(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 (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➡	17716.20	140558.60
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	6000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	17716.20	146558.60
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	17716.20	146558.60

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	135.90
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	135.90
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	36500.00	209250.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	6700.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	36500.00	216085.90
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	36500.00	216085.90

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	17716.20	140558.60
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17716.20	140558.60
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	135.90
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	135.90

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

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

FOR LINE NUMBER: PAGE 6 / 95

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

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

Christine A. Albro

Mailing Address 1260 Smith Hill Road

City State Zip Code
 Corydon IN 47112

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Direct Customer Support

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 3 / 2 0 0 6

Transaction ID: 17827725

Amount of Each Receipt this Period

350.00

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

Aryendra Laljie

Mailing Address 10241 SW 13th Street

City State Zip Code
 Pembroke Pines FL 33025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Reg Dir Fin-HD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: PR109410349173

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

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

Teresa S Anderson

Mailing Address 7115 Coachwood Drive

City State Zip Code
 Georgetown IN 47122

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Sr Dir Fin Sys Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

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

Transaction ID: PR109418379173

Amount of Each Receipt this Period

45.00

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

SUBTOTAL of Receipts This Page (optional)

425.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

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

City State Zip Code
Louisville KY 40223

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Exec VP Chief Adm&InfoOff

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1680.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109418389173

Amount of Each Receipt this Period

210.00

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

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

City State Zip Code
Houston TX 77024

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Executive Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109418399173

Amount of Each Receipt this Period

300.00

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

C. Full Name (Last, First, Middle Initial)
Kurt Brockhausen
Mailing Address 209 Glenwood Ct

City State Zip Code
Great Falls MT 59405

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Pharm Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109418429173

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

540.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial)
David R Windhorst

Mailing Address 2000 Spring Farms Road

City State Zip Code
 Floyds Knobs IN 47119

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
VP Financial Sys Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109418509173

Amount of Each Receipt this Period

120.00

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

B. Full Name (Last, First, Middle Initial)
Lawrence I Wolf

Mailing Address 4826 N Winthrop Ave #3S

City State Zip Code
 Chicago IL 60640

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Sr Cnslt Appl-Data Arch

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109418519173

Amount of Each Receipt this Period

60.00

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

C. Full Name (Last, First, Middle Initial)
Mary Jane Frappier-Neff

Mailing Address 2883 Bellwind Circle

City State Zip Code
 Rockledge FL 32955

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Sr Dir Reg IS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109418529173

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

210.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Judy Weaver

Mailing Address 1635 Blackmore Drive

City State Zip Code
 Indianapolis IN 46231

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Reg Dir Clin Ops-HD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109418539173

Amount of Each Receipt this Period

45.00

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

B.

Full Name (Last, First, Middle Initial)

Katheryn J Markham

Mailing Address 10602 Taylor Farm Ct

City State Zip Code
 Prospect KY 40059

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
VP IS Planning&FieldSvcs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109418569173

Amount of Each Receipt this Period

105.00

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

C.

Full Name (Last, First, Middle Initial)

Dan McCreynolds

Mailing Address 7620 Beech Spring Court

City State Zip Code
 Louisville KY 40241

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Sr Dir DataWarehouseSvcs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109418579173

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

180.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 10 / 95

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial)
Janis L Mahoney

Mailing Address 3403 S. Highway 53

City State Zip Code
LaGrange KY 40031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.Occupation
Sr Dir Technical Svcs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

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

Transaction ID: PR109418589173

Amount of Each Receipt this Period

60.00

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

B. Full Name (Last, First, Middle Initial)
Catherine A Gooch

Mailing Address 14516 Clear Meadow Court

City State Zip Code
Louisville KY 40245

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.Occupation
Dir Fin Sys Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

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

Transaction ID: PR109418599173

Amount of Each Receipt this Period

60.00

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

C. Full Name (Last, First, Middle Initial)
Brian K Rapp

Mailing Address 154 Rock Trail Court

City State Zip Code
Ballwin MO 63011

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.Occupation
Dir Quality Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: PR109418639173

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 95

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial) Patrick J Gillenwater Mailing Address 402 Erin Drive City State Zip Code Jeffersonville IN 47130 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Adm Dir IS Admin Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109418649173 Amount of Each Receipt this Period 52.50 P/R Deduction (\$17.50 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Mona Euler Mailing Address 11325 Moss Dr City State Zip Code Carmel IN 46033 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Chief Exec Off I Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109418679173 Amount of Each Receipt this Period 30.00 P/R Deduction (\$10.00 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) William B Seibert Mailing Address 4706 Wolfcreek Pkwy City State Zip Code Louisville KY 40241 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Fin Sys Dev Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 720.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109418749173 Amount of Each Receipt this Period 90.00 P/R Deduction (\$30.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

172.50

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 12 / 95

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

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

Deborah F Rickert

Mailing Address 7003 Shallow Lake Road

City State Zip Code
 Prospect KY 40059

FEC ID number of contributing federal political committee.

C

Name of Employer
Kindred Healthcare Inc.Occupation
Sr Dir Fin Sys Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

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

Transaction ID: PR109418779173

Amount of Each Receipt this Period

60.00

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

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

Charles Wardrip

Mailing Address 2805 Chestnut Ridge Place

City State Zip Code
 Louisville KY 40245

FEC ID number of contributing federal political committee.

C

Name of Employer
Kindred Healthcare Inc.Occupation
VP IS Ops & Telecomm

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

835.00

Date of Receipt

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

Transaction ID: PR109418799173

Amount of Each Receipt this Period

105.00

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

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

Stephen M Dobler

Mailing Address 1106 Holly Springs Drive

City State Zip Code
 Louisville KY 40242

FEC ID number of contributing federal political committee.

C

Name of Employer
Kindred Healthcare Inc.Occupation
VP IS Finance & Admin

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

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

Transaction ID: PR109418809173

Amount of Each Receipt this Period

135.00

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

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 13 / 95

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Terry Carrico

Mailing Address 3311 Cobblers Ct

City

New Albany

State

IN

Zip Code

47150

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Sr Dir Clin Systems Dev

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109418829173

Amount of Each Receipt this Period

60.00

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

Full Name (Last, First, Middle Initial)

B. Steven J Paynter

Mailing Address 3105 Crestmoor Court

City

Prospect

State

KY

Zip Code

40059

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Sr Cnslt Tech Arch

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109418849173

Amount of Each Receipt this Period

60.00

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

Full Name (Last, First, Middle Initial)

C. Kimberly Ann Beach

Mailing Address 6615 Leland Drive

City

Crestwood

State

KY

Zip Code

40014

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

VP Operation Sys-HSD

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109418869173

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 14 / 95

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial)
 William R Rhodes
 Mailing Address 11303 Vista Greens Drive

City State Zip Code
 Louisville KY 40241

FEC ID number of contributing federal political committee.

C

Name of Employer
Kindred Healthcare Inc.Occupation
Tech Cnslt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: PR109418899173

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
 Martin Ardron
 Mailing Address 77 Rising Hill Road

City State Zip Code
 Phillips Ranch CA 91766

FEC ID number of contributing federal political committee.

C

Name of Employer
Kindred Healthcare Inc.Occupation
Reg Dir Hosp Rehab-PRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: PR109418919173

Amount of Each Receipt this Period

75.00

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

C. Full Name (Last, First, Middle Initial)
 Michael Metzger
 Mailing Address 121 Tamarack Ct.

City State Zip Code
 Lindenhurst IL 60046

FEC ID number of contributing federal political committee.

C

Name of Employer
Kindred Healthcare Inc.Occupation
Chief Fin Off III

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

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

Transaction ID: PR109418939173

Amount of Each Receipt this Period

45.00

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

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 15 / 95

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial) Linn Billingsley Mailing Address P.O. Box 122 City State Zip Code Blue Diamond NV 89004 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Executive Dir Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 460.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109418989173 Amount of Each Receipt this Period 60.00 P/R Deduction (\$20.00 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Jan Turk Mailing Address 1314 Amelia St. City State Zip Code New Orleans LA 70115 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Chief Exec Off II Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 460.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109419009173 Amount of Each Receipt this Period 60.00 P/R Deduction (\$20.00 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Larry Foster Mailing Address 5700 N. Winthrop Apartment # 5 City State Zip Code Chicago IL 60660 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Chief Exec Off III Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109419039173 Amount of Each Receipt this Period 30.00 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 16 / 95

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial) Jack Shapiro Mailing Address 22591 Covington Drive City State Zip Code Deer Park IL 60010 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Executive Dir Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 690.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109419049173 Amount of Each Receipt this Period 90.00 P/R Deduction (\$30.00 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Adrienne Lyons Mailing Address 1220 North Oak Park Avenue City State Zip Code Oak Park IL 60302 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Reg Dir Clin Ops-HD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109419059173 Amount of Each Receipt this Period 30.00 P/R Deduction (\$10.00 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Linda Tiemens Mailing Address 100 Forest Place #P-39 City State Zip Code Oak Park IL 60301 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation VP Ops-MW Reg-HD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 720.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109419079173 Amount of Each Receipt this Period 90.00 P/R Deduction (\$30.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

210.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 17 / 95

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial) Linda McQuade Mailing Address 4712 Sw 24 Ave City State Zip Code Ft Lauderdale FL 33312 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Mgr Health Info Mgmt Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109419109173 Amount of Each Receipt this Period 30.00 P/R Deduction (\$10.00 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) John Caron Mailing Address 2333 Brickell Ave #1402 City State Zip Code Miami FL 33129 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation VP Finance-South Reg-HD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109419129173 Amount of Each Receipt this Period 30.00 P/R Deduction (\$10.00 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Theodore Welding Mailing Address 2448 Middle River Dr. City State Zip Code Ft. Lauderdale FL 33305 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Executive Dir Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109419139173 Amount of Each Receipt this Period 75.00 P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

135.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 18 / 95

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial) Linda McGunnigle Mailing Address 17 Hartshorn Street City State Zip Code West Bridgewater MA 02379 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Adm Mgr Reg Loss Prevent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109419169173 Amount of Each Receipt this Period 30.00 P/R Deduction (\$10.00 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Andrew W Tsapatsaris Mailing Address 5121 Avalon Drive City State Zip Code Peabody MA 01960 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Transition Team Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109419179173 Amount of Each Receipt this Period 30.00 P/R Deduction (\$10.00 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Frank Battafarano Mailing Address 2700 Little Hills Lane City State Zip Code Anchorage KY 40223 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Exec VP & President-HD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1200.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109419199173 Amount of Each Receipt this Period 150.00 P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

210.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 19 / 95

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

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

Sean R Muldoon

Mailing Address 5800 Brittany Valley Road

City State Zip Code
 Louisville KY 40222

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Sr VP & Chief Med Off-HD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109419229173

Amount of Each Receipt this Period

150.00

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

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

James L Lindberg

Mailing Address 11119 Brook Stone Court

City State Zip Code
 Louisville KY 40223

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Adm Mgr Facilities-HD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109419259173

Amount of Each Receipt this Period

60.00

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

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

Deborah R Doddridge

Mailing Address 312 Hill St. PO Box 273

City State Zip Code
 Milltown IN 47145

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Dir Procure Sys & Capital

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109419309173

Amount of Each Receipt this Period

45.00

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

SUBTOTAL of Receipts This Page (optional)

255.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 20 / 95

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Joel W Day

Mailing Address 2017 Spring Farms Drive

City State Zip Code
 Floyd Knobs IN 47119

FEC ID number of contributing federal political committee.

C

Name of Employer
Kindred Healthcare Inc.Occupation
VP & Controller-HD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

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

Transaction ID: PR109419319173

Amount of Each Receipt this Period

45.00

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

B.

Full Name (Last, First, Middle Initial)

Susan Moss

Mailing Address 161 Westwind Road

City State Zip Code
 Louisville KY 40207

FEC ID number of contributing federal political committee.

C

Name of Employer
Kindred Healthcare Inc.Occupation
VP Crp Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

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

Transaction ID: PR109419339173

Amount of Each Receipt this Period

60.00

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

C.

Full Name (Last, First, Middle Initial)

Theresa M Graham

Mailing Address 1203 Falls Creek Landing

City State Zip Code
 New Ablany IN 47150

FEC ID number of contributing federal political committee.

C

Name of Employer
Kindred Healthcare Inc.Occupation
VP Compliance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

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

Transaction ID: PR109419359173

Amount of Each Receipt this Period

45.00

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

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 21 / 95

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial)
Michael C Lozier
Mailing Address 5106 Creekwood Drive

City State Zip Code
Greenville IN 47124

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Dir Purch Contract Admin

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109419379173

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Charles Michael Grannan
Mailing Address 7109 Cannonade Court

City State Zip Code
Prospect KY 40059

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
VP Purchasing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

672.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109419399173

Amount of Each Receipt this Period

84.00

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

C. Full Name (Last, First, Middle Initial)
Robert G Weir
Mailing Address 4100 Napanee Rd

City State Zip Code
Louisville KY 40207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
VP Operations-KPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109419409173

Amount of Each Receipt this Period

60.00

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

SUBTOTAL of Receipts This Page (optional)

174.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 22 / 95

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

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

Dennis J Hansen

Mailing Address 1791 Connor Station Road

City State Zip Code
 Simpsonville KY 40067

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
VP Reimb-HSD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109419419173

Amount of Each Receipt this Period

105.00

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

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

Mary Suzanne Riedman

Mailing Address 6401 Orchid Hill Pl

City State Zip Code
 Louisville KY 40207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Sr VP & General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109419429173

Amount of Each Receipt this Period

60.00

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

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

Susan P Riedl

Mailing Address 8914 Lippincott Road

City State Zip Code
 Louisville KY 40222

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Sr Dir HSD Reimb

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109419449173

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

195.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 23 / 95

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial)
Mary L Dennison
Mailing Address 4678 Mount Eden Road

City State Zip Code
Shelbyville KY 40065

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Mgr Reimb

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109419489173

Amount of Each Receipt this Period

52.50

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

B. Full Name (Last, First, Middle Initial)
Michael J Bean
Mailing Address 8011 Kendrick Crossing Lane

City State Zip Code
Louisville KY 40291

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
VP Tax Planning

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109419519173

Amount of Each Receipt this Period

60.00

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

C. Full Name (Last, First, Middle Initial)
Peggy Black
Mailing Address 1607 Helmridge Court

City State Zip Code
Louisville KY 40222

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Exec Asst to Chair & BOD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109419539173

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

142.50

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 24 / 95

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial)
 Anne S Woods
 Mailing Address 7420 Falls Ridge Ct.

City State Zip Code
 Louisville KY 40241

FEC ID number of contributing federal political committee.

C

Name of Employer
Kindred Healthcare Inc.Occupation
VP Internal Audit

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

716.00

Date of Receipt

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

Transaction ID: PR109419549173

Amount of Each Receipt this Period

90.00

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

B. Full Name (Last, First, Middle Initial)
 Stephanie J Warren
 Mailing Address 2169 Balmer-Fenwick Road

City State Zip Code
 Floyds Knobs IN 47119

FEC ID number of contributing federal political committee.

C

Name of Employer
Kindred Healthcare Inc.Occupation
Sr Dir Facility Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

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

Transaction ID: PR109419579173

Amount of Each Receipt this Period

45.00

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

C. Full Name (Last, First, Middle Initial)
 Teri A Hartlage
 Mailing Address 5600 Bradbe Meadows Way

City State Zip Code
 Fisherville KY 40023

FEC ID number of contributing federal political committee.

C

Name of Employer
Kindred Healthcare Inc.Occupation
Asst Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

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

Transaction ID: PR109419589173

Amount of Each Receipt this Period

60.00

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

SUBTOTAL of Receipts This Page (optional)

195.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 25 / 95

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. John Lucchese

Mailing Address 14401 Broad Oak Place

City State Zip Code
 Louisville KY 40245

FEC ID number of contributing federal political committee.

C

Name of Employer
Kindred Healthcare Inc.Occupation
VP Crp Fin & Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

792.00

Date of Receipt

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

Transaction ID: PR109419599173

Amount of Each Receipt this Period

99.00

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

Full Name (Last, First, Middle Initial)

B. Rose M Michels

Mailing Address 6503 Chenoweth Run Road

City State Zip Code
 Louisville KY 40299

FEC ID number of contributing federal political committee.

C

Name of Employer
Kindred Healthcare Inc.Occupation
Dir Tax Compl

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

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

Transaction ID: PR109419609173

Amount of Each Receipt this Period

45.00

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

Full Name (Last, First, Middle Initial)

C. Richard A Lechleiter

Mailing Address 601 Club Lane

City State Zip Code
 Louisville KY 40207

FEC ID number of contributing federal political committee.

C

Name of Employer
Kindred Healthcare Inc.Occupation
Exec VP & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

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

Transaction ID: PR109419629173

Amount of Each Receipt this Period

225.00

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

SUBTOTAL of Receipts This Page (optional)

369.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 26 / 95

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

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

Joseph Landenwich

Mailing Address 2213 Wrocklage Ave.

City State Zip Code
Louisville KY 40205

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
SVPCrpLegalAffairs&CrpSec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1440.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109419639173

Amount of Each Receipt this Period

180.00

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

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

Arthur L Rothgerber

Mailing Address 8325 Regency Woods Way

City State Zip Code
Louisville KY 40220

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Sr VP Reimbursement

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

456.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109419649173

Amount of Each Receipt this Period

57.00

P/R Deduction (\$19.00 Bi-Weekly)

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

Ruth Ann Lusk

Mailing Address 1800 Acorn Lane

City State Zip Code
Lagrange KY 40031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Sr VP-East Reg-HD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109419659173

Amount of Each Receipt this Period

45.00

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

SUBTOTAL of Receipts This Page (optional)

282.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 27 / 95

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial)
Charles E Leanhart
Mailing Address 1200 Twin Willows Lane

City State Zip Code
Louisville KY 40214

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Sr Dir Accts Payable

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109419669173

Amount of Each Receipt this Period

60.00

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

B. Full Name (Last, First, Middle Initial)
Linda M O'Bryan
Mailing Address 1001 Willow Creek Court

City State Zip Code
Louisville KY 40245

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Sr Dir PatientCare&QualHD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109419679173

Amount of Each Receipt this Period

45.00

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

C. Full Name (Last, First, Middle Initial)
Timothy W Jolly
Mailing Address 6703 Kingslook Ct

City State Zip Code
Louisville KY 40207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Sr Dir Planning & Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109419689173

Amount of Each Receipt this Period

60.00

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

SUBTOTAL of Receipts This Page (optional)

165.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 28 / 95

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial) Karen R Blain Mailing Address 9708 Northridge Dr City State Zip Code Louisville KY 40272 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Mgr Patient Accting-HSD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109419709173 Amount of Each Receipt this Period 30.00 P/R Deduction (\$10.00 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Mark A Laemmle Mailing Address 2224 Highland Springs Place City State Zip Code Louisville KY 40245 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation VP Crp Finance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 744.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109419719173 Amount of Each Receipt this Period 93.00 P/R Deduction (\$31.00 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Douglas Curnutte Mailing Address 1014 Springside Way City State Zip Code Louisville KY 40223 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation VP Fac & Real Estate Dev Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109419729173 Amount of Each Receipt this Period 45.00 P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

168.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 29 / 95

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial) Brian L Caudill Mailing Address 4817 Stanley Farm Court City State Zip Code LaGrange KY 40031 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Sr Dir HD Reimb Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 624.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109419739173 Amount of Each Receipt this Period 78.00 P/R Deduction (\$26.00 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Mary R Russell Mailing Address 7300 Wood Rock Rd City State Zip Code Louisville KY 40291 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Dir Accounting-HSD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 528.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109419769173 Amount of Each Receipt this Period 66.00 P/R Deduction (\$22.00 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) William M Altman Mailing Address 9103 Lexington Lane City State Zip Code Louisville KY 40241 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation SVPCmplGovtProg&IntAudit Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 960.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109419809173 Amount of Each Receipt this Period 120.00 P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

264.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 30 / 95

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

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

Scott M Juetten

Mailing Address 8315 Running Spring Dr

City State Zip Code
 Louisville KY 40241

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
VP & Controller-HSD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109419819173

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

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

Vicki Chaffins

Mailing Address 364 Loretta Drive

City State Zip Code
 Shepherdsville KY 40165

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Mgr Accting-Fixed Assets

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109419829173

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

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

Bobby V Bas

Mailing Address 2084 Wind River Road

City State Zip Code
 El Cajon CA 92019

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Radiology Tech

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109419839173

Amount of Each Receipt this Period

45.00

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

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 31 / 95

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial) Nancy Wilson Mailing Address 38 La Sierra Drive City State Zip Code Phillips Ranch CA 91766 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Chief Fin Off III Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109419929173 Amount of Each Receipt this Period 30.00 P/R Deduction (\$10.00 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Steven J Fuller Mailing Address 6025 Bridge Garden Rd City State Zip Code Knoxville TN 37912 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Dist Dir Clin Ops Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109419979173 Amount of Each Receipt this Period 30.00 P/R Deduction (\$10.00 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Joseph Wainscott Mailing Address 8918 Serpent Circle City State Zip Code Indianapolis IN 46236 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation VP Finance-Central RegHSD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109419989173 Amount of Each Receipt this Period 45.00 P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 32 / 95

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial)
Martha S Rhoads
Mailing Address 137 N. Cherry Street

City State Zip Code
Greenville KY 42345

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Dist Dir Clin Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109420009173

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
J. Harold Walker
Mailing Address 429 Freedom Trail

City State Zip Code
Sparta TN 38583

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Dist Dir Operations II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109420019173

Amount of Each Receipt this Period

45.00

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

C. Full Name (Last, First, Middle Initial)
T. Stephen Turner
Mailing Address 4105 Pacific Ave #4

City State Zip Code
Marina Del Ray CA 90292

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
SVPStrategicPlan&BusDevHD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109420039173

Amount of Each Receipt this Period

120.00

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

SUBTOTAL of Receipts This Page (optional)

195.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 33 / 95

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

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

Michael Comer

Mailing Address 12 Lewis

City State Zip Code
 Irvine CA 92620

FEC ID number of contributing federal political committee.

C

Name of Employer
Kindred Healthcare Inc.Occupation
VP Finance-West Reg-HD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109420049173

Amount of Each Receipt this Period

105.00

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

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

Billy Wilcox

Mailing Address 3218 Morning Dove

City State Zip Code
 Midlothian TX 76065

FEC ID number of contributing federal political committee.

C

Name of Employer
Kindred Healthcare Inc.Occupation
Chief Fin Off II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109420059173

Amount of Each Receipt this Period

45.00

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

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

Traci Shelton

Mailing Address 4138 Quiet Meadow Ct

City State Zip Code
 Fair Oaks CA 95628

FEC ID number of contributing federal political committee.

C

Name of Employer
Kindred Healthcare Inc.Occupation
Sr VP-West Reg-HD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2380.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109420069173

Amount of Each Receipt this Period

300.00

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

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 34 / 95

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial)
Steven Monaghan
Mailing Address 508 W. Melrose #7-A

City State Zip Code
Chicago IL 60657

FEC ID number of contributing federal political committee.

C

Name of Employer
Kindred Healthcare Inc.Occupation
Exec VP-West Grp-HD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2040.00

Date of Receipt

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

Transaction ID: PR109420079173

Amount of Each Receipt this Period

255.00

P/R Deduction (\$85.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Laura Wills
Mailing Address 5019 Brown Bear Dr. NE

City State Zip Code
Rio Rancho NM 87144

FEC ID number of contributing federal political committee.

C

Name of Employer
Kindred Healthcare Inc.Occupation
Executive Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

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

Transaction ID: PR109420099173

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Cynthia Smith
Mailing Address 9N668 Bowes Bend Dr

City State Zip Code
Elgin IL 60123

FEC ID number of contributing federal political committee.

C

Name of Employer
Kindred Healthcare Inc.Occupation
Chief Exec Off II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: PR109420109173

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

315.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 35 / 95

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial)
Mark A McCullough
Mailing Address 1101 Old Cannons Lane

City State Zip Code
Louisville KY 40207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
President-KPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109420119173

Amount of Each Receipt this Period

120.00

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

B. Full Name (Last, First, Middle Initial)
Susan B Myers
Mailing Address 959 Whetstone Way

City State Zip Code
Louisville KY 40223

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
VP Clin Ops-CentralRegHSD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109420159173

Amount of Each Receipt this Period

45.00

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

C. Full Name (Last, First, Middle Initial)
James Ransone
Mailing Address 11644 Sw 53Th. Place

City State Zip Code
Cooper City FL 33330

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Chief Clinical Off III

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109420169173

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

195.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 36 / 95

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial) John Miner Mailing Address 4730 Dunnie Drive City Tampa State FL Zip Code 33614 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Chief Fin Off III Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 480.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109420219173 Amount of Each Receipt this Period 60.00 P/R Deduction (\$20.00 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Pamela Marie Riter Mailing Address 5224 Hampton Beach Place City Tampa State FL Zip Code 33609 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Chief Oper Off III Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109420249173 Amount of Each Receipt this Period 75.00 P/R Deduction (\$25.00 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Mary Craig Mailing Address 18602 Camellia Estates Lane City Cypress State TX Zip Code 77429 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Chief Exec Off III Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 345.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109420269173 Amount of Each Receipt this Period 45.00 P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

180.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 37 / 95

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial) Julie Feasel Mailing Address 6211 Iroquios Ct. City Odessa State FL Zip Code 33556 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Reg Dir Hosp Rehab-PRS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109420309173 Amount of Each Receipt this Period 45.00 P/R Deduction (\$15.00 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Robert Stein Mailing Address 14 Hermit Thrush Place City The Woodlands State TX Zip Code 77382 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Executive Dir Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109420319173 Amount of Each Receipt this Period 30.00 P/R Deduction (\$10.00 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Charles D Doten Mailing Address 7644 Harbour Blvd. City Miramar State FL Zip Code 33023 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Chief Exec Off II Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 480.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109420369173 Amount of Each Receipt this Period 60.00 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

135.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 38 / 95

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial) Carol Cregan		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109420379173 Amount of Each Receipt this Period 30.00
Mailing Address 2649 Ne 26Th Avenue City State Zip Code Ft Lauderdale FL 33306 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Dir Bus Dev-HD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00		
		P/R Deduction (\$10.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial) John Gross		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109420399173 Amount of Each Receipt this Period 45.00
Mailing Address 6133 Rolfe Avenue City State Zip Code Norfolk VA 23508 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Pharm Mgr Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00		
		P/R Deduction (\$15.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial) James Malady		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109420419173 Amount of Each Receipt this Period 30.00
Mailing Address 954 Lindfield Dr. City State Zip Code Library PA 15129 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Dir Plant Ops Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 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)

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

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

FOR LINE NUMBER: PAGE 39 / 95

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Timothy L Simpson

Mailing Address 498 Branscomb Road

City State Zip Code
 Grn Cve Spgs FL 32043

FEC ID number of contributing federal political committee.

C

Name of Employer
Kindred Healthcare Inc.Occupation
Executive Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109420439173

Amount of Each Receipt this Period

60.00

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

Full Name (Last, First, Middle Initial)

B. John M Pinnix

Mailing Address 881 SAWYER RUN LANE

City State Zip Code
 PONTE VEDRA BEACH FL 32082

FEC ID number of contributing federal political committee.

C

Name of Employer
Kindred Healthcare Inc.Occupation
Pharm Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109420459173

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. James D Thigpen

Mailing Address 355 Woolsey Brooks

City State Zip Code
 Fayetteville GA 30214

FEC ID number of contributing federal political committee.

C

Name of Employer
Kindred Healthcare Inc.Occupation
Dir Plant Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109420469173

Amount of Each Receipt this Period

45.00

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

SUBTOTAL of Receipts This Page (optional)

135.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial)
Sharon A Barnard
Mailing Address 1937 Sr 16 West

City State Zip Code
Green Cove Spgs FL 32043

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Chief Clinical Off III

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109420489173

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
E. Jane Jackson
Mailing Address 43171 Buttermere Terrace

City State Zip Code
Ashburn VA 20147

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Dir Bus Implement-HD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109420519173

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
James J Novak
Mailing Address 9680 Ridgewalk Court

City State Zip Code
Davie FL 33328

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Exec VP-East Grp-HD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1008.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109420539173

Amount of Each Receipt this Period

126.00

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

SUBTOTAL of Receipts This Page (optional)

186.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial) Ronald R Luken Mailing Address 6760 E. 9Th Street City Indianapolis State IN Zip Code 46219 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Pharm Mgr Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109420549173 Amount of Each Receipt this Period 30.00 P/R Deduction (\$10.00 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Sally I Hoffmann Mailing Address 13739 Ogakor Drive City Riverview State FL Zip Code 33569 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Chief Exec Off III Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109420579173 Amount of Each Receipt this Period 45.00 P/R Deduction (\$15.00 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Christopher A Clements Mailing Address 3111 North Ocean Drive #1007 City Hollywood State FL Zip Code 33019 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Administrator III Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109420629173 Amount of Each Receipt this Period 30.00 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 42 / 95

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A.

Full Name (Last, First, Middle Initial)

John Griffes

Mailing Address 27240 Autumn Glen

City

Boerne

State

TX

Zip Code

78006

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Chief Exec Off II

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109420689173

Amount of Each Receipt this Period

60.00

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

B.

Full Name (Last, First, Middle Initial)

James J McQuaid

Mailing Address 2 Hunter Point Dr.

City

Scarborough

State

ME

Zip Code

04074

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Dir Cust Relations KPS

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109420739173

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Susan M Fortin

Mailing Address 48 Half Moon Terrace

City

Colchester

State

VT

Zip Code

05446

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Dir Nursing II

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109420809173

Amount of Each Receipt this Period

30.00

P/R Deduction (\$5.00 Weekly)

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial) Daniel A Oneil Mailing Address 15 Westside Drive - Suite 108 City N. Grosvenordale State CT Zip Code 06255 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Executive Dir I Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 235.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109420869173 Amount of Each Receipt this Period 30.00 P/R Deduction (\$5.00 Weekly)
B. Full Name (Last, First, Middle Initial) Elizabeth D Dubois Mailing Address 21 Harriman Road City Hudson State MA Zip Code 01749 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Reg Dir Field Accting-HSD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109420949173 Amount of Each Receipt this Period 30.00 P/R Deduction (\$10.00 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Terrance Kuzman Mailing Address 34 Miller Drive City Somers State CT Zip Code 06071 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Area Executive Dir Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 235.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109420989173 Amount of Each Receipt this Period 30.00 P/R Deduction (\$5.00 Weekly)

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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FOR LINE NUMBER: PAGE 44 / 95

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Scott West

Mailing Address 13 Edward Street

City

Milton

State

VT

Zip Code

05468

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Executive Dir II

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109420999173

Amount of Each Receipt this Period

30.00

P/R Deduction (\$5.00 Weekly)

B.

Full Name (Last, First, Middle Initial)

Donna Kelsey

Mailing Address 2075 E. Tivoli Hills Drive

City

Draper

State

UT

Zip Code

84020

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Sr VP-Pacific Reg-HSD

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109421019173

Amount of Each Receipt this Period

75.00

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

C.

Full Name (Last, First, Middle Initial)

Katherine Davis

Mailing Address 8419 Oxford Woods Court

City

Louisville

State

KY

Zip Code

40222

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Reg Dir Util Svcs-HSD

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109421029173

Amount of Each Receipt this Period

45.00

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

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial) Marsha Miles Mailing Address 2221 Admiral Circle City State Zip Code Virginia Beach VA 23451 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Registered Dietitian Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109421039173 Amount of Each Receipt this Period 30.00 P/R Deduction (\$10.00 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Anita Tillery Mailing Address 2531 Rock Creek Drive City State Zip Code Chesapeake VA 23325 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Executive Dir II Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 480.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109421109173 Amount of Each Receipt this Period 60.00 P/R Deduction (\$20.00 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Christina Schramm Mailing Address 166 Columbia Ave City State Zip Code Chillicothe OH 45601 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Executive Dir II Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109421199173 Amount of Each Receipt this Period 30.00 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 46 / 95

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

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

Anthony D Lacke

Mailing Address 95 Caesar Chelor Dr

City State Zip Code
Wrentham MA 02093

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Executive Dir I

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109421249173

Amount of Each Receipt this Period

30.00

P/R Deduction (\$5.00 Weekly)

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

Donna M Nackers

Mailing Address 1760 Waters Ferry Drive

City State Zip Code
Lawrenceville GA 30043

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Reg Mgr Operation Reimb

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109421259173

Amount of Each Receipt this Period

45.00

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

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

Joseph F Weglarz

Mailing Address 35 Farrington Ave

City State Zip Code
Gloucester MA 01930

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northeast Region

Occupation
VP Finance-NE Reg-HSD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109421269173

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 47 / 95

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial) Victor Emodi			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 3044 Clarke Drive			Transaction ID: PR109421289173	
City State Zip Code Virginia Beach VA 23456			Amount of Each Receipt this Period <div>45.00</div>	
FEC ID number of contributing federal political committee. <div>C</div>				
Name of Employer Kindred Healthcare Inc.		Occupation Dist Dir Operations I		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>360.00</div>		
B. Full Name (Last, First, Middle Initial) Celeste M Bentley			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 4 Stuart Drive			Transaction ID: PR109421339173	
City State Zip Code Barrington NH 03825			Amount of Each Receipt this Period <div>45.00</div>	
FEC ID number of contributing federal political committee. <div>C</div>				
Name of Employer Kindred Healthcare Inc.		Occupation Dir Reimb-HSD		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>360.00</div>		
C. Full Name (Last, First, Middle Initial) Debra Forman			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 11009 Walnut Creek			Transaction ID: PR109421349173	
City State Zip Code Knoxville TN 37932			Amount of Each Receipt this Period <div>30.00</div>	
FEC ID number of contributing federal political committee. <div>C</div>				
Name of Employer Kindred Healthcare Inc.		Occupation Reg Mgr Field Accting		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>240.00</div>		

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

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

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 48 / 95

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial) Lane M Bowen Mailing Address 680 South Fourth Ave City State Zip Code Louisville KY 40202 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Exec VP & President-HSD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1200.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109421369173 Amount of Each Receipt this Period 150.00 P/R Deduction (\$50.00 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Laurie A Roberto Mailing Address 217 Main Street City State Zip Code Lynnfield MA 01940 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Area Executive Dir Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109421399173 Amount of Each Receipt this Period 30.00 P/R Deduction (\$5.00 Weekly)
C. Full Name (Last, First, Middle Initial) Michael W Beal Mailing Address 10 Glenwood Road City State Zip Code Windham NH 03087 FEC ID number of contributing federal political committee. C Name of Employer Northeast Region Occupation Sr VP-NE Reg-HSD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109421419173 Amount of Each Receipt this Period 60.00 P/R Deduction (\$20.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional) ▶			240.00
TOTAL This Period (last page this line number only) ▶			

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

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

FOR LINE NUMBER: PAGE 49 / 95

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial) Christine M Walker		Date of Receipt <div> <div>M</div> <div>M</div> </div> <div> <div>D</div> <div>D</div> </div> <div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div>
---	--	---

B. Full Name (Last, First, Middle Initial) John Getts		Date of Receipt <div> <div>M</div> <div>M</div> </div> <div> <div>D</div> <div>D</div> </div> <div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div>
---	--	---

C. Full Name (Last, First, Middle Initial) James Holcomb		Date of Receipt <div> <div>M</div> <div>M</div> </div> <div> <div>D</div> <div>D</div> </div> <div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div>
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SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 50 / 95

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial) Kelly G Snowball Mailing Address 4468 Forest Green Drive City Ogden State UT Zip Code 84403 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Executive Dir II Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109421579173 Amount of Each Receipt this Period 30.00 P/R Deduction (\$10.00 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Debi Thompson Mailing Address 27115 46Th Ave. S. City Kent State WA Zip Code 98032 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Executive Dir II Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109421609173 Amount of Each Receipt this Period 30.00 P/R Deduction (\$10.00 Weekly)
C. Full Name (Last, First, Middle Initial) Susan A Kesterson Mailing Address 2334 Heritage Dr City Corona State CA Zip Code 92882 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Reg Financial Ana Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109421629173 Amount of Each Receipt this Period 45.00 P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

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

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or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 95

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial) Sylvia Burton Mailing Address 433 S. Plantation City State Zip Code Cookeville TN 38506 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Executive Dir III Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109421769173 Amount of Each Receipt this Period 45.00 P/R Deduction (\$15.00 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Paula Proeschel Murray Mailing Address 573 Skodborg Drive City State Zip Code Eaton OH 45320 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Reg Mgr Field Accting Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109421799173 Amount of Each Receipt this Period 30.00 P/R Deduction (\$10.00 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Mark S Pfeifer Mailing Address 11014 Brave Ct. City State Zip Code Indianapolis IN 46236 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Reg Financial Ana Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109421849173 Amount of Each Receipt this Period 30.00 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 52 / 95

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A.

Full Name (Last, First, Middle Initial)

James Grady

Mailing Address 1311 Old Taylor Trail

City State Zip Code
 Goshen KY 40026

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Dist Dir Operations I

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109421999173

Amount of Each Receipt this Period

45.00

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

B.

Full Name (Last, First, Middle Initial)

Donna Susan Dickerson

Mailing Address 5283 Pryor Road

City State Zip Code
 Maryville TN 37804

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Area Executive Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109422079173

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Larry W Shrader

Mailing Address 425 Deer View Way

City State Zip Code
 Bolivar TN 38008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Area Executive Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109422109173

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 53 / 95

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial) Keith A Mandrell Mailing Address 8813 Mallow Drive City State Zip Code Knoxville TN 37922 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Executive Dir I Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109422129173 Amount of Each Receipt this Period 30.00 P/R Deduction (\$10.00 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Anna Ruth Birdwell Mailing Address 5450 Grundy Quarles Hwy City State Zip Code Bloomington Sprin TN 38545 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Dir Nursing III Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109422139173 Amount of Each Receipt this Period 30.00 P/R Deduction (\$10.00 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Norine Cross Mailing Address 204 Highland Trail City State Zip Code Chapel Hill NC 27516 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Reg Dir Rehab-PRS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 460.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109422179173 Amount of Each Receipt this Period 60.00 P/R Deduction (\$20.00 Weekly)

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 54 / 95

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

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

James Tucker

Mailing Address P O Box 223

City State Zip Code
 Carthage TN 37030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Executive Dir II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109422209173

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

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

Gloria J Miller

Mailing Address 223 Harvest Row Court

City State Zip Code
 Cary NC 27513

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Dist Dir Operations I

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109422219173

Amount of Each Receipt this Period

60.00

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

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

Patricia Pruden Lennox

Mailing Address 11 Cider Mill Road

City State Zip Code
 Medway MA 02053

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Reg Dir Sales & MktgHSD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109422289173

Amount of Each Receipt this Period

60.00

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

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 55 / 95

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Scott W Parker

Mailing Address 1533 Panorama Drive

City State Zip Code
 Vestavia Hill AL 35216

FEC ID number of contributing federal political committee.

C

Name of Employer
Kindred Healthcare Inc.Occupation
VP Finance-South Reg-HSD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109422309173

Amount of Each Receipt this Period

60.00

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

Full Name (Last, First, Middle Initial)

B. Ronald D Long

Mailing Address 148 Cheyenne Road

City State Zip Code
 Shelbyville KY 40065

FEC ID number of contributing federal political committee.

C

Name of Employer
Kindred Healthcare Inc.Occupation
Adm Dir Contract Admin

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109422459173

Amount of Each Receipt this Period

45.00

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

Full Name (Last, First, Middle Initial)

C. Stephen F. Stoess

Mailing Address 514 Locust Creek Blvd.

City State Zip Code
 Louisville KY 40245

FEC ID number of contributing federal political committee.

C

Name of Employer
Kindred Healthcare Inc.Occupation
Sr Dir Telecommunications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

561.60

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109422469173

Amount of Each Receipt this Period

70.20

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

SUBTOTAL of Receipts This Page (optional)

175.20

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 56 / 95

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial) James E. Bell Mailing Address 14213 Aiken Road City State Zip Code Louisville KY 40245 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Div Reimb-HD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109422509173 Amount of Each Receipt this Period 45.00 P/R Deduction (\$15.00 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Richard A. Hood Mailing Address 3440 Brian Rd South City State Zip Code Palm Harbor FL 34685 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Pharm-SE Reg-KPS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 480.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109422559173 Amount of Each Receipt this Period 60.00 P/R Deduction (\$20.00 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Randy E Johnson Mailing Address 5208 Grandlake City State Zip Code Bellaire TX 77401 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Chief Exec Off II Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109422569173 Amount of Each Receipt this Period 30.00 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

135.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 57 / 95

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial) Paul R. Eiseman Mailing Address 3714 Fringe Tree Place City State Zip Code Louisville KY 40241 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation VP Business Dev-HD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109422589173 Amount of Each Receipt this Period 45.00 P/R Deduction (\$15.00 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Danny R Edwards Mailing Address 1112 Hunt Club Lane City State Zip Code Valrico FL 33594 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Chief Exec Off III Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 460.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109422619173 Amount of Each Receipt this Period 60.00 P/R Deduction (\$20.00 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Berard E. Tomassetti Mailing Address 7510 Cantrell Drive City State Zip Code Crestwood KY 40014 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation VP Finance-KPS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109422629173 Amount of Each Receipt this Period 75.00 P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

180.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 58 / 95

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial)
John Waldrop
Mailing Address 128 West Hwy 25/70

City State Zip Code
Dandridge TN 37725

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Executive Dir III

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109422689173

Amount of Each Receipt this Period

45.00

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

B. Full Name (Last, First, Middle Initial)
Catharine C Young
Mailing Address 6303 Deep Creek Drive

City State Zip Code
Prospect KY 40059

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Sr Dir & Litigat Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109422809173

Amount of Each Receipt this Period

45.00

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

C. Full Name (Last, First, Middle Initial)
Mary W Miller
Mailing Address 3611 Glenfield Court

City State Zip Code
Louisville KY 40241

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Reg Quality Spec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109422849173

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 59 / 95

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial)
 Sharon Theresa McGuyer
 Mailing Address 22441 15Th Ave. So.

City State Zip Code
 Des Moines WA 98198

FEC ID number of contributing federal political committee.

C

Name of Employer
Kindred Healthcare Inc.Occupation
Dir Nursing II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

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

Transaction ID: PR109422909173

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Weekly)

B. Full Name (Last, First, Middle Initial)
 Charles K. Currans
 Mailing Address 7801 McCarthy Lane

City State Zip Code
 Louisville KY 40222

FEC ID number of contributing federal political committee.

C

Name of Employer
Kindred Healthcare Inc.Occupation
Dir IS Prod Svcs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

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

Transaction ID: PR109422919173

Amount of Each Receipt this Period

60.00

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

C. Full Name (Last, First, Middle Initial)
 Gaylia Bond
 Mailing Address 7015 Wooded Meadow Rd

City State Zip Code
 Louisville KY 40241

FEC ID number of contributing federal political committee.

C

Name of Employer
Kindred Healthcare Inc.Occupation
Sr VP Human Resources-HD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

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

Transaction ID: PR109422979173

Amount of Each Receipt this Period

90.00

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

SUBTOTAL of Receipts This Page (optional)

180.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 60 / 95

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial) Keith Krein Mailing Address 7212 Deer Ridge Rd City Prospect State KY Zip Code 40059 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Sr VP & Chief Med Off-HSD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 480.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109422989173 Amount of Each Receipt this Period 60.00 P/R Deduction (\$20.00 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Patricia M McGillan Mailing Address 510 Altagate Rd City Louisville State KY Zip Code 40206 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation VP Pat Saf & Risk Mgmt-HD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 720.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109422999173 Amount of Each Receipt this Period 90.00 P/R Deduction (\$30.00 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Barbara L Baylis Mailing Address 6702 Kingslook Court City Louisville State KY Zip Code 40207 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Sr VP Clin & Res Svcs-HSD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 480.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109423009173 Amount of Each Receipt this Period 60.00 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

210.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 61 / 95

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial) Richard H Starke Mailing Address 2404 Dundee Rd City State Zip Code Louisville KY 40205 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Sr VP Rehab Svcs-PRS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 480.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109423159173 Amount of Each Receipt this Period 60.00 P/R Deduction (\$20.00 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Thomas M Skirven Mailing Address Hc 67 Box 1301 City State Zip Code Enfield ME 04493 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Executive Dir II Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 235.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109423179173 Amount of Each Receipt this Period 30.00 P/R Deduction (\$5.00 Weekly)
C. Full Name (Last, First, Middle Initial) Pete Kalmey Mailing Address 3221 South Winchester Acres Road City State Zip Code Louisville KY 40223 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation VP Fin-East Reg-HD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109423209173 Amount of Each Receipt this Period 30.00 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 62 / 95

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

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

Mary J Yesue

Mailing Address P. O. Box 921

City State Zip Code
 York Harbor ME 03911

FEC ID number of contributing federal political committee.

C

Name of Employer
Kindred Healthcare Inc.Occupation
Dist Dir Clin Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

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

Transaction ID: PR109423219173

Amount of Each Receipt this Period

45.00

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

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

Janet L Worcester

Mailing Address 24 Saratoga Avenue

City State Zip Code
 Bangor ME 04401

FEC ID number of contributing federal political committee.

C

Name of Employer
Kindred Healthcare Inc.Occupation
Dist Dir Clin Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: PR109423229173

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

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

Audrey Johndro

Mailing Address 41 Maple Drive

City State Zip Code
 Greenland NH 03840

FEC ID number of contributing federal political committee.

C

Name of Employer
Kindred Healthcare Inc.Occupation
Reg Dir Field Accting-HSD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

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

Transaction ID: PR109423239173

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Aimee Oakes

Mailing Address 240 Paradise Lane

City

Jacksboro

State

TN

Zip Code

37757

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Dist Dir Clin Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109423269173

Amount of Each Receipt this Period

60.00

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

Full Name (Last, First, Middle Initial)

B. Janet L Clancy

Mailing Address 201 Yorkshire Blv.

City

Cumberland

State

IN

Zip Code

46229

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Executive Dir II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109423309173

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Bonnie Deyo

Mailing Address 259 Sweetwater

City

Lander

State

WY

Zip Code

82520

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Area Executive Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109423339173

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Weekly)

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

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

Richard R. Hollar

Mailing Address 12006 Hillrose Circle

City State Zip Code
 Louisville KY 40243

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Dir HR-KPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109423379173

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

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

Carol Holguin

Mailing Address 504 Steeplechase Trail

City State Zip Code
 Kennedale TX 76060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Chief Exec Off II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109423419173

Amount of Each Receipt this Period

90.00

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

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

Jacqueline Lanter

Mailing Address 2355 W Noble Heights Drive

City State Zip Code
 Tucson AZ 85742

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Executive Dir II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109423439173

Amount of Each Receipt this Period

45.00

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

SUBTOTAL of Receipts This Page (optional)

165.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 65 / 95

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial)
Jeffrey F Luckett
Mailing Address 1406 Hawkshead Ln

City State Zip Code
Louisville KY 40220

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Dir Internal Audit-IS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109423449173

Amount of Each Receipt this Period

60.00

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

B. Full Name (Last, First, Middle Initial)
Janet Biedron
Mailing Address 226 3rd Street

City State Zip Code
Dunellen NJ 08812

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Chief Exec Off I

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109423469173

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Kathy Skaggs
Mailing Address 3900 Pine Lake Ct

City State Zip Code
Owensboro KY 42303

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Executive Dir II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109423499173

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 66 / 95

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial)
Carolyn F De Blasi
Mailing Address 10950 N. LaCanada #8204

City State Zip Code
Oro Valley AZ 85737

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Executive Dir III

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109423519173

Amount of Each Receipt this Period

60.00

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

B. Full Name (Last, First, Middle Initial)
Peter D Corless
Mailing Address 3308 Overlook Ridge Rd

City State Zip Code
Prospect KY 40059

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Sr VP HR & Admin-HSD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109423529173

Amount of Each Receipt this Period

60.00

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

C. Full Name (Last, First, Middle Initial)
Tamila Johnson-White
Mailing Address 2615 Zhale Smith Rd.

City State Zip Code
LaGrange KY 40031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Dir Utilization Svcs-HSD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109423549173

Amount of Each Receipt this Period

60.00

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

SUBTOTAL of Receipts This Page (optional)

180.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 95

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial) Lester Bohnert Mailing Address 2259 N. Pennsylvania Street City Indianapolis State IN Zip Code 46205 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Dist Dir Operations I Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109423579173 Amount of Each Receipt this Period 30.00 P/R Deduction (\$10.00 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Barbara Beagle Mailing Address 157 Bramble Oak Drive City Woodstock State GA Zip Code 30188 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Reg Mgr Field Accting Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109423599173 Amount of Each Receipt this Period 30.00 P/R Deduction (\$10.00 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Georgia Poole Mailing Address 49 Walnut Hill Road City Shapleigh State ME Zip Code 04076 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Dir Nursing I Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109423629173 Amount of Each Receipt this Period 30.00 P/R Deduction (\$5.00 Weekly)

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 68 / 95

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Janet M. Allen

Mailing Address 10 Grays Ferry Road

City State Zip Code
 Titus AL 36080

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
VP Clinical Pharmacy-KPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109423679173

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Douglas Roth

Mailing Address 9891 Heytesbery

City State Zip Code
 Sandy UT 84092

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
VP Finance-Pacific RegHSD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109423739173

Amount of Each Receipt this Period

120.00

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

C.

Full Name (Last, First, Middle Initial)

Joseph Briley

Mailing Address 1601 W Fox Park Dr # 11-I

City State Zip Code
 West Jordan UT 84088

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Reg Dir Maint-HSD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109423769173

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

180.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 69 / 95

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial) Barbara Johnson Mailing Address 8923 Bluff Lane City State Zip Code Fair Oaks CA 95628 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Dist Dir Utilization Svcs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109423839173 Amount of Each Receipt this Period 30.00 P/R Deduction (\$10.00 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Sieglinde Donohue Mailing Address 6101 Iron Kettle St City State Zip Code Las Vegas NV 89130 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Executive Dir II Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109423929173 Amount of Each Receipt this Period 10.00 P/R Deduction (\$10.00 Weekly)
C. Full Name (Last, First, Middle Initial) Janet F Francis-Head Mailing Address 350 Bivens Lane City State Zip Code Beaver Dam KY 42320 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Reg Financial Ana Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109423959173 Amount of Each Receipt this Period 45.00 P/R Deduction (\$15.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional) ▶		85.00
TOTAL This Period (last page this line number only) ▶		

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

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

FOR LINE NUMBER: PAGE 70 / 95

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial) Henry F. Telfeian Mailing Address 1247 Alvarado Road City Berkeley State CA Zip Code 94705 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Labor Rel Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 340.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109423989173 Amount of Each Receipt this Period 30.00 P/R Deduction (\$10.00 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Randall Krentz Mailing Address 704 Hillside Dr City Sheboygon State WI Zip Code 53081 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Dist Dir Operations I Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109424019173 Amount of Each Receipt this Period 30.00 P/R Deduction (\$10.00 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Jeffrey L. Perry Mailing Address 1473 St. James Court City Louisville State KY Zip Code 40208 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Dir Pharmacy IS-KPS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 480.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109424029173 Amount of Each Receipt this Period 60.00 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 71 / 95

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial) Frank E. Perkins Mailing Address 2101 Cherrywood Drive City State Zip Code LaGrange KY 40031 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation VP Finance-PRS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 480.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109424039173 Amount of Each Receipt this Period 60.00 P/R Deduction (\$20.00 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Randall Fuller Mailing Address 3021 Forest Lake City State Zip Code Las Vegas NV 89117 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Executive Dir I Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109424079173 Amount of Each Receipt this Period 30.00 P/R Deduction (\$10.00 Weekly)
C. Full Name (Last, First, Middle Initial) Douglas T Collins Mailing Address 12106 Briargate Lane City State Zip Code Goshen KY 40026 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Dir Fin Sys-HSD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 480.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109424129173 Amount of Each Receipt this Period 60.00 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 72 / 95

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial) Franklin W Stieringer Jr Mailing Address 8731 Amboy Avenue City State Zip Code Sun Valley CA 91352 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Reg Mgr Fin-KPS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109424139173 Amount of Each Receipt this Period 30.00 P/R Deduction (\$10.00 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Kurt Schultz Mailing Address 2374 Fielding City State Zip Code Glenview IL 60026 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation VP Finance-MW Reg-HD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109424149173 Amount of Each Receipt this Period 45.00 P/R Deduction (\$15.00 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Linda L Newberry-Ferguson Mailing Address 11310 Haleco Lane City State Zip Code Hales Corners WI 53130 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Chief Exec Off II Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1150.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109424199173 Amount of Each Receipt this Period 150.00 P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 73 / 95

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

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

Cassandra J. Lind

Mailing Address 3234 S. 9th St.
Apt. ECity State Zip Code
Lafayette IN 47909FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.Occupation
Dir Nursing II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109424219173

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

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

Amanda G Estes

Mailing Address 4211 Wine Cellar Court

City State Zip Code
Louisville KY 40272FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.Occupation
Dir Internal Audit

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109424239173

Amount of Each Receipt this Period

60.00

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

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

Susan Cote

Mailing Address 24 Adams Court

City State Zip Code
Brewer ME 04412FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.Occupation
Reg Mgr Field Accting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109424249173

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 74 / 95

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial)
Melissa A. McGee
Mailing Address 1514 32nd Avenue

City State Zip Code
San Francisco CA 94122

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Executive Dir III

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109424259173

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

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

City State Zip Code
Prospect KY 40059

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Sr VP Dev & Fin Plan

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109424289173

Amount of Each Receipt this Period

120.00

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

C. Full Name (Last, First, Middle Initial)
Elvin D. Alsaybar
Mailing Address 742 White Rock Trail

City State Zip Code
Suwanee GA 30074

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Reg Dir Field Accting-HSD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109424299173

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

170.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 75 / 95

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial) Diana Hanyak Mailing Address 17057 Rosebud Dr. City State Zip Code Yorba Linda CA 92886 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Administrator II Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109424349173 Amount of Each Receipt this Period 45.00 P/R Deduction (\$15.00 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Philip L. Jones Mailing Address 702 Helmsdale Place N. City State Zip Code Brentwood TN 37027 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Chief Fin Off I Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 480.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109424359173 Amount of Each Receipt this Period 60.00 P/R Deduction (\$20.00 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Susan Mowery Mailing Address 6294 Anne Arundal Lane City State Zip Code Grove City OH 43123 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Dir Nursing II Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109424439173 Amount of Each Receipt this Period 30.00 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

135.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 76 / 95

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial) Myrna Calatan Mailing Address 6931 San Julia Circle City Buena Park State CA Zip Code 90620 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Dir Nursing II Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109424459173 Amount of Each Receipt this Period 30.00 P/R Deduction (\$10.00 Weekly)
B. Full Name (Last, First, Middle Initial) Ronald G Evens Mailing Address 304 Weston Oaks City St Louis State MO Zip Code 63122 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Executive Dir Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109424539173 Amount of Each Receipt this Period 45.00 P/R Deduction (\$15.00 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) James Lee Mailing Address 880 Meridian Bay Lane Apt#318 City Foster City State CA Zip Code 94404 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Executive Dir II Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109424549173 Amount of Each Receipt this Period 30.00 P/R Deduction (\$10.00 Weekly)

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 77 / 95

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial)
 Jerome J. Yarnish
 Mailing Address 1986 Wrenfield Lane

City State Zip Code
 Oviedo FL 32765

FEC ID number of contributing federal political committee.

C

Name of Employer
Kindred Healthcare Inc.Occupation
VP Business Dev-PRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109424569173

Amount of Each Receipt this Period

45.00

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

B. Full Name (Last, First, Middle Initial)
 Sandra J Whitley
 Mailing Address 5203 Brookwood Road

City State Zip Code
 Crestwood KY 40014

FEC ID number of contributing federal political committee.

C

Name of Employer
Kindred Healthcare Inc.Occupation
Mgr Reimb

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109424589173

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

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

City State Zip Code
 Louisville KY 40207

FEC ID number of contributing federal political committee.

C

Name of Employer
Kindred Healthcare Inc.Occupation
Dir Government Programs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109424669173

Amount of Each Receipt this Period

90.00

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

SUBTOTAL of Receipts This Page (optional)

165.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 78 / 95

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial) Steven Tanner Mailing Address 6622 Rosebud Lane City State Zip Code Indianapolis IN 46237 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Executive Dir III Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 460.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109424689173 Amount of Each Receipt this Period 60.00 P/R Deduction (\$20.00 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Paula Brown Mailing Address 907 St. Eric City State Zip Code Mansfield TX 76063 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Chief Clinical Off II Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109424709173 Amount of Each Receipt this Period 30.00 P/R Deduction (\$10.00 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Mark A Bush Mailing Address 6208 Tiara Court City State Zip Code Louisville KY 40219 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Reg Mgr Operation Reimb Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109424719173 Amount of Each Receipt this Period 45.00 P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

135.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 79 / 95

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

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

Thomas Wood

Mailing Address 2949 Glascock Street

City State Zip Code
Oakland CA 94601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Dist Dir Operations II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1560.00

Date of Receipt

M M / D D / Y Y Y Y

Transaction ID: PR109424729173

Amount of Each Receipt this Period

195.00

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

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

James Kilburn

Mailing Address 1580 E. Canyon Dr.

City State Zip Code
South Weber UT 84403

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Dist Dir Utilization Svcs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y

Transaction ID: PR109424769173

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

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

Gwynn Rucker

Mailing Address 15106 59th Place NE

City State Zip Code
Kenmore WA 98028

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Dist Dir Operations I

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y

Transaction ID: PR109424789173

Amount of Each Receipt this Period

75.00

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

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 80 / 95

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial)
Jane Davis
Mailing Address 8720 229th PL SW

City State Zip Code
Edmonds WA 98026

FEC ID number of contributing federal political committee.

C

Name of Employer
Kindred Healthcare Inc.Occupation
Executive Dir I

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

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

Transaction ID: PR109424839173

Amount of Each Receipt this Period

45.00

P/R Deduction (\$15.00 Weekly)

B. Full Name (Last, First, Middle Initial)
Jacquelyn Elise Hofmann
Mailing Address 9741 E. Monte Vista Montanas

City State Zip Code
Tucson AZ 85749

FEC ID number of contributing federal political committee.

C

Name of Employer
Kindred Healthcare Inc.Occupation
Dir Nursing II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

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

Transaction ID: PR109424919173

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Kristie A Frock
Mailing Address RR 6 Box 20 Redcoat Road

City State Zip Code
Nevada MO 64772

FEC ID number of contributing federal political committee.

C

Name of Employer
Kindred Healthcare Inc.Occupation
Quality Compl Cnslt-HSD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

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

Transaction ID: PR109424959173

Amount of Each Receipt this Period

45.00

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

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 81 / 95

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial) Larry J Green Mailing Address 1420 Creekstone Dr. NE City State Zip Code Corydon IN 47112 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Adm Dir Planning & Dev Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 432.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109424989173 Amount of Each Receipt this Period 54.00 P/R Deduction (\$18.00 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Sharon Spittle Mailing Address 26 Estes Street City State Zip Code Ipswich MA 01938 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Executive Dir II Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 940.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109425009173 Amount of Each Receipt this Period 120.00 P/R Deduction (\$20.00 Weekly)
C. Full Name (Last, First, Middle Initial) Mary Kathleen Owens Mailing Address 12774 Whisper Wind Place City State Zip Code Draper UT 84020 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation VP Clin Ops-Pac Reg-HSD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109425049173 Amount of Each Receipt this Period 30.00 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

204.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 82 / 95

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial)
Benjamin A Breier
Mailing Address 5400 Farm Ridge Lane

City State Zip Code
Prospect KY 40059

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
President-PRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109425099173

Amount of Each Receipt this Period

60.00

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

B. Full Name (Last, First, Middle Initial)
Peter J Adamo
Mailing Address 9143 W Rancho Park Circle

City State Zip Code
Rancho Cucamonga CA 91730

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Chief Exec Off III

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR110550459173

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Michael L. Moody
Mailing Address 412 Sunningwell Dr

City State Zip Code
Webster Groves MO 63119

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Chief Exec Off II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR113524379173

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 83 / 95

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

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

Kathleen C Paradowski

Mailing Address PO Box 140

City State Zip Code
Hillsboro MO 63050

FEC ID number of contributing federal political committee.

C

Name of Employer
Kindred Healthcare Inc.Occupation
Chief Clinical Off I

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR113524389173

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

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

Debra Degroot-Toth

Mailing Address 705 Deer Trace

City State Zip Code
Bloomington IN 47401

FEC ID number of contributing federal political committee.

C

Name of Employer
Kindred Healthcare Inc.Occupation
Rehab Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR113524459173

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Weekly)

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

Steve Ross

Mailing Address 35069 Roberts Lane

City State Zip Code
St Helens OR 97051

FEC ID number of contributing federal political committee.

C

Name of Employer
Kindred Healthcare Inc.Occupation
Executive Dir I

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR113525269173

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Weekly)

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 84 / 95

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial)
 Ronald G. Cadwell
 Mailing Address 3829 Belmont Ave.

City State Zip Code
 San Diego CA 92116

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Kindred Healthcare Inc.

Occupation
 Executive Dir II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR113528079173

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Weekly)

B. Full Name (Last, First, Middle Initial)
 Clark D McNatt
 Mailing Address 63 Indian Hills Trail

City State Zip Code
 Louisville KY 40207

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Kindred Healthcare Inc.

Occupation
 Executive Dir II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR113528569173

Amount of Each Receipt this Period

45.00

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

C. Full Name (Last, First, Middle Initial)
 Alicia Barnes
 Mailing Address 1231 Brannigan Village Dr.

City State Zip Code
 Winston-Salem NC 27127

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Kindred Healthcare Inc.

Occupation
 Executive Dir I

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR113528679173

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 85 / 95

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Judith Curtiss

Mailing Address 5495 NE 25th. Avenue # 300

City State Zip Code
 Ft. Lauderdale FL 33308

FEC ID number of contributing federal political committee.

C

Name of Employer
Kindred Healthcare Inc.Occupation
VP Ops-South Reg-HD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1380.00

Date of Receipt

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

Transaction ID: PR113528689173

Amount of Each Receipt this Period

180.00

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

B.

Full Name (Last, First, Middle Initial)

Josephine Litzenberger

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

City State Zip Code
 St Petersburg FL 33716

FEC ID number of contributing federal political committee.

C

Name of Employer
Kindred Healthcare Inc.Occupation
Reg Dir Managed Care - HD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

414.00

Date of Receipt

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

Transaction ID: PR113528699173

Amount of Each Receipt this Period

54.00

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

C.

Full Name (Last, First, Middle Initial)

Genevieve Philogene

Mailing Address 1788 NW 85th Drive

City State Zip Code
 Coral Springs FL 33071

FEC ID number of contributing federal political committee.

C

Name of Employer
Kindred Healthcare Inc.Occupation
Dir Resp Therapy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

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

Transaction ID: PR113528739173

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

264.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 86 / 95

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial)
 Brian Rougeux
 Mailing Address 39 Saint Raphael

City State Zip Code
 Laguna Niguel CA 92677

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Kindred Healthcare Inc.

Occupation
 Dist Dir Operations I

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR113528749173

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
 Martha Heubach
 Mailing Address 8000 Redbud Creek Dr.

City State Zip Code
 Edmond OK 73034

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Kindred Healthcare Inc.

Occupation
 Administrator I

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR113528899173

Amount of Each Receipt this Period

60.00

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

C. Full Name (Last, First, Middle Initial)
 David Boyd
 Mailing Address 1910 N Rampart

City State Zip Code
 New Orleans LA 70116

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Kindred Healthcare Inc.

Occupation
 Dir Plant Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR115039999173

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 87 / 95

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial)
Gregory T Hayden
Mailing Address 2375 Owens Lane Ne

City State Zip Code
Corydon IN 47112

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Dir State Tax

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR115040019173

Amount of Each Receipt this Period

45.00

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

B. Full Name (Last, First, Middle Initial)
Julie A Viers
Mailing Address 9508 Corinthian Dr

City State Zip Code
Louisville KY 40299

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Adm Dir Fin Rptng

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR115040059173

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Joan Strohm
Mailing Address 19520 French Lace Drive

City State Zip Code
Lutz FL 33558

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Chief Clinical Off III

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR115040149173

Amount of Each Receipt this Period

45.00

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

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 88 / 95

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial)
 Rachael L Parker
 Mailing Address 70 Birch Ridge Rd

City State Zip Code
 Westford VT 05494

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Kindred Healthcare Inc.

Occupation
 Executive Dir II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR115041119173

Amount of Each Receipt this Period

60.00

P/R Deduction (\$10.00 Weekly)

B. Full Name (Last, First, Middle Initial)
 Michael Speidel
 Mailing Address 6658 South Alkire St. #1412

City State Zip Code
 Littleton CO 80127

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Kindred Healthcare Inc.

Occupation
 Executive Dir I

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR115041189173

Amount of Each Receipt this Period

45.00

P/R Deduction (\$15.00 Weekly)

C. Full Name (Last, First, Middle Initial)
 Pamela M Bresee
 Mailing Address 4155 SW 192nd Avenue

City State Zip Code
 Aloha OR 97007

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Kindred Healthcare Inc.

Occupation
 Reg Financial Ana

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR122785249173

Amount of Each Receipt this Period

45.00

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

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 89 / 95

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial) Susan Puzon-Kurtz Mailing Address 12 San Jose Ave. City State Zip Code Jefferson LA 70121 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Physical Therapist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR122785439173 Amount of Each Receipt this Period 75.00 P/R Deduction (\$25.00 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Grant Gloor Mailing Address 587 Old Waverly Way City State Zip Code Eagle Point OR 97524 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Executive Dir II Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR122785489173 Amount of Each Receipt this Period 60.00 P/R Deduction (\$20.00 Weekly)
C. Full Name (Last, First, Middle Initial) Russell D Ragland Mailing Address 724 Daneshall Drive City State Zip Code Louisville KY 40206 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Sr VP Fin-HSD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 800.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR126799819173 Amount of Each Receipt this Period 150.00 P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

285.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 90 / 95

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

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

Mailing Address 1409 W. Elmdale

City State Zip Code
Chicago IL 60660

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Chief Clinical Off II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR126799849173

Amount of Each Receipt this Period

45.00

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

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

Mailing Address 1485 Champagne Lane

City State Zip Code
South Elgin IL 60177

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Dist Dir Operations I

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR128118539173

Amount of Each Receipt this Period

60.00

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

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

14676.20

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

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

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. AmeriPAC: The Fund for a Greater America

Mailing Address 499 S. Capitol St. SW, #414

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 17418372

Date of Disbursement

10 / 20 / 2006

Amount of Each Disbursement this Period

3500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Evan Bayh Committee

Mailing Address 850 FT WAYNE AVENUE

City Indianapolis State IN Zip Code 46204

Purpose of Disbursement
Contribution

Candidate Name
Sen. Evan Bayh

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

State: IN District: 2

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 17447688

Date of Disbursement

10 / 23 / 2006

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Eric Cantor for Congress

Mailing Address P.O. Box 17813

City Richmond State VA Zip Code 23226

Purpose of Disbursement
Contribution

Candidate Name
Eric Cantor

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: VA District: 7

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 17447691

Date of Disbursement

10 / 23 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Nathan Deal for Congress

Mailing Address PO Box 902
PO Box 902

City Gainesville State GA Zip Code 30503

Purpose of Disbursement
Contribution

Candidate Name
Nathan Deal

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: GA District: 10

Transaction ID: 17587095

Date of Disbursement

10 / 24 / 2006

Amount of Each Disbursement this Period

4000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Democratic Congressional Campaign Committee

Mailing Address 430 South Capitol Street, SE
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 17418374

Date of Disbursement

10 / 20 / 2006

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Friends of Tammy Duckworth

Mailing Address 416 W. 22nd Street

City Lombard State IL Zip Code 60148

Purpose of Disbursement
Contribution

Candidate Name
Tammy Duckworth

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 6

Transaction ID: 17418380

Date of Disbursement

10 / 20 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Kindred Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial) Judy Feder For Congress		Transaction ID: 17447686 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	3		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		2	3		2	0	0	6													
Mailing Address 1514 Hardwood Lane		Amount of Each Disbursement this Period <table border="1"> <tr> <td>1500.00</td> </tr> </table>	1500.00																			
1500.00																						
City Mclean State VA Zip Code 22101	Contribution																					
Purpose of Disbursement Contribution																						
Candidate Name Judith Feder																						
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 10	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
B. Full Name (Last, First, Middle Initial) Giffords For Congress		Transaction ID: 17418385 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	0		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		2	0		2	0	0	6													
Mailing Address PO Box 27565		Amount of Each Disbursement this Period <table border="1"> <tr> <td>1500.00</td> </tr> </table>	1500.00																			
1500.00																						
City Tucson State AZ Zip Code 85726	Contribution																					
Purpose of Disbursement Contribution																						
Candidate Name Gabrielle Giffords																						
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 8	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
C. Full Name (Last, First, Middle Initial) Friends Of Phil Hare		Transaction ID: 17418382 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	0		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		2	0		2	0	0	6													
Mailing Address 313 17th Street P.O. Box 4183		Amount of Each Disbursement this Period <table border="1"> <tr> <td>500.00</td> </tr> </table>	500.00																			
500.00																						
City Rock Island State IL Zip Code 61202	Contribution																					
Purpose of Disbursement Contribution																						
Candidate Name Mr. Philip Hare																						
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 17	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
SUBTOTAL of Disbursements This Page (optional)		<table border="1"> <tr> <td>3500.00</td> </tr> </table>	3500.00																			
3500.00																						
TOTAL This Period (last page this line number only)		<table border="1"> <tr> <td></td> </tr> </table>																				

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Kindred Healthcare, Inc. PAC

A. LINC PAC Full Name (Last, First, Middle Initial) Mailing Address 818 Connecticut Ave. NW Suite 1100 City Washington State DC Zip Code 20006 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 17447690 Date of Disbursement 10 / 23 / 2006 Amount of Each Disbursement this Period 2000.00 Contribution
B. Friends Of Jim Marshall Full Name (Last, First, Middle Initial) Mailing Address PO Box 125 City Macon State GA Zip Code 31201 Purpose of Disbursement Contribution Candidate Name Rep. Jim Marshall Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 3 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 17584895 Date of Disbursement 10 / 24 / 2006 Amount of Each Disbursement this Period 1000.00 Contribution
C. Massachusetts Democratic State Committee - Fed Fun Full Name (Last, First, Middle Initial) Mailing Address 56 Roland Street North Lobby 203 City Boston State MA Zip Code 02129 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 17584894 Date of Disbursement 10 / 24 / 2006 Amount of Each Disbursement this Period 5000.00 Contribution
SUBTOTAL of Disbursements This Page (optional)		8000.00
TOTAL This Period (last page this line number only)		

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. National Leadership PAC

Mailing Address P.O. Box 5577

City State Zip Code
New York NY 10027

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 17418378

Date of Disbursement

10 / 20 / 2006

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Pallone For Congress

Mailing Address PO Box 3176

City State Zip Code
Long Branch NJ 07740

Purpose of Disbursement
Contribution

Candidate Name
Rep. Frank Pallone, Jr.

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: NJ District: 6

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 17587092

Date of Disbursement

10 / 24 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Ryan For Congress

Mailing Address P. O. Box 1919

City State Zip Code
Janesville WI 53547

Purpose of Disbursement
Contribution

Candidate Name
Rep. Paul Ryan

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: WI District: 1

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 17587094

Date of Disbursement

10 / 24 / 2006

Amount of Each Disbursement this Period

5000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

36500.00