

**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)

680 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

1 1

2 5

2 0 0 8

through

1 2

3 1

2 0 0 8

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

0 1

2 2

2 0 0 9

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

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

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Kindred Healthcare, Inc. PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	1	2	5	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2008</span>		48684.55
(b) Cash on Hand at Beginning of Reporting Period .....	26863.38	
(c) Total Receipts (from Line 19) .....	11647.34	173874.42
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	38510.72	222558.97
7. Total Disbursements (from Line 31) .....	5000.00	189048.25
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	33510.72	33510.72
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

## For further information contact:

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

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

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Kindred Healthcare, Inc. PAC

Report Covering the Period:

From:

M M  
1 1D D  
2 5Y Y Y Y  
2 0 0 8

To:

M M  
1 2D D  
3 1Y Y Y Y  
2 0 0 8

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	9886.34	107359.27
(i) Itemized (use Schedule A) .....	1761.00	61515.15
(ii) Unitemized .....	11647.34	168874.42
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➤	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 Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➤	11647.34	168874.42
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	5000.00
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)) .....	11647.34	173874.42
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	11647.34	173874.42

**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	48.25
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	0.00	48.25
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	177500.00
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	11500.00
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))..	5000.00	189048.25
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5000.00	189048.25

**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) .....	11647.34	168874.42
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	11647.34	168874.42
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	48.25
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	48.25

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

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

FOR LINE NUMBER: PAGE 6 / 83

(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)

Teresa S Anderson

Mailing Address 680 S. Fourth Street

City

Louisville

State

KY

Zip Code

40202

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 ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094183716005

Amount of Each Receipt this Period

40.00

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

B.

Full Name (Last, First, Middle Initial)

Edward L Kuntz

Mailing Address 8807 Stable Crest Boulevard

City

Houston

State

TX

Zip Code

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 ▼

2600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094183916005

Amount of Each Receipt this Period

200.00

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

C.

Full Name (Last, First, Middle Initial)

David R Windhorst

Mailing Address 2000 Spring Farms Road

City

Floyds Knobs

State

IN

Zip Code

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 ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094185016005

Amount of Each Receipt this Period

80.00

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

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

320.00

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

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

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

FOR LINE NUMBER: PAGE 7 / 83

(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)

Lawrence I Wolf

Mailing Address 4826 N Winthrop Ave #3S

City

Chicago

State

IL

Zip Code

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 ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094185116005

Amount of Each Receipt this Period

40.00

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

**B.**

Full Name (Last, First, Middle Initial)

Mary Jane Frappier-Neff

Mailing Address 2883 Bellwind Circle

City

Rockledge

State

FL

Zip Code

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094185216005

Amount of Each Receipt this Period

20.00

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

**C.**

Full Name (Last, First, Middle Initial)

Katheryn J Markham

Mailing Address 680 S. Fourth Street

City

Louisville

State

KY

Zip Code

40202

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 ▼

1170.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094185616005

Amount of Each Receipt this Period

90.00

P/R Deduction (\$45.00 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 8 / 83

(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)

Dan McReynolds

Mailing Address 7620 Beech Spring Court

City

Louisville

State

KY

Zip Code

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094185716005

Amount of Each Receipt this Period

20.00

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

**B.**

Full Name (Last, First, Middle Initial)

Catherine A Gooch

Mailing Address 14516 Clear Meadow Court

City

Louisville

State

KY

Zip Code

40245

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 ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094185916005

Amount of Each Receipt this Period

40.00

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

**C.**

Full Name (Last, First, Middle Initial)

Patrick J Gillenwater

Mailing Address 402 Erin Drive

City

Jeffersonville

State

IN

Zip Code

47130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation

Adm Dir IS Admin

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094186416005

Amount of Each Receipt this Period

35.00

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

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

95.00

**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 9 / 83

(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)

Mona Euler

Mailing Address 12568 Sandstone Run

City

Carmel

State

IN

Zip Code

46033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation

Executive Director I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094186716005

Amount of Each Receipt this Period

30.00

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

**B.**

Full Name (Last, First, Middle Initial)

William B Seibert

Mailing Address 4706 Wolfcreek Pkwy

City

Louisville

State

KY

Zip Code

40241

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 ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094187416005

Amount of Each Receipt this Period

60.00

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

**C.**

Full Name (Last, First, Middle Initial)

Deborah F Rickert

Mailing Address 7003 Shallow Lake Road

City

Prospect

State

KY

Zip Code

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094187716005

Amount of Each Receipt this Period

50.00

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

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

140.00

**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 10 / 83

(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 Wardrip

Mailing Address 2805 Chestnut Ridge Place

City

Louisville

State

KY

Zip Code

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 ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094187916005

Amount of Each Receipt this Period

100.00

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

**B.**

Full Name (Last, First, Middle Initial)

Stephen M Dobler

Mailing Address 1106 Holly Springs Drive

City

Louisville

State

KY

Zip Code

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 ▼

1170.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094188016005

Amount of Each Receipt this Period

90.00

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

**C.**

Full Name (Last, First, Middle Initial)

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 ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094188216005

Amount of Each Receipt this Period

40.00

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

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

230.00

**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 / 83

(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 J Paynter

Mailing Address 680 S. Fourth Street

City

Louisville

State

KY

Zip Code

40202

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 ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094188416005

Amount of Each Receipt this Period

40.00

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

**B.**

Full Name (Last, First, Middle Initial)

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094188616005

Amount of Each Receipt this Period

20.00

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

**C.**

Full Name (Last, First, Middle Initial)

William R Rhodes

Mailing Address 680 S. Fourth Street

City

Louisville

State

KY

Zip Code

40202

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094188916005

Amount of Each Receipt this Period

20.00

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

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

80.00

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

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

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

FOR LINE NUMBER: PAGE 12 / 83

(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)

Martin Ardron

Mailing Address 41 La Sierra Dr.

City

Phillips Ranch

State

CA

Zip Code

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094189116005

Amount of Each Receipt this Period

50.00

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

**B.**

Full Name (Last, First, Middle Initial)

Michael Metzger

Mailing Address 129 Foley Rd

City

West Point

State

VA

Zip Code

23181

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 ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094189316005

Amount of Each Receipt this Period

30.00

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

**C.**

Full Name (Last, First, Middle Initial)

Jan Turk

Mailing Address 1314 Amelia St.

City

New Orleans

State

LA

Zip Code

70115

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 ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094190016005

Amount of Each Receipt this Period

60.00

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

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

140.00

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

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

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

FOR LINE NUMBER: PAGE 13 / 83

(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 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:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094190316005

Amount of Each Receipt this Period

75.00

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

**B.**

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 Director III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1290.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094190416005

Amount of Each Receipt this Period

150.00

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

**C.**

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  
Grp SrDir Clinical Ops-HD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094190516005

Amount of Each Receipt this Period

20.00

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

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

245.00

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

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

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

FOR LINE NUMBER: PAGE 14 / 83

(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 Tiemens

Mailing Address 9812 NW 2nd. Court

City

Ft. Lauderdale

State

FL

Zip Code

33324

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation

Sr VP & COO-East Group-HD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094190716005

Amount of Each Receipt this Period

60.00

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

**B.**

Full Name (Last, First, Middle Initial)

Linda Mcquade

Mailing Address 4712 Sw 24 Ave

City

Ft Lauderdale

State

FL

Zip Code

33312

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation

Mgr Health Info Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094191016005

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

Ft. Lauderdale

State

FL

Zip Code

33305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation

Executive Director I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094191316005

Amount of Each Receipt this Period

50.00

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

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

140.00

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

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

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

FOR LINE NUMBER: PAGE 15 / 83

(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

West Bridgewater

State

MA

Zip Code

02379

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation

Adm Mgr Reg Loss Prevent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094191616005

Amount of Each Receipt this Period

20.00

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

**B.**

Full Name (Last, First, Middle Initial)

Sean R Muldoon

Mailing Address 5800 Brittany Valley Road

City

Louisville

State

KY

Zip Code

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 ▼

1950.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094192216005

Amount of Each Receipt this Period

150.00

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

**C.**

Full Name (Last, First, Middle Initial)

James L Lindberg

Mailing Address 11119 Brook Stone Court

City

Louisville

State

KY

Zip Code

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 ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094192516005

Amount of Each Receipt this Period

40.00

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 83

(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 R Doddridge

Mailing Address 680 S. Fourth Street

City

Louisville

State

KY

Zip Code

40202

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 ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094193016005

Amount of Each Receipt this Period

30.00

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

**B.**

Full Name (Last, First, Middle Initial)

Joel W Day

Mailing Address 2017 Spring Farms Drive

City

Floyd Knobs

State

IN

Zip Code

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 ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094193116005

Amount of Each Receipt this Period

30.00

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

**C.**

Full Name (Last, First, Middle Initial)

Susan Moss

Mailing Address 161 Westwind Road

City

Louisville

State

KY

Zip Code

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 ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094193316005

Amount of Each Receipt this Period

40.00

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

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

100.00

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



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

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

FOR LINE NUMBER: PAGE 17 / 83

(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)

Theresa M Graham

Mailing Address 680 S. Fourth Street

City

Louisville

State

KY

Zip Code

40202

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094193516005

Amount of Each Receipt this Period

50.00

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

**B.**

Full Name (Last, First, Middle Initial)

Michael C Lozier

Mailing Address 7028 Westridge Forest Court

City

Lanesville

State

IN

Zip Code

47136

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 ▼

324.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094193716005

Amount of Each Receipt this Period

26.00

P/R Deduction (\$13.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Charles Michael Grannan

Mailing Address 680 S. Fourth Street

City

Louisville

State

KY

Zip Code

40202

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 ▼

845.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094193916005

Amount of Each Receipt this Period

70.00

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

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

146.00

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

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

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

FOR LINE NUMBER: PAGE 18 / 83

(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

Simpsonville

State

KY

Zip Code

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 ▼

910.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094194116005

Amount of Each Receipt this Period

70.00

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

**B.**

Full Name (Last, First, Middle Initial)

Mary Suzanne Riedman

Mailing Address 680 S. Fourth Street

City

Louisville

State

KY

Zip Code

40202

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 ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094194216005

Amount of Each Receipt this Period

40.00

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

**C.**

Full Name (Last, First, Middle Initial)

Susan P Riedl

Mailing Address 8914 Lippincott Road

City

Louisville

State

KY

Zip Code

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094194416005

Amount of Each Receipt this Period

20.00

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

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

130.00

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

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

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

FOR LINE NUMBER: PAGE 19 / 83

(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

Shelbyville

State

KY

Zip Code

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 ▼

485.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094194816005

Amount of Each Receipt this Period

40.00

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

**B.**

Full Name (Last, First, Middle Initial)

Michael J Bean

Mailing Address 8011 Kendrick Crossing Lane

City

Louisville

State

KY

Zip Code

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 ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094195116005

Amount of Each Receipt this Period

40.00

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

**C.**

Full Name (Last, First, Middle Initial)

Peggy Black

Mailing Address 1607 Helmridge Court

City

Louisville

State

KY

Zip Code

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094195316005

Amount of Each Receipt this Period

20.00

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

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

100.00

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

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

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

FOR LINE NUMBER: PAGE 20 / 83

(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

Louisville

State

KY

Zip Code

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 ▼

936.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094195416005

Amount of Each Receipt this Period

72.00

P/R Deduction (\$36.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Stephanie J Warren

Mailing Address 2169 Balmer-Fenwick Road

City

Floyds Knobs

State

IN

Zip Code

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 ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094195716005

Amount of Each Receipt this Period

30.00

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

**C.**

Full Name (Last, First, Middle Initial)

John Lucchese

Mailing Address 14401 Broad Oak Place

City

Louisville

State

KY

Zip Code

40245

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation

Sr VP & Corp Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.22

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094195916005

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

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

178.94

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

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

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

FOR LINE NUMBER: PAGE 21 / 83

(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)

Rose M Michels

Mailing Address 6503 Chenoweth Run Road

City

Louisville

State

KY

Zip Code

40299

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation

Sr Dir Tax Compliance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094196016005

Amount of Each Receipt this Period

30.00

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

**B.**

Full Name (Last, First, Middle Initial)

Joseph Landenwich

Mailing Address 2213 Wrocklage Ave.

City

Louisville

State

KY

Zip Code

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 ▼

1560.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094196316005

Amount of Each Receipt this Period

120.00

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

**C.**

Full Name (Last, First, Middle Initial)

Arthur L Rothgerber

Mailing Address 8325 Regency Woods Way

City

Louisville

State

KY

Zip Code

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 ▼

494.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094196416005

Amount of Each Receipt this Period

38.00

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

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

188.00

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

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

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

FOR LINE NUMBER: PAGE 22 / 83

(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

Louisville

State

KY

Zip Code

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 ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094196616005

Amount of Each Receipt this Period

30.00

P/R Deduction (\$5.00 Bi-W-  
eekly)

**B.**

Full Name (Last, First, Middle Initial)

Linda M O'Bryan

Mailing Address 1614 Sylvan Way

City

Louisville

State

KY

Zip Code

40205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation

VPPatient Care &Quality-H

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094196716005

Amount of Each Receipt this Period

40.00

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

**C.**

Full Name (Last, First, Middle Initial)

Karen R Blain

Mailing Address 9708 Northridge Dr

City

Louisville

State

KY

Zip Code

40272

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation

Mgr Patient Accting-HSD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094197016005

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-  
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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 83

(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 Laemmle

Mailing Address 2224 Highland Springs Place

City

Louisville

State

KY

Zip Code

40245

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation  
VP Crp Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

806.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094197116005

Amount of Each Receipt this Period

62.00

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

**B.**

Full Name (Last, First, Middle Initial)

Douglas Curnutte

Mailing Address 1014 Springside Way

City

Louisville

State

KY

Zip Code

40223

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation  
VP Fac & Real Estate Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094197216005

Amount of Each Receipt this Period

30.00

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

**C.**

Full Name (Last, First, Middle Initial)

Brian L Caudill

Mailing Address 1647 Beechwood Avenue

City

Louisville

State

KY

Zip Code

40204

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation  
Sr Dir HD Reimb

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

676.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094197316005

Amount of Each Receipt this Period

52.00

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

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

144.00

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

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

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

FOR LINE NUMBER: PAGE 24 / 83

(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 R Russell

Mailing Address 7300 Wood Rock Rd

City

Louisville

State

KY

Zip Code

40291

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation

Sr Dir Accounting-HSD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

572.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094197616005

Amount of Each Receipt this Period

44.00

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

**B.**

Full Name (Last, First, Middle Initial)

William M Altman

Mailing Address 9103 Lexington Lane

City

Louisville

State

KY

Zip Code

40241

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation

SVPStrategy&PublicPolicy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.80

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094198016005

Amount of Each Receipt this Period

384.60

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

**C.**

Full Name (Last, First, Middle Initial)

Scott M Juetten

Mailing Address 8315 Running Spring Dr

City

Louisville

State

KY

Zip Code

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094198116005

Amount of Each Receipt this Period

20.00

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

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

448.60

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



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

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

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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)

Vicki Chaffins

Mailing Address 680 S. Fourth Street

City

Louisville

State

KY

Zip Code

40202

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094198216005

Amount of Each Receipt this Period

10.00

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

**B.**

Full Name (Last, First, Middle Initial)

Bobby V Bas

Mailing Address 2084 Wind River Road

City

El Cajon

State

CA

Zip Code

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 ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094198316005

Amount of Each Receipt this Period

45.00

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

**C.**

Full Name (Last, First, Middle Initial)

Nancy Wilson

Mailing Address 38 La Sierra Drive

City

Phillips Ranch

State

CA

Zip Code

91766

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation

Sr CFO I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094199216005

Amount of Each Receipt this Period

20.00

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

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

75.00

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

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 26 / 83

(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 J Fuller

Mailing Address 6025 Bridge Garden Rd

City

Knoxville

State

TN

Zip Code

37912

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094199716005

Amount of Each Receipt this Period

20.00

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

**B.**

Full Name (Last, First, Middle Initial)

Joseph Wainscott

Mailing Address 8918 Serpent Circle

City

Indianapolis

State

IN

Zip Code

46236

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation

VP Finance-Central RegHSD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094199816005

Amount of Each Receipt this Period

50.00

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

**C.**

Full Name (Last, First, Middle Initial)

Martha S Rhoads

Mailing Address 137 N. Cherry Street

City

Greenville

State

KY

Zip Code

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094200016005

Amount of Each Receipt this Period

20.00

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

J. Harold Walker

Mailing Address 429 Freedom Trail

City

Sparta

State

TN

Zip Code

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 ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094200116005

Amount of Each Receipt this Period

30.00

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

**B.**

Full Name (Last, First, Middle Initial)

Michael Comer

Mailing Address 12 Lewis

City

Irvine

State

CA

Zip Code

92620

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation

VP & CFO-West Group-HD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

910.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094200416005

Amount of Each Receipt this Period

70.00

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

**C.**

Full Name (Last, First, Middle Initial)

Billy Wilcox

Mailing Address 10000 N. Eldridge Pkwy # 438

City

Houston

State

TX

Zip Code

77065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation

Sr CFO I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094200516005

Amount of Each Receipt this Period

45.00

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

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

145.00

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

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 28 / 83

(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)

Traci Shelton

Mailing Address 2800 Nelson Way Apt. 506

City

Santa Monica

State

CA

Zip Code

90405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation

Sr VP & COO-West Group-HD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3450.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094200616005

Amount of Each Receipt this Period

300.00

P/R Deduction (\$150.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Steven Monaghan

Mailing Address 508 W. Melrose #7-A

City

Chicago

State

IL

Zip Code

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 ▼

1850.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094200716005

Amount of Each Receipt this Period

110.00

P/R Deduction (\$55.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Laura Wills

Mailing Address 5364 S Bellerieve Lane

City

Imperial

State

MO

Zip Code

63052

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation

Executive Director I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094200916005

Amount of Each Receipt this Period

20.00

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

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

430.00

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

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

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

FOR LINE NUMBER: PAGE 29 / 83

(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)

Cynthia Smith

Mailing Address 9N668 Bowes Bend Dr

City

Elgin

State

IL

Zip Code

60124

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094201016005

Amount of Each Receipt this Period

20.00

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

**B.**

Full Name (Last, First, Middle Initial)

Susan B Myers

Mailing Address 959 Whetstone Way

City

Louisville

State

KY

Zip Code

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 ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094201516005

Amount of Each Receipt this Period

30.00

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

**C.**

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:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094202116005

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 83

(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)

Pamela Marie Riter

Mailing Address 300 Beach Dr. N.E.  
Unit 2301

City State Zip Code  
St. Petersburg FL 33701

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094202416005

Amount of Each Receipt this Period

50.00

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

**B.**

Full Name (Last, First, Middle Initial)

Mary Craig

Mailing Address 18602 Camellia Estates Lane

City State Zip Code  
Cypress TX 77429

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 ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094202616005

Amount of Each Receipt this Period

15.00

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

**C.**

Full Name (Last, First, Middle Initial)

Julie Feasel

Mailing Address 6211 Iroquios Ct.

City State Zip Code  
Odessa FL 33556

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 ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094203016005

Amount of Each Receipt this Period

30.00

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

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

95.00

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

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

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

FOR LINE NUMBER: PAGE 31 / 83

(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 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:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094203616005

Amount of Each Receipt this Period

60.00

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

**B.**

Full Name (Last, First, Middle Initial)

Carol Cregan

Mailing Address 2649 NE 26Th Avenue

City

Ft Lauderdale

State

FL

Zip Code

33306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation

Grp Sr Dir Bus Dev-HD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094203716005

Amount of Each Receipt this Period

20.00

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

**C.**

Full Name (Last, First, Middle Initial)

James Malady

Mailing Address 954 Lindfield Dr.

City

Library

State

PA

Zip Code

15129

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094204116005

Amount of Each Receipt this Period

30.00

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

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

110.00

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

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

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

FOR LINE NUMBER: PAGE 32 / 83

(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)

Timothy L Simpson

Mailing Address 140 Pioneer Trail

City

Green Cove Springs

State

FL

Zip Code

32043

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation

Executive Director II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094204316005

Amount of Each Receipt this Period

60.00

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

**B.**

Full Name (Last, First, Middle Initial)

James D Thigpen

Mailing Address 355 Woolsey Brooks

City

Fayetteville

State

GA

Zip Code

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 ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094204616005

Amount of Each Receipt this Period

45.00

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

**C.**

Full Name (Last, First, Middle Initial)

Sharon A Barnard

Mailing Address 1937 Sr 16 West

City

Green Cove Spgs

State

FL

Zip Code

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094204816005

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 83

(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)

E. Jane Jackson

Mailing Address 43171 Buttermere Terrace

City

Ashburn

State

VA

Zip Code

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094205116005

Amount of Each Receipt this Period

20.00

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

**B.**

Full Name (Last, First, Middle Initial)

James J Novak

Mailing Address 9680 Ridgewalk Court

City

Davie

State

FL

Zip Code

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 ▼

1092.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094205316005

Amount of Each Receipt this Period

84.00

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

**C.**

Full Name (Last, First, Middle Initial)

Sally I Hoffmann

Mailing Address 13713 Rothman Tate Place

City

Riverview

State

FL

Zip Code

33579

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 ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094205716005

Amount of Each Receipt this Period

30.00

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

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

134.00

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

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

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

FOR LINE NUMBER: PAGE 34 / 83

(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)

Christopher A Clements

Mailing Address 3111 North Ocean Drive  
#1007

City State Zip Code  
Hollywood FL 33019

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Kindred Healthcare Inc.

Occupation  
Administrator III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094206216005

Amount of Each Receipt this Period

30.00

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

**B.**

Full Name (Last, First, Middle Initial)

Susan M Fortin

Mailing Address 48 Half Moon Terrace

City State Zip Code  
Colchester VT 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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094208016005

Amount of Each Receipt this Period

30.00

P/R Deduction (\$5.00 Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Elizabeth D Dubois

Mailing Address 21 Harriman Road

City State Zip Code  
Hudson MA 01749

FEC 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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094209416005

Amount of Each Receipt this Period

20.00

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

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

80.00

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

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

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

FOR LINE NUMBER: PAGE 35 / 83

(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)

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 ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094210116005

Amount of Each Receipt this Period

50.00

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

**B.**

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 Case Mgmt-HSD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094210216005

Amount of Each Receipt this Period

30.00

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

**C.**

Full Name (Last, First, Middle Initial)

Marsha Miles

Mailing Address 2221 Admiral Circle

City

Virginia Beach

State

VA

Zip Code

23451

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation

Registered Dietitian

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094210316005

Amount of Each Receipt this Period

30.00

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

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

110.00

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

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

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

FOR LINE NUMBER: PAGE 36 / 83

(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)

Anita Tillery

Mailing Address 2531 Rock Creek Drive

City

Chesapeake

State

VA

Zip Code

23325

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 ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094211016005

Amount of Each Receipt this Period

60.00

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

**B.**

Full Name (Last, First, Middle Initial)

Christina Schramm

Mailing Address 166 Columbia Ave

City

Chillicothe

State

OH

Zip Code

45601

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094211916005

Amount of Each Receipt this Period

30.00

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

**C.**

Full Name (Last, First, Middle Initial)

Tom Cunningham

Mailing Address 6705 Merwin Ave

City

Cincinnati

State

OH

Zip Code

45227

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lebanon Country Manor

Occupation

Executive Dir II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094212116005

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 83

(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 Chelcor Dr

City

Wrentham

State

MA

Zip Code

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094212416005

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

Lawrenceville

State

GA

Zip Code

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 ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094212516005

Amount of Each Receipt this Period

30.00

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

**C.**

Full Name (Last, First, Middle Initial)

Joseph F Weglarz

Mailing Address 35 Farrington Ave

City

Gloucester

State

MA

Zip Code

01930

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation

VP Finance-East Reg-HSD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094212616005

Amount of Each Receipt this Period

20.00

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

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

80.00

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

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

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

FOR LINE NUMBER: PAGE 38 / 83

(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)

Celeste M Bentley

Mailing Address 4 Stuart Drive

City

Barrington

State

NH

Zip Code

03825

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation

Dir Reimb-HSD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094213316005

Amount of Each Receipt this Period

30.00

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

**B.**

Full Name (Last, First, Middle Initial)

Debra Forman

Mailing Address 12516 Wexton Lane

City

Knoxville

State

TN

Zip Code

37934

FEC 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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094213416005

Amount of Each Receipt this Period

20.00

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

**C.**

Full Name (Last, First, Middle Initial)

Lane M Bowen

Mailing Address 10868 South Prescott Drive

City

Sandy

State

UT

Zip Code

84092

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation

Exec VP & President-HSD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094213616005

Amount of Each Receipt this Period

100.00

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

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

150.00

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

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

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

FOR LINE NUMBER: PAGE 39 / 83

(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)

Laurie A Roberto

Mailing Address 217 Main Street

City

Lynnfield

State

MA

Zip Code

01940

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094213916005

Amount of Each Receipt this Period

30.00

P/R Deduction (\$5.00 Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Michael W Beal

Mailing Address 10 Glenwood Road

City

Windham

State

NH

Zip Code

03087

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation

Sr VP-East Reg-HSD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094214116005

Amount of Each Receipt this Period

40.00

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

**C.**

Full Name (Last, First, Middle Initial)

John Getts

Mailing Address 150 Evergreen Circle

City

Henniker

State

NH

Zip Code

03242

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094214616005

Amount of Each Receipt this Period

30.00

P/R Deduction (\$5.00 Weekly)

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

100.00

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

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

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

FOR LINE NUMBER: PAGE 40 / 83

(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 Holcomb

Mailing Address 317 30Th Avenue N.E.

City

Great Falls

State

MT

Zip Code

59404

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094215116005

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Weekly)

**B.**

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:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094215716005

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-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:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094216216005

Amount of Each Receipt this Period

30.00

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

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

80.00

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



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

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

FOR LINE NUMBER: PAGE 41 / 83

(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

Cookeville

State

TN

Zip Code

38506

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 ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094217616005

Amount of Each Receipt this Period

45.00

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

B.

Full Name (Last, First, Middle Initial)

Mark S Pfeifer

Mailing Address 11014 Brave Ct.

City

Indianapolis

State

IN

Zip Code

46236

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 ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094218416005

Amount of Each Receipt this Period

40.00

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

C.

Full Name (Last, First, Middle Initial)

Donna Susan Dickerson

Mailing Address 5283 Pryor Road

City

Maryville

State

TN

Zip Code

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094220716005

Amount of Each Receipt this Period

30.00

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

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

115.00

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

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

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

FOR LINE NUMBER: PAGE 42 / 83

(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 Hansen

Mailing Address 533 Old Lebanon Dirt Road

City

Hermitage

State

TN

Zip Code

37076

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  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094220916005

Amount of Each Receipt this Period

15.00

P/R Deduction (\$5.00 Bi-W-  
weekly)

**B.**

Full Name (Last, First, Middle Initial)

Keith A Mandrell

Mailing Address 8813 Mallow Drive

City

Knoxville

State

TN

Zip Code

37922

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094221216005

Amount of Each Receipt this Period

30.00

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

**C.**

Full Name (Last, First, Middle Initial)

Anna Ruth Birdwell

Mailing Address 5450 Grundy Quarles Hwy

City

Bloomington Sprin

State

TN

Zip Code

38545

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation

Dir Nursing III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094221316005

Amount of Each Receipt this Period

30.00

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

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

75.00

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

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

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

FOR LINE NUMBER: PAGE 43 / 83

(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

Carthage

State

TN

Zip Code

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094222016005

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 12309 Corvus Road

City

Raleigh

State

NC

Zip Code

27614

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 ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094222116005

Amount of Each Receipt this Period

40.00

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

**C.**

Full Name (Last, First, Middle Initial)

Lena Demiles

Mailing Address 12 Pevwell Drive

City

Saugus

State

MA

Zip Code

01906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Northeast Region

Occupation

Dir Nursing II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094222316005

Amount of Each Receipt this Period

30.00

P/R Deduction (\$5.00 Weekly)

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

100.00

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

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

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

FOR LINE NUMBER: PAGE 44 / 83

(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)

Patricia Pruden Lennox

Mailing Address 11 Cider Mill Road

City

Medway

State

MA

Zip Code

02053

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation

Reg Dir Sales & MktngHSD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094222816005

Amount of Each Receipt this Period

40.00

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

**B.**

Full Name (Last, First, Middle Initial)

James N. Rogers

Mailing Address 1002 Stonehouse Ridge Road

City

Bardstown

State

KY

Zip Code

40004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation

Dir Clin Sys Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094224316005

Amount of Each Receipt this Period

20.00

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

**C.**

Full Name (Last, First, Middle Initial)

Ronald D Long

Mailing Address 148 Cheyenne Road

City

Shelbyville

State

KY

Zip Code

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 ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094224516005

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 83

(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)

Stephen F. Stoess

Mailing Address 514 Locust Creek Blvd.

City

Louisville

State

KY

Zip Code

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 ▼

608.40

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094224616005

Amount of Each Receipt this Period

46.80

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

**B.**

Full Name (Last, First, Middle Initial)

James E. Bell

Mailing Address 14213 Aiken Road

City

Louisville

State

KY

Zip Code

40245

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation

Sr Dir Div Reimb-HD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094225016005

Amount of Each Receipt this Period

30.00

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

**C.**

Full Name (Last, First, Middle Initial)

Randy E Johnson

Mailing Address 5208 Grandlake

City

Bellaire

State

TX

Zip Code

77401

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094225616005

Amount of Each Receipt this Period

20.00

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

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

96.80

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

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 46 / 83

(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

Louisville

State

KY

Zip Code

40241

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation

VP Bus Dev & Phys Rel-HD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094225816005

Amount of Each Receipt this Period

30.00

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

**B.**

Full Name (Last, First, Middle Initial)

Catharine C Young

Mailing Address 6303 Deep Creek Drive

City

Prospect

State

KY

Zip Code

40059

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation

VP & Employment Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094228016005

Amount of Each Receipt this Period

30.00

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

**C.**

Full Name (Last, First, Middle Initial)

Mary W Miller

Mailing Address 3611 Glenfield Court

City

Louisville

State

KY

Zip Code

40241

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation

Reg Dir Education-HSD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094228416005

Amount of Each Receipt this Period

20.00

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

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

80.00

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

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

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

FOR LINE NUMBER: PAGE 47 / 83

(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

Des Moines

State

WA

Zip Code

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094229016005

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Charles K. Currens

Mailing Address 7801 McCarthy  
Lane

City

Louisville

State

KY

Zip Code

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 ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094229116005

Amount of Each Receipt this Period

40.00

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

**C.**

Full Name (Last, First, Middle Initial)

Gaylia Bond

Mailing Address 680 S. Fourth Street

City

Louisville

State

KY

Zip Code

40202

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 ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094229716005

Amount of Each Receipt this Period

60.00

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

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

130.00

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

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

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

FOR LINE NUMBER: PAGE 48 / 83

(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 3227 North 88th Street

City

Mesa

State

AZ

Zip Code

85207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation

Sr VP & Chief Med Off-HSD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094229816005

Amount of Each Receipt this Period

40.00

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

**B.**

Full Name (Last, First, Middle Initial)

Patricia M McGillan

Mailing Address 680 S. Fourth Street

City

Louisville

State

KY

Zip Code

40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation

VP Pat Saf & Reg Compl-HD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094229916005

Amount of Each Receipt this Period

60.00

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

**C.**

Full Name (Last, First, Middle Initial)

Barbara L Baylis

Mailing Address 680 S. Fourth Street

City

Louisville

State

KY

Zip Code

40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation

Sr VP Clin & Res Svcs-HSD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094230016005

Amount of Each Receipt this Period

40.00

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

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

140.00

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



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

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

FOR LINE NUMBER: PAGE 49 / 83

(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 3324 Hempstead Place

City

St. Charles

State

MO

Zip Code

63301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation

Sr VP Rehab Svcs-PRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094231516005

Amount of Each Receipt this Period

40.00

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

**B.**

Full Name (Last, First, Middle Initial)

Thomas M Skirven

Mailing Address Hc 67 Box 1301

City

Enfield

State

ME

Zip Code

04493

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094231716005

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 12480 NW 83rd. Court

City

Parkland

State

FL

Zip Code

33076

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation

VP & CFO-East Group-HD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094232016005

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 83

(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

York Harbor

State

ME

Zip Code

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 ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094232116005

Amount of Each Receipt this Period

30.00

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

**B.**

Full Name (Last, First, Middle Initial)

Janet L Worcester

Mailing Address 24 Saratoga Avenue

City

Bangor

State

ME

Zip Code

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094232216005

Amount of Each Receipt this Period

20.00

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

**C.**

Full Name (Last, First, Middle Initial)

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

Executive Dir I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094233316005

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Weekly)

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

80.00

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

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

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

FOR LINE NUMBER: PAGE 51 / 83

(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)

Edward J Goddard

Mailing Address 32 Peters Lane

City

Wrentham

State

MA

Zip Code

02093

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation

Sr Dir Labor Rel

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094233516005

Amount of Each Receipt this Period

40.00

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

**B.**

Full Name (Last, First, Middle Initial)

Cynthia Swisher

Mailing Address 20152 Marie Court

City

Noblesville

State

IN

Zip Code

46062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare

Occupation

Dist Dir Sales Dev

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094233616005

Amount of Each Receipt this Period

20.00

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

**C.**

Full Name (Last, First, Middle Initial)

Jeffrey F Lockett

Mailing Address 7701 Kendrick Crossing Lane

City

Louisville

State

KY

Zip Code

40291

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 ▼

572.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094234416005

Amount of Each Receipt this Period

44.00

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

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

104.00

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

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

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

FOR LINE NUMBER: PAGE 52 / 83

(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 Biedron

Mailing Address 226 3rd Street

City

Dunellen

State

NJ

Zip Code

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094234616005

Amount of Each Receipt this Period

20.00

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

**B.**

Full Name (Last, First, Middle Initial)

Kathy Skaggs

Mailing Address 1409 Wind Ridge Avenue

City

Bowling Green

State

KY

Zip Code

42104

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094234916005

Amount of Each Receipt this Period

20.00

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

**C.**

Full Name (Last, First, Middle Initial)

Peter D Corless

Mailing Address 3308 Overlook 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 HR & Admin-HSD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094235216005

Amount of Each Receipt this Period

40.00

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

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

80.00

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

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

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

FOR LINE NUMBER: PAGE 53 / 83

(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)

Tamila Johnson-White

Mailing Address 2615 Zhale Smith Rd.

City

LaGrange

State

KY

Zip Code

40031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation

Dir Case Mgmt-HSD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094235416005

Amount of Each Receipt this Period

40.00

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

**B.**

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:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094235716005

Amount of Each Receipt this Period

20.00

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:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094236216005

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 83

(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)

Douglas Roth

Mailing Address 9891 Heytesbery

City

Sandy

State

UT

Zip Code

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 ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094237316005

Amount of Each Receipt this Period

80.00

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

**B.**

Full Name (Last, First, Middle Initial)

Barbara Johnson

Mailing Address 8923 Bluff Lane

City

Fair Oaks

State

CA

Zip Code

95628

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation

Dist Dir Case Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094238316005

Amount of Each Receipt this Period

20.00

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

**C.**

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:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094239816005

Amount of Each Receipt this Period

20.00

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 83

(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)

Randall Fuller

Mailing Address 3021 Forest Lake

City

Las Vegas

State

NV

Zip Code

89117

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094240716005

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Douglas T Collins

Mailing Address 3703 River Bluff Road

City

Prospect

State

KY

Zip Code

40059

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation

Dir Fin Sys-HSD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094241216005

Amount of Each Receipt this Period

40.00

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

**C.**

Full Name (Last, First, Middle Initial)

Linda L Newberry-Ferguson

Mailing Address 11310 Haleco Lane

City

Hales Corners

State

WI

Zip Code

53130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation

Chief Exec Off II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094241916005

Amount of Each Receipt this Period

60.00

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

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

130.00

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

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

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

FOR LINE NUMBER: PAGE 56 / 83

(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)

Amanda G Estes

Mailing Address 4211 Wine Cellar Court

City

Louisville

State

KY

Zip Code

40272

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation

Mgr Internal Audit

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094242316005

Amount of Each Receipt this Period

20.00

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

**B.**

Full Name (Last, First, Middle Initial)

Susan Cote

Mailing Address 24 Adams Court

City

Brewer

State

ME

Zip Code

04412

FEC 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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094242416005

Amount of Each Receipt this Period

20.00

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

**C.**

Full Name (Last, First, Middle Initial)

Wendy S Swisher

Mailing Address 680 S. Fourth Street

City

Louisville

State

KY

Zip Code

40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation

VP HR & Leadership Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094242716005

Amount of Each Receipt this Period

20.00

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

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

60.00

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



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

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

FOR LINE NUMBER: PAGE 57 / 83

(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 C. Miller

Mailing Address 8000 Allielough 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 VP Dev & Fin Plan

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094242816005

Amount of Each Receipt this Period

80.00

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

**B.**

Full Name (Last, First, Middle Initial)

Elvin D. Alsaybar

Mailing Address 742 White Rock Trail

City

Suwanee

State

GA

Zip Code

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094242916005

Amount of Each Receipt this Period

20.00

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

**C.**

Full Name (Last, First, Middle Initial)

Diana Hanyak

Mailing Address 17057 Rosebud Dr.

City

Yorba Linda

State

CA

Zip Code

92886

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation

Administrator II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094243416005

Amount of Each Receipt this Period

45.00

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

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

145.00

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

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

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

FOR LINE NUMBER: PAGE 58 / 83

(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)

Philip L. Jones

Mailing Address 702 Helmsdale Place N.

City

Brentwood

State

TN

Zip Code

37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation

Chief Fin Off I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094243516005

Amount of Each Receipt this Period

60.00

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

**B.**

Full Name (Last, First, Middle Initial)

Myrna Calatan-Danggol

Mailing Address 763 S. Lassen Court

City

Anaheim

State

CA

Zip Code

92804

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation

Dir Nursing SNF-SNU

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094244516005

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 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:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094245416005

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 83

(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 215 Sheffield Lane

City

Birmingham

State

AL

Zip Code

35242

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 ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094245616005

Amount of Each Receipt this Period

30.00

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

**B.**

Full Name (Last, First, Middle Initial)

Sandra J Whitley

Mailing Address 5203 Brookwood Road

City

Crestwood

State

KY

Zip Code

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094245816005

Amount of Each Receipt this Period

20.00

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

**C.**

Full Name (Last, First, Middle Initial)

Raymond J Sierpina

Mailing Address 14 Westwind Road

City

Louisville

State

KY

Zip Code

40207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation

VP Public Pol & GovtAffair

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094246616005

Amount of Each Receipt this Period

100.00

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

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

150.00

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

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

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

FOR LINE NUMBER: PAGE 60 / 83

(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

Indianapolis

State

IN

Zip Code

46237

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 ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094246816005

Amount of Each Receipt this Period

60.00

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

**B.**

Full Name (Last, First, Middle Initial)

Mark A Bush

Mailing Address 8200 Adams Run Road

City

Louisville

State

KY

Zip Code

40228

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation

Dir Fin Program Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094247116005

Amount of Each Receipt this Period

30.00

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

**C.**

Full Name (Last, First, Middle Initial)

Thomas Wood

Mailing Address 2949 Glascock Street

City

Oakland

State

CA

Zip Code

94601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation

Sr Dist Dir Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1690.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094247216005

Amount of Each Receipt this Period

130.00

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

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

220.00

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

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

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

FOR LINE NUMBER: PAGE 61 / 83

(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)

Gwynn Rucker

Mailing Address 15106 59th Place NE

City

Kenmore

State

WA

Zip Code

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094247816005

Amount of Each Receipt this Period

50.00

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

**B.**

Full Name (Last, First, Middle Initial)

Loretta Crane

Mailing Address 11685 Casper Road

City

Sandy

State

UT

Zip Code

84092

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094248516005

Amount of Each Receipt this Period

20.00

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

Nevada

State

MO

Zip Code

64772

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation

Field Dir Util Compl

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094249516005

Amount of Each Receipt this Period

15.00

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 83

(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 400 Dillman Spring Way NE

City State Zip Code  
Corydon IN 47112

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 ▼

468.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094249816005

Amount of Each Receipt this Period

36.00

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

**B.**

Full Name (Last, First, Middle Initial)

Sharon J 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  
Area Executive Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094250016005

Amount of Each Receipt this Period

60.00

P/R Deduction (\$10.00 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:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094250416005

Amount of Each Receipt this Period

20.00

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

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

116.00

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

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

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

FOR LINE NUMBER: PAGE 63 / 83

(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

Prospect

State

KY

Zip Code

40059

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation

Exec VP & President-HD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1094250916005

Amount of Each Receipt this Period

40.00

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

**B.**

Full Name (Last, First, Middle Initial)

Peter J Adamo

Mailing Address 26525 Amhearst Circle

City

Beachwood

State

OH

Zip Code

44122

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation

Executive Director I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1105504516005

Amount of Each Receipt this Period

30.00

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

**C.**

Full Name (Last, First, Middle Initial)

Kathleen C Paradowski

Mailing Address P.O. Box 1332

City

Crestwood

State

KY

Zip Code

40014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation

Clin Informaticist Cnslt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1135243816005

Amount of Each Receipt this Period

20.00

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

Debra Degroot-Toth

Mailing Address 705 Deer Trace

City

Bloomington

State

IN

Zip Code

47401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation

Rehab Mgr-OT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1135244516005

Amount of Each Receipt this Period

30.00

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

**B.**

Full Name (Last, First, Middle Initial)

Steve Ross

Mailing Address 35069 Roberts Lane

City

St Helens

State

OR

Zip Code

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 ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1135252616005

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Ronald G. Cadwell

Mailing Address 3829 Belmont Ave.

City

San Diego

State

CA

Zip Code

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1135280716005

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)  
for 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)

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  
Grp SrDir Managed Care-HD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

468.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1135286916005

Amount of Each Receipt this Period

36.00

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

**B.**

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1135287416005

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1150399916005

Amount of Each Receipt this Period

30.00

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

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

86.00

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

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

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

FOR LINE NUMBER: PAGE 66 / 83

(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 7207 Trail Ridge Court

City

Louisville

State

KY

Zip Code

40241

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 ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1150400116005

Amount of Each Receipt this Period

30.00

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

**B.**

Full Name (Last, First, Middle Initial)

Julie A Viers

Mailing Address 9508 Corinthian Dr

City

Louisville

State

KY

Zip Code

40299

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation

Sr Dir Fin Reporting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1150400516005

Amount of Each Receipt this Period

20.00

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

**C.**

Full Name (Last, First, Middle Initial)

Rachael L Parker

Mailing Address 70 Birch Ridge Rd

City

Westford

State

VT

Zip Code

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 ▼

530.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1150411116005

Amount of Each Receipt this Period

60.00

P/R Deduction (\$10.00 Weekly)

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

110.00

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

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

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

FOR LINE NUMBER: PAGE 67 / 83

(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 Hutchison

Mailing Address 1708 Cherrywood Way

City

Lodi

State

CA

Zip Code

95240

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1158557816005

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Pamela M Bresee

Mailing Address 4155 SW 192nd Avenue

City

Aloha

State

OR

Zip Code

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 ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1227852416005

Amount of Each Receipt this Period

30.00

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

**C.**

Full Name (Last, First, Middle Initial)

Nolan L Hoffer

Mailing Address 757 W Hartack

City

Meridian

State

ID

Zip Code

83642

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1227853416005

Amount of Each Receipt this Period

20.00

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

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

80.00

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

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

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

FOR LINE NUMBER: PAGE 68 / 83

(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 Livengood

Mailing Address 1219 Pilot Lane

City

Galveston

State

TX

Zip Code

77554

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation

Area Dir HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1267996716005

Amount of Each Receipt this Period

20.00

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

B.

Full Name (Last, First, Middle Initial)

Ellen K Taylor-White

Mailing Address 6411 Graydon Road

City

Rockford

State

IL

Zip Code

61109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation

Adm Mgr Reg Loss Prevent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1267997816005

Amount of Each Receipt this Period

20.00

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

C.

Full Name (Last, First, Middle Initial)

Russell D Ragland

Mailing Address 9902 Palace Green Way

City

Vienna

State

VA

Zip Code

22181

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation

Sr VP Fin-HSD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1267998116005

Amount of Each Receipt this Period

100.00

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

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

140.00

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

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

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

FOR LINE NUMBER: PAGE 69 / 83

(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

Chicago

State

IL

Zip Code

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 ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1267998416005

Amount of Each Receipt this Period

45.00

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

**B.**

Full Name (Last, First, Middle Initial)

Donna Sroczynski

Mailing Address 399 Fountain Drive

City

Elgin

State

IL

Zip Code

60124

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation

Sr Dist Dir Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1281185316005

Amount of Each Receipt this Period

40.00

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

**C.**

Full Name (Last, First, Middle Initial)

Diane L. Otteman

Mailing Address 40 East Cedar  
Apt. #21A

City

Chicago

State

IL

Zip Code

60611

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 ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1300206416005

Amount of Each Receipt this Period

45.00

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

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

130.00

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

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

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

FOR LINE NUMBER: PAGE 70 / 83

(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 Mathews

Mailing Address 464 E. Cynthia Way

City

North Salt Lake

State

UT

Zip Code

84054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation

Reg Dir HR-HSD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1300207316005

Amount of Each Receipt this Period

20.00

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

**B.**

Full Name (Last, First, Middle Initial)

Rita D Simmons

Mailing Address 200 Franck Avenue

City

Louisville

State

KY

Zip Code

40206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation

Sr Dir Ops Risk Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1333437016005

Amount of Each Receipt this Period

32.00

P/R Deduction (\$16.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Bobby G. Muse Jr.

Mailing Address 4514 Oak Pointe Drive

City

Louisville

State

KY

Zip Code

40245

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation

Dir Rec Mgmt & Bus Contin

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1333437116005

Amount of Each Receipt this Period

20.00

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

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

72.00

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

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

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

FOR LINE NUMBER: PAGE 71 / 83

(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 D. Johnson

Mailing Address 3011 Springcrest Drive

City

Louisville

State

KY

Zip Code

40241

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation

Mgr Desktop Supp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1336786716005

Amount of Each Receipt this Period

30.00

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

**B.**

Full Name (Last, First, Middle Initial)

Charlotte K Nelson

Mailing Address 98 Cumberland Gate

City

Smyrna

State

GA

Zip Code

30080

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1336786816005

Amount of Each Receipt this Period

20.00

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

**C.**

Full Name (Last, First, Middle Initial)

Ann Bumb

Mailing Address 9301 S. Mitthoeffer Road

City

Indianapolis

State

IN

Zip Code

46259

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 ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1336786916005

Amount of Each Receipt this Period

45.00

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

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

95.00

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

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

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

FOR LINE NUMBER: PAGE 72 / 83

(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 Herm

Mailing Address 1910 Woodfield Road

City

Louisville

State

KY

Zip Code

40220

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 ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1336787116005

Amount of Each Receipt this Period

30.00

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

**B.**

Full Name (Last, First, Middle Initial)

Lisa J Schmidt

Mailing Address 680 S. Fourth Street

City

Louisville

State

KY

Zip Code

40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation

Mgr Patient Accting Sys

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1346288216005

Amount of Each Receipt this Period

20.00

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

**C.**

Full Name (Last, First, Middle Initial)

Julieta C Morton

Mailing Address 5105 Deerchase Tr

City

Wake Forest

State

NC

Zip Code

27587

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation

Rehab Mgr-PT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1355829316005

Amount of Each Receipt this Period

30.00

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

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

80.00

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



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

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

FOR LINE NUMBER: PAGE 73 / 83

(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)

Ross A Johnson

Mailing Address 5221 Moccasin Trail

City

Louisville

State

KY

Zip Code

40207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation

VP Recruiting-PRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1359729016005

Amount of Each Receipt this Period

50.00

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

B.

Full Name (Last, First, Middle Initial)

Steven M Ager

Mailing Address 310 McCready Avenue

City

Louisville

State

KY

Zip Code

40206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation

VP Program Dev-HSD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1394176916005

Amount of Each Receipt this Period

20.00

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

C.

Full Name (Last, First, Middle Initial)

James C Hansen

Mailing Address 1944 South 275 East

City

Clearfield

State

UT

Zip Code

84015

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 ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1394177116005

Amount of Each Receipt this Period

30.00

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

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

100.00

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

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

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

FOR LINE NUMBER: PAGE 74 / 83

(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 D Van De Kamp

Mailing Address 251 Arbor Lane

City

Green Bay

State

WI

Zip Code

54301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation

VP Clinical Rehab-PRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1408953116005

Amount of Each Receipt this Period

30.00

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

**B.**

Full Name (Last, First, Middle Initial)

Pamela A. Justice

Mailing Address 5912 Mercury Dr

City

Louisville

State

KY

Zip Code

40291

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 ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1408953216005

Amount of Each Receipt this Period

40.00

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

**C.**

Full Name (Last, First, Middle Initial)

Meta Bonfadini

Mailing Address 2717 Henderson Rd

City

Redding

State

CA

Zip Code

96002

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1408954016005

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Weekly)

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

100.00

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

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

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

FOR LINE NUMBER: PAGE 75 / 83

(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. Fox

Mailing Address 223 Impala Trace

City

San Antonio

State

TX

Zip Code

78258

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation

Executive Director II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1421451016005

Amount of Each Receipt this Period

30.00

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

**B.**

Full Name (Last, First, Middle Initial)

Deborah A Foushee

Mailing Address 1106 Indiana Ave.

City

New Albany

State

IN

Zip Code

47150

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation

State Dir of Risk Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1425258816005

Amount of Each Receipt this Period

32.00

P/R Deduction (\$16.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Thomas Sullivan

Mailing Address 467 Mendon Road

City

Northbridge

State

MA

Zip Code

01534

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare

Occupation

Area Executive Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1493281116005

Amount of Each Receipt this Period

60.00

P/R Deduction (\$10.00 Weekly)

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

122.00

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

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

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

FOR LINE NUMBER: PAGE 76 / 83

(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)

Tom Spencer

Mailing Address 8001 Saddle Oak Drive

City

Arlington

State

TX

Zip Code

76001

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1493281316005

Amount of Each Receipt this Period

30.00

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

**B.**

Full Name (Last, First, Middle Initial)

Leah Laffey

Mailing Address 801 Elm Spring Rd.

City

Pittsburgh

State

PA

Zip Code

15243

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation

Administrator III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1493281416005

Amount of Each Receipt this Period

45.00

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

**C.**

Full Name (Last, First, Middle Initial)

Michelle Estes

Mailing Address 402 Beechwood Drive

City

Greenfield

State

IN

Zip Code

46140

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1493281516005

Amount of Each Receipt this Period

20.00

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

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

95.00

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

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

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

FOR LINE NUMBER: PAGE 77 / 83

(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)

Patricia Blackstun

Mailing Address 401 N Timberline Road #271

City

Fort Collins

State

CO

Zip Code

80524

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Brighton Care Center

Occupation

Executive Dir II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1503295416005

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Jeff Barbieri

Mailing Address 3823 Creek Mont

City

Medford

State

OR

Zip Code

97504

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 ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1503295616005

Amount of Each Receipt this Period

45.00

P/R Deduction (\$15.00 Weekly)

**C.**

Full Name (Last, First, Middle Initial)

David Hicks

Mailing Address 5403 Rosalind Ave.

City

El Cerrito

State

CA

Zip Code

94530

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1503295716005

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 / 83

(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)

Katherine W Gilchrist

Mailing Address 1668 Victory 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 VP Finance-PRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1524244416005

Amount of Each Receipt this Period

40.00

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

**B.**

Full Name (Last, First, Middle Initial)

Juanita D Blevens

Mailing Address 1712 Penile Road

City

Louisville

State

KY

Zip Code

40272

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation

Dir Casualty Insurance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1541444216005

Amount of Each Receipt this Period

20.00

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

**C.**

Full Name (Last, First, Middle Initial)

George H Schaefer

Mailing Address 645 Ulverston Dr.

City

Columbus

State

OH

Zip Code

43230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation

VP Sales & Marketing-HSD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1541444316005

Amount of Each Receipt this Period

40.00

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

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

100.00

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

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

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

FOR LINE NUMBER: PAGE 79 / 83

(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)

David Culbreth

Mailing Address 2823 Regatta Drive

City

Oakland

State

CA

Zip Code

94601

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 ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1559851816005

Amount of Each Receipt this Period

40.00

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

**B.**

Full Name (Last, First, Middle Initial)

Linda Larson

Mailing Address 30021 51st Court S

City

Auburn

State

WA

Zip Code

98001

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 ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1559851916005

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Judith Royce

Mailing Address 5202 Hilltop Rd

City

Everett

State

WA

Zip Code

98203

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1559852016005

Amount of Each Receipt this Period

10.00

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

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

110.00

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

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

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

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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)

Suzanne J Petrimoulx

Mailing Address 23499 Greenleaf Blvd.

City

Elkhart

State

IN

Zip Code

46514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation  
Dist Dir HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1570565016005

Amount of Each Receipt this Period

30.00

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

**B.**

Full Name (Last, First, Middle Initial)

Cassandra Rocke

Mailing Address 13449 Marion Street

City

Thornton

State

CO

Zip Code

80241

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 ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1582894116005

Amount of Each Receipt this Period

20.00

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

**C.**

Full Name (Last, First, Middle Initial)

Ken Moyer

Mailing Address 1400 Wellsbench Rd

City

Orofino

State

ID

Zip Code

83544

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation  
Area Mgr Maint

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1582894216005

Amount of Each Receipt this Period

20.00

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

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

70.00

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



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

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

FOR LINE NUMBER: PAGE 81 / 83

(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)

Christopher Murphy

Mailing Address 35 Woodbury Street

City

Gloucester

State

MA

Zip Code

01930

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation

VP Ops-East Reg-HSD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1582894516005

Amount of Each Receipt this Period

30.00

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

**B.**

Full Name (Last, First, Middle Initial)

Mark Guth

Mailing Address 28746 Little Big Horn Drive

City

Evergreen

State

CO

Zip Code

80439

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 ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1604601516005

Amount of Each Receipt this Period

30.00

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

**C.**

Full Name (Last, First, Middle Initial)

Mary Jane Dailey

Mailing Address 10411 Loving Trail Drive

City

Frisco

State

TX

Zip Code

75035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare, Inc.

Occupation

VP & CCO-East Group-HD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1618127516005

Amount of Each Receipt this Period

200.00

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

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

260.00

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

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

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

FOR LINE NUMBER: PAGE 82 / 83

(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 Lawson

Mailing Address 670 La Contenta Drive

City

Valley Springs

State

CA

Zip Code

95252

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Chief Exec Off III

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1618128716005

Amount of Each Receipt this Period

105.00

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

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

105.00

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

9886.34

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 83 / 83

<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)

Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Avenue, NE

City  
Washington

State  
DC

Zip Code  
20002

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name  
Democratic Senatorial Campaign Committee

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: 27289189

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

Contribution

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

5000.00

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

5000.00