

**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 8

2 0 0 6

through

1 2

3 1

2 0 0 6

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 5

2 0 0 7

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

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

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Kindred Healthcare, Inc. PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	1	2	8	2	0	0	6

To:

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2006		176556.29
(b) Cash on Hand at Beginning of Reporting Period	107028.99	
(c) Total Receipts (from Line 19)	12557.30	159115.90
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	119586.29	335672.19
7. Total Disbursements (from Line 31)	0.00	216085.90
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	119586.29	119586.29
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Kindred Healthcare, Inc. PAC

Report Covering the Period:

From:

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	10330.80	77977.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	2226.50	75138.90
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	12557.30	153115.90
(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) ➤	12557.30	153115.90
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	6000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	12557.30	159115.90
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	12557.30	159115.90

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	12557.30	153115.90
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12557.30	153115.90
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	135.90
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	135.90

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

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

FOR LINE NUMBER: PAGE 6 / 91

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Aryendra Laljie

Mailing Address 10241 SW 13th Street

City State Zip Code
 Pembroke Pines FL 33025

FEC ID number of contributing federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109410349771

Amount of Each Receipt this Period

20.00

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

Full Name (Last, First, Middle Initial)

B. Teresa S Anderson

Mailing Address 7115 Coachwood Drive

City State Zip Code
 Georgetown IN 47122

FEC ID number of contributing federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109418379771

Amount of Each Receipt this Period

30.00

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

Full Name (Last, First, Middle Initial)

C. Richard E Chapman

Mailing Address 11200 Bodley Drive

City State Zip Code
 Louisville KY 40223

FEC ID number of contributing federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1820.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109418389771

Amount of Each Receipt this Period

140.00

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

SUBTOTAL of Receipts This Page (optional)

190.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 7 / 91

(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 L Kuntz			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 8807 Stable Crest Boulevard			Transaction ID: PR109418399771	
City State Zip Code Houston TX 77024			Amount of Each Receipt this Period <div>200.00</div>	
FEC ID number of contributing federal political committee. <div>C</div>				
Name of Employer Kindred Healthcare Inc.		Occupation Executive Chairman		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>2600.00</div>		
B. Full Name (Last, First, Middle Initial) Kurt Brockhausen			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 209 Glenwood Ct			Transaction ID: PR109418429771	
City State Zip Code Great Falls MT 59405			Amount of Each Receipt this Period <div>20.00</div>	
FEC ID number of contributing federal political committee. <div>C</div>				
Name of Employer Kindred Healthcare Inc.		Occupation Pharm Mgr		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>260.00</div>		
C. Full Name (Last, First, Middle Initial) David R Windhorst			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 2000 Spring Farms Road			Transaction ID: PR109418509771	
City State Zip Code Floyds Knobs IN 47119			Amount of Each Receipt this Period <div>80.00</div>	
FEC ID number of contributing federal political committee. <div>C</div>				
Name of Employer Kindred Healthcare Inc.		Occupation VP Financial Sys Dev		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>1040.00</div>		
P/R Deduction (\$100.00 Bi-Weekly)				
P/R Deduction (\$10.00 Bi-Weekly)				
P/R Deduction (\$40.00 Bi-Weekly)				

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 91

(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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109418519771 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109418529771 Amount of Each Receipt this Period 20.00 P/R Deduction (\$10.00 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Judy Weaver Mailing Address 1635 Blackmore Drive City Indianapolis State IN Zip Code 46231 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Reg Dir Clin Ops-HD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109418539771 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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 91

(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)
Katheryn J Markham
Mailing Address 10602 Taylor Farm Ct

City State Zip Code
Prospect KY 40059

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
VP IS Planning&FieldSvcs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

910.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109418569771

Amount of Each Receipt this Period

70.00

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

B. Full Name (Last, First, Middle Initial)
Dan Mcreynolds
Mailing Address 7620 Beech Spring Court

City State Zip Code
Louisville KY 40241

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Sr Dir DataWarehouseSvcs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109418579771

Amount of Each Receipt this Period

20.00

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

C. Full Name (Last, First, Middle Initial)
Janis L Mahoney
Mailing Address 3403 S. Highway 53

City State Zip Code
LaGrange KY 40031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Sr Dir Technical Svcs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109418589771

Amount of Each Receipt this Period

40.00

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 91

(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 A Gooch

Mailing Address 14516 Clear Meadow Court

City State Zip Code
 Louisville KY 40245

FEC ID number of contributing federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109418599771

Amount of Each Receipt this Period

40.00

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

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

Mailing Address 154 Rock Trail Court

City State Zip Code
 Ballwin MO 63011

FEC ID number of contributing federal political committee.

C

Name of Employer
Kindred Healthcare Inc.Occupation
Dir Quality Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109418639771

Amount of Each Receipt this Period

20.00

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

C. Full Name (Last, First, Middle Initial)
Patrick J Gillenwater

Mailing Address 402 Erin Drive

City State Zip Code
 Jeffersonville IN 47130

FEC ID number of contributing federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109418649771

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 11 / 91

(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 State Zip Code Carmel IN 46033 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Chief Exec Off I Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109418679771 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 State Zip Code Louisville KY 40241 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Fin Sys Dev Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 780.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109418749771 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 State Zip Code Prospect KY 40059 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Fin Sys Dev Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109418779771 Amount of Each Receipt this Period 40.00 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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 91

(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 State Zip Code
Louisville KY 40245

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
VP IS Ops & Telecomm

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

905.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109418799771

Amount of Each Receipt this Period

70.00

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

B. Full Name (Last, First, Middle Initial)
Stephen M Dobler
Mailing Address 1106 Holly Springs Drive

City State Zip Code
Louisville KY 40242

FEC ID number of contributing
federal political committee.

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

Transaction ID: PR109418809771

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 State Zip Code
New Albany IN 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

Transaction ID: PR109418829771

Amount of Each Receipt this Period

40.00

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

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 13 / 91

(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 3105 Crestmoor Court

City State Zip Code
 Prospect KY 40059

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Sr 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

Transaction ID: PR109418849771

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 State Zip Code
 Crestwood KY 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

Transaction ID: PR109418869771

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 11303 Vista Greens Drive

City State Zip Code
 Louisville KY 40241

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Tech Cnslt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109418899771

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 91

(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 77 Rising Hill Road City State Zip Code Phillips Ranch CA 91766 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Reg Dir Hosp Rehab-PRS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109418919771 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 121 Tamarack Ct. City State Zip Code Lindenhurst IL 60046 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Chief Fin Off III Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109418939771 Amount of Each Receipt this Period 45.00 P/R Deduction (\$15.00 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Linn Billingsley Mailing Address P.O. Box 122 City State Zip Code Blue Diamond NV 89004 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Executive Dir Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109418989771 Amount of Each Receipt this Period 60.00 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

155.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 15 / 91

(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) Jan Turk Mailing Address 1314 Amelia St. City State Zip Code New Orleans LA 70115 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Chief Exec Off II Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109419009771 Amount of Each Receipt this Period 60.00 P/R Deduction (\$20.00 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Larry Foster Mailing Address 5700 N. Winthrop Apartment # 5 City State Zip Code Chicago IL 60660 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Chief Exec Off III Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109419039771 Amount of Each Receipt this Period 30.00 P/R Deduction (\$10.00 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Jack Shapiro Mailing Address 22591 Covington Drive City State Zip Code Deer Park IL 60010 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Executive Dir Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 780.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109419049771 Amount of Each Receipt this Period 90.00 P/R Deduction (\$30.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

180.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 16 / 91

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Adrienne Lyons

Mailing Address 1220 North Oak Park Avenue

City State Zip Code
 Oak Park IL 60302

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Reg Dir Clin Ops-HD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109419059771

Amount of Each Receipt this Period

20.00

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

Full Name (Last, First, Middle Initial)

B. Linda Tiemens

Mailing Address 100 Forest Place #P-39

City State Zip Code
 Oak Park IL 60301

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
VP Ops-MW Reg-HD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109419079771

Amount of Each Receipt this Period

60.00

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

Full Name (Last, First, Middle Initial)

C. Linda Mcquade

Mailing Address 4712 Sw 24 Ave

City State Zip Code
 Ft Lauderdale FL 33312

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Mgr Health Info Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109419109771

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 91

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial)
John Caron
Mailing Address 2333 Brickell Ave #1402

City State Zip Code
Miami FL 33129

FEC ID number of contributing federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID: PR109419129771

Amount of Each Receipt this Period

20.00

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

B. Full Name (Last, First, Middle Initial)
Theodore Welding
Mailing Address 2448 Middle River Dr.

City State Zip Code
Ft. Lauderdale FL 33305

FEC ID number of contributing federal political committee.

C

Name of Employer
Kindred Healthcare Inc.Occupation
Executive Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID: PR109419139771

Amount of Each Receipt this Period

50.00

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

C. Full Name (Last, First, Middle Initial)
Linda McGunnigle
Mailing Address 17 Hartshorn Street

City State Zip Code
West Bridgewater MA 02379

FEC ID number of contributing federal political committee.

C

Name of Employer
Kindred Healthcare Inc.Occupation
Adm Mgr Reg Loss Prevent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID: PR109419169771

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 91

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Andrew W Tsapatsaris

Mailing Address 5121 Avalon Drive

City

Peabody

State

MA

Zip Code

01960

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Sr Dir Transition Team

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID: PR109419179771

Amount of Each Receipt this Period

20.00

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

Full Name (Last, First, Middle Initial)

B. Frank Battafarano

Mailing Address 2700 Little Hills Lane

City

Anchorage

State

KY

Zip Code

40223

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Exec VP & President-HD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

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

Transaction ID: PR109419199771

Amount of Each Receipt this Period

100.00

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

Full Name (Last, First, Middle Initial)

C. 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 ▼

1300.00

Date of Receipt

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

Transaction ID: PR109419229771

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 91

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. 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 Y

Transaction ID: PR109419259771

Amount of Each Receipt this Period

40.00

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

Full Name (Last, First, Middle Initial)

B. Deborah R Doddridge

Mailing Address 312 Hill St. PO Box 273

City

Milltown

State

IN

Zip Code

47145

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Dir Procure Sys & Capital

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109419309771

Amount of Each Receipt this Period

30.00

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

Full Name (Last, First, Middle Initial)

C. 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

Transaction ID: PR109419319771

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 91

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Susan 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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109419339771

Amount of Each Receipt this Period

40.00

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

B.

Full Name (Last, First, Middle Initial)

Theresa M Graham

Mailing Address 1203 Falls Creek Landing

City

New Ablany

State

IN

Zip Code

47150

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

VP Compliance

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109419359771

Amount of Each Receipt this Period

30.00

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

C.

Full Name (Last, First, Middle Initial)

Michael C Lozier

Mailing Address 5106 Creekwood Drive

City

Greenville

State

IN

Zip Code

47124

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Dir Purch Contract Admin

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109419379771

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 91

(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 Michael Grannan

Mailing Address 7109 Cannonade Court

City State Zip Code
 Prospect KY 40059

FEC ID number of contributing federal political committee.

C

Name of Employer
Kindred Healthcare Inc.Occupation
VP Purchasing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

728.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109419399771

Amount of Each Receipt this Period

56.00

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

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

Robert G Weir

Mailing Address 4100 Napanee Rd

City State Zip Code
 Louisville KY 40207

FEC ID number of contributing federal political committee.

C

Name of Employer
Kindred Healthcare Inc.Occupation
VP Operations-KPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109419409771

Amount of Each Receipt this Period

40.00

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

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

Dennis J Hansen

Mailing Address 1791 Connor Station Road

City State Zip Code
 Simpsonville KY 40067

FEC ID number of contributing federal political committee.

C

Name of Employer
Kindred Healthcare Inc.Occupation
VP Reimb-HSD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

910.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109419419771

Amount of Each Receipt this Period

70.00

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

SUBTOTAL of Receipts This Page (optional)

166.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 22 / 91

(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 Suzanne Riedman Mailing Address 6401 Orchid Hill Pl City State Zip Code Louisville KY 40207 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Sr VP & General Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109419429771 Amount of Each Receipt this Period 40.00 P/R Deduction (\$20.00 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Susan P Riedl Mailing Address 8914 Lippincott Road City State Zip Code Louisville KY 40222 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Sr Dir HSD Reimb Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109419449771 Amount of Each Receipt this Period 20.00 P/R Deduction (\$10.00 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Mary L Dennison Mailing Address 4678 Mount Eden Road City State Zip Code Shelbyville KY 40065 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Mgr Reimb Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 455.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109419489771 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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 91

(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 J Bean

Mailing Address 8011 Kendrick Crossing Lane

City State Zip Code
Louisville KY 40291

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
VP Tax Planning

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109419519771

Amount of Each Receipt this Period

40.00

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

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

Peggy Black

Mailing Address 1607 Helmridge Court

City State Zip Code
Louisville KY 40222

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Exec Asst to Chair & BOD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109419539771

Amount of Each Receipt this Period

20.00

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

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

Anne S Woods

Mailing Address 7420 Falls Ridge Ct.

City State Zip Code
Louisville KY 40241

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
VP Internal Audit

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

776.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109419549771

Amount of Each Receipt this Period

60.00

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

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 24 / 91

(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) Stephanie J Warren Mailing Address 2169 Balmer-Fenwick Road City State Zip Code Floyds Knobs IN 47119 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Facility Mgmt Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109419579771 Amount of Each Receipt this Period 30.00 P/R Deduction (\$15.00 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Teri A Hartlage Mailing Address 5600 Bradbe Meadows Way City State Zip Code Fisherville KY 40023 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Asst Treasurer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109419589771 Amount of Each Receipt this Period 40.00 P/R Deduction (\$20.00 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) John Lucchese Mailing Address 14401 Broad Oak Place City State Zip Code Louisville KY 40245 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation VP Crp Fin & Controller Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 858.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109419599771 Amount of Each Receipt this Period 66.00 P/R Deduction (\$33.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

136.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 25 / 91

(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 State Zip Code Louisville KY 40299 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Dir Tax Compl Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109419609771 Amount of Each Receipt this Period 30.00 P/R Deduction (\$15.00 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Richard A Lechleiter Mailing Address 601 Club Lane City State Zip Code Louisville KY 40207 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Exec VP & CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1950.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109419629771 Amount of Each Receipt this Period 150.00 P/R Deduction (\$75.00 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Joseph Landenwich Mailing Address 2213 Wrocklage Ave. City State Zip Code Louisville KY 40205 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation SVPCrpLegalAffairs&CrpSec Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1560.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109419639771 Amount of Each Receipt this Period 120.00 P/R Deduction (\$60.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 26 / 91

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. 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 Y

Transaction ID: PR109419649771

Amount of Each Receipt this Period

38.00

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

Full Name (Last, First, Middle Initial)

B. Ruth Ann Lusk

Mailing Address 1800 Acorn Lane

City

Lagrange

State

KY

Zip Code

40031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Sr VP-East Reg-HD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109419659771

Amount of Each Receipt this Period

30.00

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

Full Name (Last, First, Middle Initial)

C. 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 ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109419669771

Amount of Each Receipt this Period

40.00

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

SUBTOTAL of Receipts This Page (optional)

108.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 27 / 91

(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 M O'Bryan Mailing Address 1001 Willow Creek Court City State Zip Code Louisville KY 40245 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Sr Dir PatientCare&QualHD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109419679771 Amount of Each Receipt this Period 30.00 P/R Deduction (\$15.00 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Timothy W Jolly Mailing Address 6703 Kingslook Ct City State Zip Code Louisville KY 40207 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Planning & Dev Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109419689771 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 State Zip Code Louisville KY 40272 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Mgr Patient Accting-HSD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109419709771 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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 91

(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 State Zip Code Louisville KY 40245 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation VP Crp Finance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 806.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109419719771 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 State Zip Code Louisville KY 40223 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation VP Fac & Real Estate Dev Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109419729771 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 4817 Stanley Farm Court City State Zip Code LaGrange KY 40031 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Sr Dir HD Reimb Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 676.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109419739771 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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 91

(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 State Zip Code
 Louisville KY 40291

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Dir Accounting-HSD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

572.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109419769771

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 State Zip Code
 Louisville KY 40241

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
SVPCmplGovtProg&IntAudit

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109419809771

Amount of Each Receipt this Period

80.00

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

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

Scott M Juetten

Mailing Address 8315 Running Spring Dr

City State Zip Code
 Louisville KY 40241

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
VP & Controller-HSD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109419819771

Amount of Each Receipt this Period

20.00

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

FOR LINE NUMBER: PAGE 30 / 91

(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 364 Loretta Drive City State Zip Code Shepherdsville KY 40165 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Mgr Accting-Fixed Assets Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109419829771 Amount of Each Receipt this Period 20.00 P/R Deduction (\$10.00 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Bobby V Bas Mailing Address 2084 Wind River Road City State Zip Code El Cajon CA 92019 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Radiology Tech Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109419839771 Amount of Each Receipt this Period 30.00 P/R Deduction (\$15.00 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Nancy Wilson Mailing Address 38 La Sierra Drive City State Zip Code Phillips Ranch CA 91766 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Chief Fin Off III Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109419929771 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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 91

(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 State Zip Code
 Knoxville TN 37912

FEC ID number of contributing federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID: PR109419979771

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 State Zip Code
 Indianapolis IN 46236

FEC ID number of contributing federal political committee.

C

Name of Employer
Kindred Healthcare Inc.Occupation
VP Finance-Central RegHSD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

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

Transaction ID: PR109419989771

Amount of Each Receipt this Period

30.00

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

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

Martha S Rhoads

Mailing Address 137 N. Cherry Street

City State Zip Code
 Greenville KY 42345

FEC ID number of contributing federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID: PR109420009771

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 91

(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 State Zip Code
Sparta TN 38583

FEC ID number of contributing federal political committee.

C

Name of Employer
Kindred Healthcare Inc.Occupation
Dist Dir Operations II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

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

Transaction ID: PR109420019771

Amount of Each Receipt this Period

30.00

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

B. Full Name (Last, First, Middle Initial)
T. Stephen Turner
Mailing Address 680 South Fourth Ave

City State Zip Code
Louisville KY 40202

FEC ID number of contributing federal political committee.

C

Name of Employer
Kindred Healthcare Inc.Occupation
SVPStrategicPlan&BusDevHD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

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

Transaction ID: PR109420039771

Amount of Each Receipt this Period

80.00

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

C. Full Name (Last, First, Middle Initial)
Michael Comer
Mailing Address 12 Lewis

City State Zip Code
Irvine CA 92620

FEC ID number of contributing federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

910.00

Date of Receipt

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

Transaction ID: PR109420049771

Amount of Each Receipt this Period

70.00

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

SUBTOTAL of Receipts This Page (optional)

180.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 33 / 91

(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) Billy Wilcox Mailing Address 3218 Morning Dove City State Zip Code Midlothian TX 76065 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Chief Fin Off II Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109420059771 Amount of Each Receipt this Period 30.00 P/R Deduction (\$15.00 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Traci Shelton Mailing Address 4138 Quiet Meadow Ct City State Zip Code Fair Oaks CA 95628 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Sr VP-West Reg-HD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2580.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109420069771 Amount of Each Receipt this Period 200.00 P/R Deduction (\$100.00 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Steven Monaghan Mailing Address 508 W. Melrose #7-A City State Zip Code Chicago IL 60657 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Exec VP-West Grp-HD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2210.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109420079771 Amount of Each Receipt this Period 170.00 P/R Deduction (\$85.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional) ▶			400.00
TOTAL This Period (last page this line number only) ▶			

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

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

FOR LINE NUMBER: PAGE 34 / 91

(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) Laura Wills Mailing Address 5019 Brown Bear Dr. NE City State Zip Code Rio Rancho NM 87144 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Executive Dir Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109420099771 Amount of Each Receipt this Period 30.00 P/R Deduction (\$10.00 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Cynthia Smith Mailing Address 9N668 Bowes Bend Dr City State Zip Code Elgin IL 60123 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Chief Exec Off II Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109420109771 Amount of Each Receipt this Period 20.00 P/R Deduction (\$10.00 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Mark A McCullough Mailing Address 1101 Old Cannons Lane City State Zip Code Louisville KY 40207 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation President-KPS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1040.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109420119771 Amount of Each Receipt this Period 80.00 P/R Deduction (\$40.00 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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 91

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial) Susan B Myers Mailing Address 959 Whetstone Way City State Zip Code Louisville KY 40223 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation VP Clin Ops-CentralRegHSD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109420159771 Amount of Each Receipt this Period 30.00 P/R Deduction (\$15.00 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) James Ransone Mailing Address 11644 Sw 53Th. Place City State Zip Code Cooper City FL 33330 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Chief Clinical Off III Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109420169771 Amount of Each Receipt this Period 30.00 P/R Deduction (\$10.00 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) John Miner Mailing Address 4730 Dunnie Drive City State Zip Code Tampa FL 33614 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Chief Fin Off III Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109420219771 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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 91

(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 5224 Hampton Beach Place

City State Zip Code
 Tampa FL 33609

FEC ID number of contributing federal political committee.

C

Name of Employer
Kindred Healthcare Inc.Occupation
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

Transaction ID: PR109420249771

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 ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109420269771

Amount of Each Receipt this Period

45.00

P/R Deduction (\$15.00 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 Y

Transaction ID: PR109420309771

Amount of Each Receipt this Period

30.00

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

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 37 / 91

(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)

Robert Stein

Mailing Address 14 Hermit Thrush Place

City State Zip Code
 The Woodlands TX 77382

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

Transaction ID: PR109420319771

Amount of Each Receipt this Period

20.00

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

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

Charles D Doten

Mailing Address 7644 Harbour Blvd.

City State Zip Code
 Miramar FL 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 Y

Transaction ID: PR109420369771

Amount of Each Receipt this Period

40.00

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

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

Carol Cregan

Mailing Address 2649 Ne 26Th Avenue

City State Zip Code
 Ft Lauderdale FL 33306

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Dir Bus Dev-HD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109420379771

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 91

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial)
John Gross
Mailing Address 6133 Rolfe Avenue

City State Zip Code
Norfolk VA 23508

FEC ID number of contributing federal political committee.

C

Name of Employer
Kindred Healthcare Inc.Occupation
Pharm Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

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

Transaction ID: PR109420399771

Amount of Each Receipt this Period

30.00

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

B. Full Name (Last, First, Middle Initial)
James Malady
Mailing Address 954 Lindfield Dr.

City State Zip Code
Library PA 15129

FEC ID number of contributing federal political committee.

C

Name of Employer
Kindred Healthcare Inc.Occupation
Dir Plant Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID: PR109420419771

Amount of Each Receipt this Period

20.00

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

C. Full Name (Last, First, Middle Initial)
Timothy L Simpson
Mailing Address 498 Branscomb Road

City State Zip Code
Grn Cve Spgs FL 32043

FEC ID number of contributing federal political committee.

C

Name of Employer
Kindred Healthcare Inc.Occupation
Executive Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

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

Transaction ID: PR109420439771

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 91

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial)
John M Pinnix
Mailing Address 881 Sawyer Run Lake

City State Zip Code
Ponte Vedra Beach FL 32082

FEC ID number of contributing federal political committee.

C

Name of Employer
Kindred Healthcare Inc.Occupation
Pharm Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID: PR109420459771

Amount of Each Receipt this Period

20.00

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

B. Full Name (Last, First, Middle Initial)
James D Thigpen
Mailing Address 355 Woolsey Brooks

City State Zip Code
Fayetteville GA 30214

FEC ID number of contributing federal political committee.

C

Name of Employer
Kindred Healthcare Inc.Occupation
Dir Plant Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

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

Transaction ID: PR109420469771

Amount of Each Receipt this Period

30.00

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

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

City State Zip Code
Green Cove Spgs FL 32043

FEC ID number of contributing federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID: PR109420489771

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 91

(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 State Zip Code
 Ashburn VA 20147

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Dir Bus Implement-HD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109420519771

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 State Zip Code
 Davie FL 33328

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Exec VP-East Grp-HD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1092.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109420539771

Amount of Each Receipt this Period

84.00

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

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

Ronald R Luken

Mailing Address 6760 E. 9Th Street

City State Zip Code
 Indianapolis IN 46219

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Pharm Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109420549771

Amount of Each Receipt this Period

20.00

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

SUBTOTAL of Receipts This Page (optional)

124.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 41 / 91

(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)
Sally I Hoffmann
Mailing Address 13739 Ogakor Drive

City State Zip Code
Riverview FL 33569

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

Transaction ID: PR109420579771

Amount of Each Receipt this Period

30.00

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

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

Transaction ID: PR109420629771

Amount of Each Receipt this Period

30.00

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

C. Full Name (Last, First, Middle Initial)
John Griffes
Mailing Address 27240 Autumn Glen

City State Zip Code
Boerne TX 78006

FEC ID number of contributing federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

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

Transaction ID: PR109420689771

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 91

(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 J McQuaid
Mailing Address 2 Hunter Point Dr.

City State Zip Code
Scarborough ME 04074

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Dir Cust Relations KPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109420739771

Amount of Each Receipt this Period

20.00

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 ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109420809771

Amount of Each Receipt this Period

25.00

P/R Deduction (\$5.00 Weekly)

C. Full Name (Last, First, Middle Initial)
Daniel A Oneil
Mailing Address 15 Westside Drive - Suite 108

City State Zip Code
N. Grosvenordale CT 06255

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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109420869771

Amount of Each Receipt this Period

5.00

P/R Deduction (\$5.00 Weekly)

SUBTOTAL of Receipts This Page (optional)

50.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 43 / 91

(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) 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 Dir Field Accting-HSD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109420949771 Amount of Each Receipt this Period 20.00 P/R Deduction (\$10.00 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Terrance Kuzman Mailing Address 34 Miller Drive City State Zip Code Somers CT 06071 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Area Executive Dir Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109420989771 Amount of Each Receipt this Period 25.00 P/R Deduction (\$5.00 Weekly)
C. Full Name (Last, First, Middle Initial) Scott West Mailing Address 13 Edward Street City State Zip Code Milton VT 05468 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Executive Dir II Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 265.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109420999771 Amount of Each Receipt this Period 25.00 P/R Deduction (\$5.00 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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 91

(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 State Zip Code
 Draper UT 84020

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Sr VP-Pacific Reg-HSD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109421019771

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 State Zip Code
 Louisville KY 40222

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Reg Dir Util Svcs-HSD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109421029771

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 State Zip Code
 Virginia Beach VA 23451

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Registered Dietitian

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109421039771

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 91

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. 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

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 Y

Transaction ID: PR109421109771

Amount of Each Receipt this Period

40.00

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

Full Name (Last, First, Middle Initial)

B. 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

Transaction ID: PR109421199771

Amount of Each Receipt this Period

20.00

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

Full Name (Last, First, Middle Initial)

C. Anthony D Lacke

Mailing Address 95 Caesar Chelors 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

Transaction ID: PR109421249771

Amount of Each Receipt this Period

25.00

P/R Deduction (\$5.00 Weekly)

SUBTOTAL of Receipts This Page (optional)

85.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 46 / 91

(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 M Nackers
Mailing Address 1760 Waters Ferry Drive

City State Zip Code
Lawrenceville GA 30043

FEC ID number of contributing federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109421259771

Amount of Each Receipt this Period

30.00

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

B. Full Name (Last, First, Middle Initial)
Joseph F Weglarz
Mailing Address 35 Farrington Ave

City State Zip Code
Gloucester MA 01930

FEC ID number of contributing federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109421269771

Amount of Each Receipt this Period

20.00

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

C. Full Name (Last, First, Middle Initial)
Victor Emodi
Mailing Address 3044 Clarke Drive

City State Zip Code
Virginia Beach VA 23456

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 ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109421289771

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 91

(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 State Zip Code
 Barrington NH 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

Transaction ID: PR109421339771

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 11009 Walnut Creek

City State Zip Code
 Knoxville TN 37932

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

Transaction ID: PR109421349771

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 680 South Fourth Ave

City State Zip Code
 Louisville KY 40202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Exec VP & President-HSD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109421369771

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 91

(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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 255.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109421399771 Amount of Each Receipt this Period 25.00 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 Northeast Region Occupation Sr VP-NE Reg-HSD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 560.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109421419771 Amount of Each Receipt this Period 40.00 P/R Deduction (\$20.00 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Christine M Walker Mailing Address 2691 Diamond Rd City Camp Verde State AZ Zip Code 86322 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Executive Dir II Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109421449771 Amount of Each Receipt this Period 30.00 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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 91

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

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

Mailing Address 15 Evergreen Circle

City State Zip Code
Henniker NH 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

Transaction ID: PR109421469771

Amount of Each Receipt this Period

25.00

P/R Deduction (\$5.00 Week-
ly)

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

Mailing Address 317 30Th Avenue N.E.

City State Zip Code
Great Falls MT 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

Transaction ID: PR109421519771

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Wee-
kly)

C. Full Name (Last, First, Middle Initial)
Kelly G Snowball

Mailing Address 4468 Forest Green Drive

City State Zip Code
Ogden UT 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

Transaction ID: PR109421579771

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 91

(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)
Debi Thompson
Mailing Address 27115 46Th Ave. S.

City State Zip Code
Kent WA 98032

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

Transaction ID: PR109421609771

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Weekly)

B. Full Name (Last, First, Middle Initial)
Susan A Kesterson
Mailing Address 2334 Heritage Dr

City State Zip Code
Corona CA 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

Transaction ID: PR109421629771

Amount of Each Receipt this Period

30.00

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

C. Full Name (Last, First, Middle Initial)
Sylvia Burton
Mailing Address 433 S. Plantation

City State Zip Code
Cookeville TN 38506

FEC ID number of contributing federal political committee.

C

Name of Employer
Kindred Healthcare Inc.Occupation
Executive Dir III

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109421769771

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 91

(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)
Paula Proeschel Murray
Mailing Address 573 Skodborg Drive

City State Zip Code
Eaton OH 45320

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Reg Mgr Field Accting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109421799771

Amount of Each Receipt this Period

20.00

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

B. Full Name (Last, First, Middle Initial)
Mark S Pfeifer
Mailing Address 11014 Brave Ct.

City State Zip Code
Indianapolis IN 46236

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Reg Financial Ana

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109421849771

Amount of Each Receipt this Period

20.00

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

C. Full Name (Last, First, Middle Initial)
James Grady
Mailing Address 1311 Old Taylor Trail

City State Zip Code
Goshen KY 40026

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Dist Dir Operations I

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109421999771

Amount of Each Receipt this Period

30.00

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

FOR LINE NUMBER: PAGE 52 / 91

(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 Susan Dickerson

Mailing Address 5283 Pryor Road

City State Zip Code
Maryville TN 37804

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Area Executive Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109422079771

Amount of Each Receipt this Period

30.00

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

B. Full Name (Last, First, Middle Initial)
Larry W Shrader

Mailing Address 425 Deer View Way

City State Zip Code
Bolivar TN 38008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Area Executive Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109422109771

Amount of Each Receipt this Period

30.00

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

C. Full Name (Last, First, Middle Initial)
Keith A Mandrell

Mailing Address 8813 Mallow Drive

City State Zip Code
Knoxville TN 37922

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Executive Dir I

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109422129771

Amount of Each Receipt this Period

30.00

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 91

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Anna Ruth Birdwell

Mailing Address 5450 Grundy Quarles Hwy

City State Zip Code
 Bloomington Sprin TN 38545

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Dir Nursing III

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109422139771

Amount of Each Receipt this Period

20.00

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

Full Name (Last, First, Middle Initial)

B. Norine Cross

Mailing Address 204 Highland Trail

City State Zip Code
 Chapel Hill NC 27516

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Reg Dir Rehab-PRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109422179771

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Weekly)

Full Name (Last, First, Middle Initial)

C. James Tucker

Mailing Address P O Box 223

City State Zip Code
 Carthage TN 37030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Executive Dir II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109422209771

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 91

(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) Gloria J Miller Mailing Address 223 Harvest Row Court City State Zip Code Cary NC 27513 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Dist Dir Operations I Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109422219771 Amount of Each Receipt this Period 40.00 P/R Deduction (\$20.00 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Patricia Pruden Lennox Mailing Address 11 Cider Mill Road City State Zip Code Medway MA 02053 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Reg Dir Sales & MktgHSD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109422289771 Amount of Each Receipt this Period 40.00 P/R Deduction (\$20.00 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Scott W Parker Mailing Address 1533 Panorama Drive City State Zip Code Vestavia Hill AL 35216 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation VP Finance-South Reg-HSD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109422309771 Amount of Each Receipt this Period 40.00 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 55 / 91

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial) Ronald D Long Mailing Address 148 Cheyenne Road City State Zip Code Shelbyville KY 40065 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Adm Dir Contract Admin Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109422459771 Amount of Each Receipt this Period 30.00 P/R Deduction (\$15.00 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Stephen F. Stoess Mailing Address 514 Locust Creek Blvd. City State Zip Code Louisville KY 40245 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Telecommunications Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 608.40			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109422469771 Amount of Each Receipt this Period 46.80 P/R Deduction (\$23.40 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) James E. Bell Mailing Address 14213 Aiken Road City State Zip Code Louisville KY 40245 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Div Reimb-HD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109422509771 Amount of Each Receipt this Period 30.00 P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

106.80

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 56 / 91

(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 A. Hood

Mailing Address 3440 Brian Rd South

City State Zip Code
Palm Harbor FL 34685

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Sr Dir Pharm-SE Reg-KPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109422559771

Amount of Each Receipt this Period

40.00

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

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

Randy E Johnson

Mailing Address 5208 Grandlake

City State Zip Code
Bellaire TX 77401

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Chief Exec Off II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109422569771

Amount of Each Receipt this Period

30.00

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

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

Paul R. Eiseman

Mailing Address 3714 Fringe Tree Place

City State Zip Code
Louisville KY 40241

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
VP Business Dev-HD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109422589771

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 91

(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)
 Danny R Edwards
 Mailing Address 1112 Hunt Club Lane

City State Zip Code
 Valrico FL 33594

FEC ID number of contributing federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

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

Transaction ID: PR109422619771

Amount of Each Receipt this Period

60.00

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

B. Full Name (Last, First, Middle Initial)
 Berard E. Tomassetti
 Mailing Address 7510 Cantrell Drive

City State Zip Code
 Crestwood KY 40014

FEC ID number of contributing federal political committee.

C

Name of Employer
Kindred Healthcare Inc.Occupation
VP Finance-KPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID: PR109422629771

Amount of Each Receipt this Period

50.00

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

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

City State Zip Code
 Dandridge TN 37725

FEC ID number of contributing federal political committee.

C

Name of Employer
Kindred Healthcare Inc.Occupation
Executive Dir III

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: PR109422689771

Amount of Each Receipt this Period

45.00

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

SUBTOTAL of Receipts This Page (optional)

155.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 58 / 91

(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)
Catharine C Young
Mailing Address 6303 Deep Creek Drive

City State Zip Code
Prospect KY 40059

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Sr Dir & Litigat Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109422809771

Amount of Each Receipt this Period

30.00

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

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

City State Zip Code
Louisville KY 40241

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Reg Quality Spec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109422849771

Amount of Each Receipt this Period

20.00

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

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

City State Zip Code
Des Moines WA 98198

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Dir Nursing II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109422909771

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 91

(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 K. Currans 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109422919771 Amount of Each Receipt this Period 40.00 P/R Deduction (\$20.00 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Gaylia Bond Mailing Address 7015 Wooded Meadow Rd City Louisville State KY Zip Code 40241 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Sr VP Human Resources-HD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 780.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109422979771 Amount of Each Receipt this Period 60.00 P/R Deduction (\$30.00 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Keith Krein Mailing Address 7212 Deer Ridge Rd City Prospect State KY Zip Code 40059 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Sr VP & Chief Med Off-HSD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109422989771 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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 91

(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 M McGillan

Mailing Address 510 Altagate Rd

City State Zip Code
 Louisville KY 40206

FEC ID number of contributing federal political committee.

C

Name of Employer
Kindred Healthcare Inc.Occupation
VP Pat Saf & Risk Mgmt-HD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

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

Transaction ID: PR109422999771

Amount of Each Receipt this Period

60.00

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

B. Full Name (Last, First, Middle Initial)
 Barbara L Baylis

Mailing Address 6702 Kingslook Court

City State Zip Code
 Louisville KY 40207

FEC ID number of contributing federal political committee.

C

Name of Employer
Kindred Healthcare Inc.Occupation
Sr VP 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 Y
 . . / . . /

Transaction ID: PR109423009771

Amount of Each Receipt this Period

40.00

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

C. Full Name (Last, First, Middle Initial)
 Richard H Starke

Mailing Address 2404 Dundee Rd

City State Zip Code
 Louisville KY 40205

FEC ID number of contributing federal political committee.

C

Name of Employer
Kindred Healthcare Inc.Occupation
Sr VP Rehab Svcs-PRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

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

Transaction ID: PR109423159771

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 91

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial)
Thomas M Skirven

Mailing Address Hc 67 Box 1301

City	State	Zip Code
Enfield	ME	04493

FEC ID number of contributing
federal political committee.**C**Name of Employer
Kindred Healthcare Inc.Occupation
Executive Dir II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID: PR109423179771

Amount of Each Receipt this Period

25.00

P/R Deduction (\$5.00 Week-
ly)**B.** Full Name (Last, First, Middle Initial)
Pete Kalmey

Mailing Address 3221 South Winchester Acres Road

City	State	Zip Code
Louisville	KY	40223

FEC ID number of contributing
federal political committee.**C**Name of Employer
Kindred Healthcare Inc.Occupation
VP Fin-East Reg-HD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID: PR109423209771

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-
Weekly)**C.** Full Name (Last, First, Middle Initial)
Mary J Yesue

Mailing Address P. O. Box 921

City	State	Zip Code
York Harbor	ME	03911

FEC ID number of contributing
federal political committee.**C**Name of Employer
Kindred Healthcare Inc.Occupation
Dist Dir Clin Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

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

Transaction ID: PR109423219771

Amount of Each Receipt this Period

30.00

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

FOR LINE NUMBER: PAGE 62 / 91

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. 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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109423229771

Amount of Each Receipt this Period

20.00

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

Full Name (Last, First, Middle Initial)

B. Audrey Johndro

Mailing Address 41 Maple Drive

City

Greenland

State

NH

Zip Code

03840

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Reg Dir Field Accting-HSD

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109423239771

Amount of Each Receipt this Period

20.00

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

Full Name (Last, First, Middle Initial)

C. Aimee Oakes

Mailing Address 240 Paradise Lane

City

Jacksboro

State

TN

Zip Code

37757

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation

Dist Dir Clin Ops

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109423269771

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 91

(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 L Clancy Mailing Address 201 Yorkshire Blv. City State Zip Code Cumberland IN 46229 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Executive Dir II Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109423309771 Amount of Each Receipt this Period 30.00 P/R Deduction (\$10.00 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Bonnie Deyo Mailing Address 259 Sweetwater City State Zip Code Lander WY 82520 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Area Executive Dir Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109423339771 Amount of Each Receipt this Period 30.00 P/R Deduction (\$10.00 Weekly)
C. Full Name (Last, First, Middle Initial) Richard R. Hollar Mailing Address 12006 Hillrose Circle City State Zip Code Louisville KY 40243 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Dir HR-KPS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109423379771 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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 91

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial)
Carol Holguin
Mailing Address 504 Steeplechase Trail

City State Zip Code
Kennedale TX 76060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Chief Exec Off II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109423419771

Amount of Each Receipt this Period

60.00

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

B. Full Name (Last, First, Middle Initial)
Jacqueline Lanter
Mailing Address 2355 W Noble Heights Drive

City State Zip Code
Tucson AZ 85742

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Executive Dir II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109423439771

Amount of Each Receipt this Period

45.00

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

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

City State Zip Code
Louisville KY 40220

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Dir Internal Audit-IS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109423449771

Amount of Each Receipt this Period

40.00

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

FOR LINE NUMBER: PAGE 65 / 91

(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 State Zip Code
Dunellen NJ 08812

FEC ID number of contributing federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109423469771

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 3900 Pine Lake Ct

City State Zip Code
Owensboro KY 42303

FEC ID number of contributing federal political committee.

C

Name of Employer
Kindred Healthcare Inc.Occupation
Executive Dir II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109423499771

Amount of Each Receipt this Period

20.00

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

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

Carolyn F De Blasi

Mailing Address 10950 N. LaCanada #8204

City State Zip Code
Oro Valley AZ 85737

FEC ID number of contributing federal political committee.

C

Name of Employer
Kindred Healthcare Inc.Occupation
Executive Dir III

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109423519771

Amount of Each Receipt this Period

60.00

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 91

(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)
Peter D Corless
Mailing Address 3308 Overlook Ridge Rd

City State Zip Code
Prospect KY 40059

FEC ID number of contributing federal political committee.

C

Name of Employer
Kindred Healthcare Inc.Occupation
Sr VP HR & Admin-HSD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109423529771

Amount of Each Receipt this Period

40.00

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

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

City State Zip Code
LaGrange KY 40031

FEC ID number of contributing federal political committee.

C

Name of Employer
Kindred Healthcare Inc.Occupation
Dir Utilization Svcs-HSD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109423549771

Amount of Each Receipt this Period

40.00

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

C. Full Name (Last, First, Middle Initial)
Lester Bohnert
Mailing Address 2259 N. Pennsylvania Street

City State Zip Code
Indianapolis IN 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

Transaction ID: PR109423579771

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 91

(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 Beagle Mailing Address 157 Bramble Oak Drive City State Zip Code Woodstock GA 30188 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Reg Mgr Field Acctg Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109423599771 Amount of Each Receipt this Period 20.00 P/R Deduction (\$10.00 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Georgia Poole Mailing Address 49 Walnut Hill Road City State Zip Code Shapleigh ME 04076 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Dir Nursing I Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 265.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109423629771 Amount of Each Receipt this Period 25.00 P/R Deduction (\$5.00 Weekly)
C. Full Name (Last, First, Middle Initial) Janet M. Allen Mailing Address 10 Grays Ferry Road City State Zip Code Titus AL 36080 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation VP Clinical Pharmacy-KPS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109423679771 Amount of Each Receipt this Period 20.00 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

65.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 68 / 91

(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 State Zip Code
Sandy UT 84092

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
VP Finance-Pacific RegHSD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109423739771

Amount of Each Receipt this Period

80.00

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

B. Full Name (Last, First, Middle Initial)
Joseph Briley
Mailing Address 1601 W Fox Park Dr # 11-I

City State Zip Code
West Jordan UT 84088

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Reg Dir Maint-HSD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109423769771

Amount of Each Receipt this Period

20.00

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

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

Mailing Address 8923 Bluff Lane

City State Zip Code
Fair Oaks CA 95628

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Dist Dir Utilization Svcs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109423839771

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 91

(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 F Francis-Head
Mailing Address 350 Bivens Lane

City State Zip Code
Beaver Dam KY 42320

FEC ID number of contributing federal political committee.

C

Name of Employer
Kindred Healthcare Inc.Occupation
Reg Financial Ana

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109423959771

Amount of Each Receipt this Period

30.00

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

B. Full Name (Last, First, Middle Initial)
Henry F. Telfeian
Mailing Address 1247 Alvarado Road

City State Zip Code
Berkeley CA 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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109423989771

Amount of Each Receipt this Period

20.00

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

C. Full Name (Last, First, Middle Initial)
Randall Krentz
Mailing Address 704 Hillside Dr

City State Zip Code
Sheboygon WI 53081

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

Transaction ID: PR109424019771

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 91

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Jeffrey L. Perry

Mailing Address 1473 St. James Court

City	State	Zip Code
Louisville	KY	40208

FEC ID number of contributing
federal political committee.**C**Name of Employer
Kindred Healthcare Inc.Occupation
Dir Pharmacy IS-KPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109424029771

Amount of Each Receipt this Period

40.00

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

Full Name (Last, First, Middle Initial)

B. Frank E. Perkins

Mailing Address 2101 Cherrywood Drive

City	State	Zip Code
LaGrange	KY	40031

FEC ID number of contributing
federal political committee.**C**Name of Employer
Kindred Healthcare Inc.Occupation
VP Finance-PRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109424039771

Amount of Each Receipt this Period

40.00

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

Full Name (Last, First, Middle Initial)

C. Randall Fuller

Mailing Address 3021 Forest Lake

City	State	Zip Code
Las Vegas	NV	89117

FEC ID number of contributing
federal political committee.**C**Name of Employer
Kindred Healthcare Inc.Occupation
Executive Dir I

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109424079771

Amount of Each Receipt this Period

30.00

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 91

(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 T Collins
Mailing Address 12106 Briargate Lane

City State Zip Code
Goshen KY 40026

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Dir Fin Sys-HSD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109424129771

Amount of Each Receipt this Period

40.00

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

B. Full Name (Last, First, Middle Initial)
Franklin W Stieringer Jr
Mailing Address 8731 Amboy Avenue

City State Zip Code
Sun Valley CA 91352

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Reg Mgr Fin-KPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109424139771

Amount of Each Receipt this Period

20.00

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

C. Full Name (Last, First, Middle Initial)
Kurt Schultz
Mailing Address 2374 Fielding

City State Zip Code
Glenview IL 60026

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
VP Finance-MW Reg-HD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109424149771

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 91

(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 L Newberry-Ferguson Mailing Address 11310 Haleco Lane City State Zip Code Hales Corners WI 53130 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Chief Exec Off II Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1300.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109424199771 Amount of Each Receipt this Period 150.00 P/R Deduction (\$50.00 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Cassandra J. Lind Mailing Address 3234 S. 9th St. Apt. E City State Zip Code Lafayette IN 47909 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Dir Nursing II Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109424219771 Amount of Each Receipt this Period 30.00 P/R Deduction (\$10.00 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Amanda G Estes Mailing Address 4211 Wine Cellar Court City State Zip Code Louisville KY 40272 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Dir Internal Audit Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109424239771 Amount of Each Receipt this Period 40.00 P/R Deduction (\$20.00 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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 91

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

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

Susan Cote

Mailing Address 24 Adams Court

City State Zip Code
 Brewer ME 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

Transaction ID: PR109424249771

Amount of Each Receipt this Period

20.00

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

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

Melissa A. McGee

Mailing Address 1514 32nd Avenue

City State Zip Code
 San Francisco CA 94122

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Executive Dir III

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109424259771

Amount of Each Receipt this Period

30.00

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

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

Gregory C. Miller

Mailing Address 8000 Allielough Court

City State Zip Code
 Prospect KY 40059

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Sr VP Dev & Fin Plan

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR109424289771

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 91

(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) Elvin D. Alsaybar Mailing Address 742 White Rock Trail City State Zip Code Suwanee GA 30074 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Reg Dir Field Accting-HSD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109424299771 Amount of Each Receipt this Period 20.00 P/R Deduction (\$10.00 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Diana Hanyak Mailing Address 17057 Rosebud Dr. City State Zip Code Yorba Linda CA 92886 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Administrator II Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109424349771 Amount of Each Receipt this Period 30.00 P/R Deduction (\$15.00 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Philip L. Jones Mailing Address 702 Helmsdale Place N. City State Zip Code Brentwood TN 37027 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Chief Fin Off I Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109424359771 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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 91

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial)
 Susan Mowery
 Mailing Address 6294 Anne Arundal Lane

City State Zip Code
 Grove City OH 43123

FEC ID number of contributing federal political committee.

C

Name of Employer
Kindred Healthcare Inc.Occupation
Dir Nursing II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID: PR109424439771

Amount of Each Receipt this Period

20.00

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

B. Full Name (Last, First, Middle Initial)
 Myrna Calatan
 Mailing Address 6931 San Julia Circle

City State Zip Code
 Buena Park CA 90620

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
 M M / D D / Y Y Y Y Y

Transaction ID: PR109424459771

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Weekly)

C. Full Name (Last, First, Middle Initial)
 Ronald G Evens
 Mailing Address 304 Weston Oaks

City State Zip Code
 St Louis MO 63122

FEC ID number of contributing federal political committee.

C

Name of Employer
Kindred Healthcare Inc.Occupation
Executive Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

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

Transaction ID: PR109424539771

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 91

(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 Lee Mailing Address 880 Meridian Bay Lane Apt#318 City State Zip Code Foster City CA 94404 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Executive Dir II Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109424549771 Amount of Each Receipt this Period 30.00 P/R Deduction (\$10.00 Weekly)
B. Full Name (Last, First, Middle Initial) Jerome J. Yarnish Mailing Address 1986 Wrenfield Lane City State Zip Code Oviedo FL 32765 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation VP Business Dev-PRS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109424569771 Amount of Each Receipt this Period 30.00 P/R Deduction (\$15.00 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Sandra J Whitley Mailing Address 5203 Brookwood Road City State Zip Code Crestwood KY 40014 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Mgr Reimb Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109424589771 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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 91

(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) Raymond J Sierpina Mailing Address 14 Westwind Road City State Zip Code Louisville KY 40207 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Dir Government Programs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 790.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109424669771 Amount of Each Receipt this Period 70.00 P/R Deduction (\$40.00 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Steven Tanner Mailing Address 6622 Rosebud Lane City State Zip Code Indianapolis IN 46237 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Executive Dir III Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109424689771 Amount of Each Receipt this Period 60.00 P/R Deduction (\$20.00 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Paula Brown Mailing Address 907 St. Eric City State Zip Code Mansfield TX 76063 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Chief Clinical Off II Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109424709771 Amount of Each Receipt this Period 20.00 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 78 / 91

(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 Bush Mailing Address 6208 Tiara Court City State Zip Code Louisville KY 40219 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Reg Mgr Operation Reimb Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109424719771 Amount of Each Receipt this Period 30.00 P/R Deduction (\$15.00 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Thomas Wood Mailing Address 2949 Glascock Street City State Zip Code Oakland CA 94601 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Dist Dir Operations II Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1690.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109424729771 Amount of Each Receipt this Period 130.00 P/R Deduction (\$65.00 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) James Kilburn Mailing Address 1580 E. Canyon Dr. City State Zip Code South Weber UT 84403 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Dist Dir Utilization Svcs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109424769771 Amount of Each Receipt this Period 20.00 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

180.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 79 / 91

(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 State Zip Code Kenmore WA 98028 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Dist Dir Operations I Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109424789771 Amount of Each Receipt this Period 50.00 P/R Deduction (\$25.00 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Jane Davis Mailing Address 8720 229th PL SW City State Zip Code Edmonds WA 98026 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Executive Dir I Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109424839771 Amount of Each Receipt this Period 15.00 P/R Deduction (\$15.00 Weekly)
C. Full Name (Last, First, Middle Initial) Jacquelyn Elise Hofmann Mailing Address 9741 E. Monte Vista Montanas City State Zip Code Tucson AZ 85749 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Dir Nursing II Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109424919771 Amount of Each Receipt this Period 30.00 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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 / 91

(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) Kristie A Frock			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address RR 6 Box 20 Redcoat Road			Transaction ID: PR109424959771	
City State Zip Code Nevada MO 64772			Amount of Each Receipt this Period <div> <div>30.00</div> </div>	
FEC ID number of contributing federal political committee. <div> <div>C</div> </div>				
Name of Employer Kindred Healthcare Inc.		Occupation Quality Compl Cnslt-HSD		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>390.00</div> </div>		
B. Full Name (Last, First, Middle Initial) Larry J Green			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 1420 Creekstone Dr. NE			Transaction ID: PR109424989771	
City State Zip Code Corydon IN 47112			Amount of Each Receipt this Period <div> <div>36.00</div> </div>	
FEC ID number of contributing federal political committee. <div> <div>C</div> </div>				
Name of Employer Kindred Healthcare Inc.		Occupation Adm Dir Planning & Dev		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>468.00</div> </div>		
C. Full Name (Last, First, Middle Initial) Sharon Spittle			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 26 Estes Street			Transaction ID: PR109425009771	
City State Zip Code Ipswich MA 01938			Amount of Each Receipt this Period <div> <div>100.00</div> </div>	
FEC ID number of contributing federal political committee. <div> <div>C</div> </div>				
Name of Employer Kindred Healthcare Inc.		Occupation Executive Dir II		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>1040.00</div> </div>		
SUBTOTAL of Receipts This Page (optional)			<div> <div>166.00</div> </div>	
TOTAL This Period (last page this line number only)			<div> <div></div> </div>	

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

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

FOR LINE NUMBER: PAGE 81 / 91

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

Transaction ID: PR109425049771

Amount of Each Receipt this Period

20.00

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

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

City State Zip Code
 Prospect KY 40059

FEC ID number of contributing federal political committee.

C

Name of Employer
Kindred Healthcare Inc.Occupation
President-PRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

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

Transaction ID: PR109425099771

Amount of Each Receipt this Period

40.00

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

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

City State Zip Code
 Rancho Cucamonga CA 91730

FEC ID number of contributing federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID: PR110550459771

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)
or each category of the
Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

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

City State Zip Code
Webster Groves MO 63119

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Chief Exec Off II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR113524379771

Amount of Each Receipt this Period

20.00

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

B. Full Name (Last, First, Middle Initial)
Kathleen C Paradowski
Mailing Address PO Box 140

City State Zip Code
Hillsboro MO 63050

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Chief Clinical Off I

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR113524389771

Amount of Each Receipt this Period

20.00

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

C. Full Name (Last, First, Middle Initial)
Debra Degroot-Toth
Mailing Address 705 Deer Trace

City State Zip Code
Bloomington IN 47401

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Rehab Mgr-OT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR113524459771

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 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)
or each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial)
Steve Ross
Mailing Address 35069 Roberts Lane

City State Zip Code
St Helens OR 97051

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Executive Dir I

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR113525269771

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Weekly)

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

City State Zip Code
San Diego CA 92116

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Executive Dir II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR113528079771

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Weekly)

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

City State Zip Code
Louisville KY 40207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Executive Dir II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR113528569771

Amount of Each Receipt this Period

30.00

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

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

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

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

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Alicia Barnes

Mailing Address 1231 Brannigan Village Dr.

City State Zip Code
 Winston-Salem NC 27127

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Executive Dir I

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR113528679771

Amount of Each Receipt this Period

20.00

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

Full Name (Last, First, Middle Initial)

B. Judith Curtiss

Mailing Address 5495 NE 25th. Avenue # 300

City State Zip Code
 Ft. Lauderdale FL 33308

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
VP Ops-South Reg-HD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR113528689771

Amount of Each Receipt this Period

120.00

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

Full Name (Last, First, Middle Initial)

C. Josephine Litzenberger

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

City State Zip Code
 St Petersburg FL 33716

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare Inc.

Occupation
Reg Dir Managed Care - HD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR113528699771

Amount of Each Receipt this Period

36.00

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

SUBTOTAL of Receipts This Page (optional)

176.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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☒ 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)
Genevieve Philogene
Mailing Address 1788 NW 85th Drive

City State Zip Code
Coral Springs FL 33071

FEC ID number of contributing federal political committee.

C

Name of Employer
Kindred Healthcare Inc.Occupation
Dir Resp Therapy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: PR113528739771

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 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 ▼

250.00

Date of Receipt

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

Transaction ID: PR113528749771

Amount of Each Receipt this Period

20.00

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

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

City State Zip Code
Edmond OK 73034

FEC ID number of contributing federal political committee.

C

Name of Employer
Kindred Healthcare Inc.Occupation
Administrator I

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

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

Transaction ID: PR113528899771

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)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

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

240.00

Date of Receipt

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

Transaction ID: PR115039999771

Amount of Each Receipt this Period

30.00

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

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

City State Zip Code
Corydon IN 47112

FEC ID number of contributing federal political committee.

C

Name of Employer
Kindred Healthcare Inc.Occupation
Dir State Tax

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

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

Transaction ID: PR115040019771

Amount of Each Receipt this Period

30.00

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

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

City State Zip Code
Louisville KY 40299

FEC ID number of contributing federal political committee.

C

Name of Employer
Kindred Healthcare Inc.Occupation
Adm Dir Fin Rptg

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: PR115040059771

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 87 / 91

(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) Joan Strohm Mailing Address 19520 French Lace Drive City State Zip Code Lutz FL 33558 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Chief Clinical Off III Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR115040149771 Amount of Each Receipt this Period 30.00 P/R Deduction (\$15.00 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Rachael L Parker Mailing Address 70 Birch Ridge Rd City State Zip Code Westford VT 05494 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Executive Dir II Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 430.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR115041119771 Amount of Each Receipt this Period 50.00 P/R Deduction (\$10.00 Weekly)
C. Full Name (Last, First, Middle Initial) Michael Speidel Mailing Address 476 Pluto Court City State Zip Code Littleton CO 80124 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Executive Dir I Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 345.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR115041189771 Amount of Each Receipt this Period 45.00 P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

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

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

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☐ 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) Don Dionisi Mailing Address 4120 Flintridge Dr City State Zip Code Dallas TX 75244 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Dir Surgery Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR115855759771 Amount of Each Receipt this Period 20.00 P/R Deduction (\$10.00 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Barbara Hutchison Mailing Address 3750 Fujiyama Way City State Zip Code Redding CA 96001 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Executive Dir II Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR115855789771 Amount of Each Receipt this Period 30.00 P/R Deduction (\$10.00 Weekly)
C. Full Name (Last, First, Middle Initial) Pamela M Bresee Mailing Address 4155 SW 192nd Avenue City State Zip Code Aloha OR 97007 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Reg Financial Ana Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 315.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR122785249771 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)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A. 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR122785349771 Amount of Each Receipt this Period 20.00 P/R Deduction (\$10.00 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Susan Puzon-Kurtz Mailing Address 12 San Jose Ave. City Jefferson State LA Zip Code 70121 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Physical Therapist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 525.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR122785439771 Amount of Each Receipt this Period 75.00 P/R Deduction (\$25.00 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Grant Gloor Mailing Address 587 Old Waverly Way City Eagle Point State OR Zip Code 97524 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Executive Dir II Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR122785489771 Amount of Each Receipt this Period 60.00 P/R Deduction (\$20.00 Weekly)

SUBTOTAL of Receipts This Page (optional)

155.00

TOTAL This Period (last page this line number only)

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

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

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

Kindred Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial) Russell D Ragland Mailing Address 724 Daneshall Drive City State Zip Code Louisville KY 40206 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Sr VP Fin-HSD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR126799819771 Amount of Each Receipt this Period 100.00 P/R Deduction (\$50.00 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Catherine Nurmela Mailing Address 1409 W. Elmdale City State Zip Code Chicago IL 60660 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Chief Clinical Off II Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR126799849771 Amount of Each Receipt this Period 45.00 P/R Deduction (\$15.00 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Donna Sroczynski Mailing Address 399 Fountain Drive City State Zip Code Elgin IL 60124 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Dist Dir Operations I Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 340.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR128118539771 Amount of Each Receipt this Period 40.00 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

185.00

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

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Diane L. Otteman

Mailing Address 40 East Cedar
Apt. #21A

City State Zip Code
Chicago IL 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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y

Transaction ID: PR130020649771

Amount of Each Receipt this Period

45.00

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

SUBTOTAL of Receipts This Page (optional)

45.00

TOTAL This Period (last page this line number only)

10330.80