

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
ResCare, Inc. Advocacy Fund

ADDRESS (number and street) 9901 Linn Station Road
 Check if different than previously reported. (ACC)
Louisville KY 40223

2. **FEC IDENTIFICATION NUMBER** C00344663
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 11 04 2008 in the State of KY
(d) 30-Day **Post -Election** Report for the: General (30G) Runoff (30R) Special (30S)
Election on in the State of

5. Covering Period 10 01 2008 through 10 15 2008

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 Ken Lovan

Signature of Treasurer Electronically Filed by Ken Lovan Date 12 03 2008

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
ResCare, Inc. Advocacy Fund

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	0

D	D
1	5

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		60392.17
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	66988.51									
(c) Total Receipts (from Line 19)	3035.43	57271.77								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	70023.94	117663.94								
7. Total Disbursements (from Line 31)	5800.00	53440.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	64223.94	64223.94								
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**

Write or Type Committee Name
ResCare, Inc. Advocacy Fund

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	0

D	D
1	5

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	1776.58	19290.01
(i) Itemized (use Schedule A)	1258.85	37981.76
(ii) Unitemized	3035.43	57271.77
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	3035.43	57271.77
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	0.00
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))	3035.43	57271.77
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	3035.43	57271.77

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)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3500.00	18090.00
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.....	2300.00	35350.00
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))..	5800.00	53440.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5800.00	53440.00

DETAILED SUMMARY PAGE
of Disbursements

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	3035.43	57271.77
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3035.43	57271.77
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 36
	<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	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ResCare, Inc. Advocacy Fund

A.	Full Name (Last, First, Middle Initial) Rhonda Adams	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 26 E. MECHANIC STREET	Transaction ID: 29136887
	City State Zip Code SHELBYVILLE IN 46176	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer ResCare	Occupation Regional Director	Payroll Deduction: (15.00- /Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) Rani Bailey	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 608 WEST THIRD AVE	Transaction ID: 1136771
	City State Zip Code ALBANY GA 31701	Amount of Each Receipt this Period 19.24
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer ResCare	Occupation Executive Director I	Payroll Deduction: (9.62- Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 202.02	

C.	Full Name (Last, First, Middle Initial) Tamara Barta	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 2700 N. 8TH STREET	Transaction ID: 29136891
	City State Zip Code INDEPENDENCE KS 67301	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer ResCare	Occupation Senior Regional Director	Payroll Deduction: (25.00- /Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	59.24
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 36

(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)
ResCare, Inc. Advocacy Fund

A.

Full Name (Last, First, Middle Initial)
Charles Bent

Mailing Address 10641 WEMBERLEY HILLS BLVD

City State Zip Code
LOUISVILLE KY 40241

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ResCare Director Internal Audit-oper

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

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

Transaction ID: 29136892

Amount of Each Receipt this Period

12.50

Receipt

Payroll Deduction: (12.50-
/Biweekly)

B.

Full Name (Last, First, Middle Initial)
Charlene Best

Mailing Address 4380 RABBITRUN RD

City State Zip Code
EDMOND OK 73034

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ResCare Resident Advisor Supervisor

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 210.00

Date of Receipt

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

Transaction ID: 29136869

Amount of Each Receipt this Period

10.00

Receipt

Payroll Deduction: (10.00-
/Biweekly)

C.

Full Name (Last, First, Middle Initial)
Nancy Boyll

Mailing Address PO BOX 12347

City State Zip Code
JACKSON MS 39236

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ResCare Executive Director

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 210.00

Date of Receipt

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

Transaction ID: 1136765

Amount of Each Receipt this Period

10.00

Receipt

Payroll Deduction: (10.00-
/Biweekly)

SUBTOTAL of Receipts This Page (optional)

32.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 8 / 36
(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)
ResCare, Inc. Advocacy Fund

A.	Full Name (Last, First, Middle Initial) Raymond Brice	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 9012 SPRUCE TREE PLACE	Transaction ID: 29136897
	City State Zip Code LOUISVILLE KY 40242	Amount of Each Receipt this Period 12.00
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer ResCare	Occupation Vp/cfo Finance	Payroll Deduction: (12.00- /Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

B.	Full Name (Last, First, Middle Initial) Allison Brito	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 7227 N VANDIVER	Transaction ID: 29136898
	City State Zip Code SAN ANTONIO TX 78209	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer ResCare	Occupation Regional Director	Payroll Deduction: (15.00- /Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Peter Brown	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 4074 MASSIE AVENUE	Transaction ID: 29136900
	City State Zip Code LOUISVILLE KY 40207	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer ResCare	Occupation Director Accounts Receivable	Payroll Deduction: (15.00- /Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	42.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 36
	<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)
ResCare, Inc. Advocacy Fund

A.	Full Name (Last, First, Middle Initial) Stephen Brunet	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 420 TRINITY HILLS LN	Transaction ID: 29136903
	City State Zip Code LOUISVILLE KY 40207	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer ResCare	Occupation Senior Regional Vp	Payroll Deduction: (50.00- /Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Anita Bryant	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 3988 S. SR 63	Transaction ID: 28136852
	City State Zip Code TERRE HAUTE IN 47802	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer ResCare	Occupation Program/Operations Manager	Payroll Deduction: (10.00- /Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

C.	Full Name (Last, First, Middle Initial) Luis Cerezo	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address PO BOX 260247	Transaction ID: 29136905
	City State Zip Code PEMBROKE PINES FL 33026	Amount of Each Receipt this Period 12.50
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer ResCare	Occupation Center Director	Payroll Deduction: (12.50- /Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	72.50
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 36
	<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)
ResCare, Inc. Advocacy Fund

A.	Full Name (Last, First, Middle Initial) Paul Chotkowski	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	Mailing Address 25 PEMBROKE HILL	Transaction ID: 29136906
	City State Zip Code FARMINGTON CT 06032	Amount of Each Receipt this Period 19.24
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer ResCare	Occupation Vp Marketing	Payroll Deduction: (19.24- /Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.80	

B.	Full Name (Last, First, Middle Initial) Ronnie Cornelison	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	Mailing Address 14798 N 100TH WAY	Transaction ID: 29136910
	City State Zip Code SCOTTSDALE AZ 85260	Amount of Each Receipt this Period 19.00
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer ResCare	Occupation Regional Director	Payroll Deduction: (19.00- /Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

C.	Full Name (Last, First, Middle Initial) Jacqueline Crilly	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	Mailing Address 505 ORCHARD DR.	Transaction ID: 1136747
	City State Zip Code DANVILLE IL 61832	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer ResCare	Occupation Executive Director I	Payroll Deduction: (10.00- /Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional)	▶	48.24
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 36
	<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)
ResCare, Inc. Advocacy Fund

A.	Full Name (Last, First, Middle Initial) George Crocker		Date of Receipt
	Mailing Address 1122 COLORADO SUITE 2104		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	AUSTIN	TX	78701
	FEC ID number of contributing federal political committee. C		Transaction ID: 31137015
Name of Employer ResCare		Occupation Chief Operating Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="640.00"/>	<input type="text" value="32.00"/>
			Receipt
			Payroll Deduction: (32.00- /Biweekly)

B.	Full Name (Last, First, Middle Initial) Michael Cutchshaw		Date of Receipt
	Mailing Address 15562 SUNBURST LN		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	HUNTINGTON BEACH	CA	92647
	FEC ID number of contributing federal political committee. C		Transaction ID: 29136912
Name of Employer ResCare		Occupation Regional Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="380.00"/>	<input type="text" value="19.00"/>
			Receipt
			Payroll Deduction: (19.00- /Biweekly)

C.	Full Name (Last, First, Middle Initial) Jerry Dailey		Date of Receipt
	Mailing Address 7721 ST. JOHNS ROAD		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	FLOYDS KNOBS	IN	47119
	FEC ID number of contributing federal political committee. C		Transaction ID: 29136913
Name of Employer ResCare		Occupation Vp Of Accounts Receivables	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="400.00"/>	<input type="text" value="20.00"/>
			Receipt
			Payroll Deduction: (20.00- /Biweekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="71.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 36
	<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)
ResCare, Inc. Advocacy Fund

A.	Full Name (Last, First, Middle Initial) Daryn Demeritt	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 2039 DOUGLASS BLVD #5	Transaction ID: 29136915
	City State Zip Code LOUISVILLE KY 40205	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer ResCare	Occupation Director, government Relations	Payroll Deduction: (50.00- /Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

B.	Full Name (Last, First, Middle Initial) Laurie Dent-smith	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 1225 AUGUSTA WEST PK	Transaction ID: 1136773
	City State Zip Code AUGUSTA GA 30909	Amount of Each Receipt this Period 22.30
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer ResCare	Occupation Executive Director li	Payroll Deduction: (11.15- /Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.15	

C.	Full Name (Last, First, Middle Initial) Michael Dodge	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 1491 GREENBRIAR AVE	Transaction ID: 1136751
	City State Zip Code CORONA CA 92880	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer ResCare	Occupation Executive Director li	Payroll Deduction: (10.00- /Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional)	▶	82.30
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 36
	<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)
ResCare, Inc. Advocacy Fund

A.	Full Name (Last, First, Middle Initial) Vincent Doran	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 6838 MELROSE DR	Transaction ID: 29136919
	City State Zip Code MCLEAN VA 22101	Amount of Each Receipt this Period 15.38
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation ResCare President Etsg	Payroll Deduction: (15.38- /Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 307.60	

B.	Full Name (Last, First, Middle Initial) Carolyn Duncan	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 4406 WOODFIELD DR.	Transaction ID: 29136920
	City State Zip Code HAHIRA GA 31632	Amount of Each Receipt this Period 12.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation ResCare A/r Systems Analyst	Payroll Deduction: (12.00- /Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

C.	Full Name (Last, First, Middle Initial) John Dunkle	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 1003 MOUNTAIN VIEW DRIVE	Transaction ID: 29136921
	City State Zip Code GREENSBURG PA 15601	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation ResCare Director Of International Oper	Payroll Deduction: (20.00- /Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	47.38
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ResCare, Inc. Advocacy Fund

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

Mailing Address 7621 YAUPON

City State Zip Code
AUSTIN TX 78759

FEC ID number of contributing federal political committee. **C**

Name of Employer ResCare Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 807.60

Date of Receipt 10 / 15 / 2008

Transaction ID: 31137017

Amount of Each Receipt this Period 40.38

Receipt

Payroll Deduction: (40.38- /Biweekly)

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

Mailing Address 66 BALL SCHOOL RD.

City State Zip Code
PARKERSBURG WV 26101

FEC ID number of contributing federal political committee. **C**

Name of Employer ResCare Occupation Regional Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 15 / 2008

Transaction ID: 29136922

Amount of Each Receipt this Period 12.50

Receipt

Payroll Deduction: (12.50- /Biweekly)

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

Mailing Address 309 LYDIA LANE

City State Zip Code
CORONA CA 92882

FEC ID number of contributing federal political committee. **C**

Name of Employer ResCare Occupation Project Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 10 / 15 / 2008

Transaction ID: 31137046

Amount of Each Receipt this Period 20.00

Receipt

Payroll Deduction: (20.00- /Biweekly)

SUBTOTAL of Receipts This Page (optional) ▶ 72.88

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 36
(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)
ResCare, Inc. Advocacy Fund

A.

Full Name (Last, First, Middle Initial)
Jeffrey Engelke

Mailing Address 2928 CEDAR CREST CIR

City State Zip Code
ROUND ROCK TX 78664

FEC ID number of contributing federal political committee. **C**

Name of Employer ResCare Occupation Vp Of Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 8

Transaction ID: 29136923

Amount of Each Receipt this Period
15.00

Receipt

Payroll Deduction: (15.00- /Biweekly)

B.

Full Name (Last, First, Middle Initial)
Rosario Flores

Mailing Address 2814 AUSTRIAN PINE COURT

City State Zip Code
HARLINGEN TX 78550

FEC ID number of contributing federal political committee. **C**

Name of Employer ResCare Occupation Executive Director I

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 8

Transaction ID: 1136759

Amount of Each Receipt this Period
10.00

Receipt

Payroll Deduction: (10.00- /Biweekly)

C.

Full Name (Last, First, Middle Initial)
Rachael Givens

Mailing Address 8110 HOUSTON LANE

City State Zip Code
PEEWEE VALLEY KY 40056

FEC ID number of contributing federal political committee. **C**

Name of Employer ResCare Occupation Vp Of Compliance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 8

Transaction ID: 29136932

Amount of Each Receipt this Period
12.50

Receipt

Payroll Deduction: (12.50- /Biweekly)

SUBTOTAL of Receipts This Page (optional) ► **37.50**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 36
	<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)
ResCare, Inc. Advocacy Fund

A.	Full Name (Last, First, Middle Initial) Ellen Goldberg	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 430 SCOTTS WAY	Transaction ID: 29136933
	City State Zip Code AUGUSTA GA 30909	Amount of Each Receipt this Period 14.90
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer ResCare	Occupation Regional Director	Payroll Deduction: (14.90- /Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 298.00	

B.	Full Name (Last, First, Middle Initial) Ralph Gronefeld	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 4106 WILLOW REED PLACE	Transaction ID: 29136937
	City State Zip Code LOUISVILLE KY 40299	Amount of Each Receipt this Period 192.50
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer ResCare	Occupation Ceo/president/csg President	Payroll Deduction: (192.5- 0/Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3850.00	

C.	Full Name (Last, First, Middle Initial) Beth Hammer	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 9404 NE 8TH STREET	Transaction ID: 30137008
	City State Zip Code VANCOUVER WA 98662	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer ResCare	Occupation Project Director	Payroll Deduction: (20.00- /Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

SUBTOTAL of Receipts This Page (optional)	▶	227.40
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 36
	<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)
ResCare, Inc. Advocacy Fund

A.	Full Name (Last, First, Middle Initial) John Hammond	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 17006 PITON WAY	Transaction ID: 29136938
	City State Zip Code LOUISVILLE KY 40245	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer ResCare	Occupation Vp People Services Admin	Payroll Deduction: (15.00- /Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

B.	Full Name (Last, First, Middle Initial) Tammy Harvey	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 4111 CONNOR DR	Transaction ID: 30136941
	City State Zip Code MARION IN 46952	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer ResCare	Occupation Regional Director	Payroll Deduction: (20.00- /Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

C.	Full Name (Last, First, Middle Initial) Donna Hayes	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 2337 S CHEROKEE ST	Transaction ID: 29136873
	City State Zip Code MUSKOGEE OK 74403	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer ResCare	Occupation Instructor I	Payroll Deduction: (10.00- /Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional)	45.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 36
(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)
ResCare, Inc. Advocacy Fund

A.

Full Name (Last, First, Middle Initial)
Stephen Hendricks

Mailing Address 7506 MEADOW STREAM COURT

City State Zip Code
CRESTWOOD KY 40014

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ResCare Regional Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 8

Transaction ID: 30136942

Amount of Each Receipt this Period
15.00

Receipt

Payroll Deduction: (15.00- /Biweekly)

B.

Full Name (Last, First, Middle Initial)
Marsha Ieronimo

Mailing Address 459 CAMDEN PARK DRIVE

City State Zip Code
COVINGTON LA 70435

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ResCare Regional Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 8

Transaction ID: 30136945

Amount of Each Receipt this Period
15.00

Receipt

Payroll Deduction: (15.00- /Biweekly)

C.

Full Name (Last, First, Middle Initial)
Nandi Jones

Mailing Address 2 THE KNOLL

City State Zip Code
LANSDOWNE PA 19050

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ResCare Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 8

Transaction ID: 31137024

Amount of Each Receipt this Period
10.00

Receipt

Payroll Deduction: (10.00- /Biweekly)

SUBTOTAL of Receipts This Page (optional) ► **40.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 36
	<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)
ResCare, Inc. Advocacy Fund

A.	Full Name (Last, First, Middle Initial) Steven Jordan	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 4629 MILL ROCK LANE	Transaction ID: 30136947
	City State Zip Code RALEIGH NC 27616	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer ResCare	Occupation Regional Director	Payroll Deduction: (20.00- /Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

B.	Full Name (Last, First, Middle Initial) Gwen Keene	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 2213 PARKLANE	Transaction ID: 1136775
	City State Zip Code VALDOSTA GA 31602	Amount of Each Receipt this Period 21.16
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer ResCare	Occupation Executive Director li	Payroll Deduction: (10.58- /Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 222.18	

C.	Full Name (Last, First, Middle Initial) Patrick Kelley	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 9901 Linn Station Rd	Transaction ID: 30136949
	City State Zip Code Louisville KY 40223-3808	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer ResCare Inc.	Occupation President	Payroll Deduction: (100.0- 0/Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

SUBTOTAL of Receipts This Page (optional)	141.16
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 / 36
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ResCare, Inc. Advocacy Fund

A.	Full Name (Last, First, Middle Initial) Pati Kelly	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 74 WESTWARD LANE	Transaction ID: 1136777
	City State Zip Code BLUE RIDGE GA 30513	Amount of Each Receipt this Period 38.48
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation ResCare Executive Director li Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 404.04	Payroll Deduction: (19.24- /Biweekly)

B.	Full Name (Last, First, Middle Initial) Willis Kessinger	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 1930 FORTHRIGHT COURT	Transaction ID: 28136803
	City State Zip Code STOCKTON CA 95206	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation ResCare Executive Director li Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 315.00	Payroll Deduction: (15.00- /Biweekly)

C.	Full Name (Last, First, Middle Initial) Robert Knight	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 605 HILLSBORO DR	Transaction ID: 30136951
	City State Zip Code SILVER SPRINGS MD 20902	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation ResCare Workforce Development, Managin Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	Payroll Deduction: (20.00- /Biweekly)

SUBTOTAL of Receipts This Page (optional)	▶	73.48
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 36
	<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)
ResCare, Inc. Advocacy Fund

A.	Full Name (Last, First, Middle Initial) Ken Lovan	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 700 FAIRWAY ST	Transaction ID: 30136958
	City State Zip Code BOWLING GREEN KY 42103	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer ResCare	Occupation Sr Vp Government Relations	Payroll Deduction: (75.00- /Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

B.	Full Name (Last, First, Middle Initial) Luis Macias	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 3311 WESTERN DRIVE	Transaction ID: 31137018
	City State Zip Code AUSTIN TX 78745	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer ResCare	Occupation Regional Vp	Payroll Deduction: (20.00- /Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

C.	Full Name (Last, First, Middle Initial) Tonya Mangerie	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 70821 CRESCENT ROAD	Transaction ID: 28136807
	City State Zip Code ST. CLAIRSVILLE OH 43950	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer ResCare	Occupation Executive Director Ii	Payroll Deduction: (10.00- /Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 36
	<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)
ResCare, Inc. Advocacy Fund

A.	Full Name (Last, First, Middle Initial) Lee Mathews	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 79 SOUTHSORE DR	Transaction ID: 29136875
	City State Zip Code SOUTH AMBOY NJ 08879	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer ResCare	Occupation Center Director	Payroll Deduction: (15.00- /Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

B.	Full Name (Last, First, Middle Initial) Claudia Melanson	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 13464 E. SR 114	Transaction ID: 1136763
	City State Zip Code AKRON IN 46910	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer ResCare	Occupation Executive Director I	Payroll Deduction: (10.00- /Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

C.	Full Name (Last, First, Middle Initial) Angela Mick-currier	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 3224 TOLBERT RD	Transaction ID: 31137039
	City State Zip Code HAMILTON OH 45011	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer ResCare	Occupation Executive Director Ii	Payroll Deduction: (10.00- /Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional)	▶	35.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 36
	<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	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ResCare, Inc. Advocacy Fund

A.	Full Name (Last, First, Middle Initial) David Miles	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 620 WOODLAKE DR	Transaction ID: 30136961
	City State Zip Code LOUISVILLE KY 40245	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer ResCare Occupation Exec Vp Finance/admin Cfo Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00	Payroll Deduction: (50.00- /Biweekly)

B.	Full Name (Last, First, Middle Initial) Lawrence Milk	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 608 NW 22ND CT	Transaction ID: 30136962
	City State Zip Code WILTON MANORS FL 33311	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer ResCare Occupation Compliance Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00	Payroll Deduction: (20.00- /Biweekly)

C.	Full Name (Last, First, Middle Initial) Carol Nank	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 25530 QUARTERDECK	Transaction ID: 1136730
	City State Zip Code HARRISON TWP. MI 48045	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer ResCare Occupation Branch Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00	Payroll Deduction: (10.00- /Biweekly)

SUBTOTAL of Receipts This Page (optional)	80.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 36
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
ResCare, Inc. Advocacy Fund

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

Mailing Address 4558 E MICHIGAN AVE

City State Zip Code
PHOENIX AZ 85032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ResCare Executive Director li

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 8

Transaction ID: 1136736

Amount of Each Receipt this Period
15.00

Receipt

Payroll Deduction: (15.00- /Biweekly)

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

Mailing Address 25 CRESTWOOD WEST

City State Zip Code
VALDOSTA GA 31602

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ResCare Q.a. Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 8

Transaction ID: 1136779

Amount of Each Receipt this Period
20.00

Receipt

Payroll Deduction: (10.00- /Biweekly)

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

Mailing Address 280 E COLUMBUS ST

City State Zip Code
COLUMBUS OH 43206

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ResCare Regional Dir Govt Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 695.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 8

Transaction ID: 30136968

Amount of Each Receipt this Period
35.00

Receipt

Payroll Deduction: (35.00- /Biweekly)

SUBTOTAL of Receipts This Page (optional) ▶ **70.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ResCare, Inc. Advocacy Fund

A.	Full Name (Last, First, Middle Initial) Karen Ramage	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 504 BAYVIEW DR	Transaction ID: 1136770
	City State Zip Code HERMOSA BEACH CA 90254	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer ResCare	Occupation Regional Vp	Payroll Deduction: (20.00- /Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

B.	Full Name (Last, First, Middle Initial) Diane Rath	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 419 WILTSHIRE AVENUE	Transaction ID: 31137030
	City State Zip Code SAN ANTONIO TX 28209	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer ResCare	Occupation Chief Operating Officer	Payroll Deduction: (50.00- /Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Michael Reibel	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 2953 CONNERS STATION ROAD	Transaction ID: 30136973
	City State Zip Code SIMPSONVILLE KY 40067	Amount of Each Receipt this Period 18.00
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer ResCare	Occupation Sr Vp Support Services	Payroll Deduction: (18.00- /Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

SUBTOTAL of Receipts This Page (optional)	88.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ResCare, Inc. Advocacy Fund

A.	Full Name (Last, First, Middle Initial) David Rhodes		Date of Receipt
	Mailing Address 1632 LINDEN ST		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	LONGMONT	CO	80501
	FEC ID number of contributing federal political committee. C		Transaction ID: 30136974
Name of Employer ResCare		Occupation Regional Vice President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="390.00"/>	<input type="text" value="19.50"/>
			Receipt
			Payroll Deduction: (19.50- /Biweekly)

B.	Full Name (Last, First, Middle Initial) Ruth Robertson		Date of Receipt
	Mailing Address 65 BOWEN DRIVE		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	BELMONT	NC	28012
	FEC ID number of contributing federal political committee. C		Transaction ID: 30136977
Name of Employer ResCare		Occupation Regional HR Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="400.00"/>	<input type="text" value="20.00"/>
			Receipt
			Payroll Deduction: (20.00- /Biweekly)

C.	Full Name (Last, First, Middle Initial) Robert Robinson		Date of Receipt
	Mailing Address 312 P 1086 W KING ROAD		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	MALVERN	PA	19355
	FEC ID number of contributing federal political committee. C		Transaction ID: 30136978
Name of Employer ResCare		Occupation Quality Assurance, Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	<input type="text" value="15.00"/>
			Receipt
			Payroll Deduction: (15.00- /Biweekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="54.50"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 36

(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)
ResCare, Inc. Advocacy Fund

A.

Full Name (Last, First, Middle Initial)
Gabriel Ross

Mailing Address 121 Cove Ln

City State Zip Code
Media PA 19063-1822

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ARBOR E&T President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 800.00

Date of Receipt

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

Transaction ID: 30136980

Amount of Each Receipt this Period

40.00

Receipt

Payroll Deduction: (40.00-
/Biweekly)

B.

Full Name (Last, First, Middle Initial)
Orlando Santiago

Mailing Address 2049 MCGRAW AVE
APT 4D

City State Zip Code
BRONX NY 10462

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ResCare Project Director

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 210.00

Date of Receipt

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

Transaction ID: 31137031

Amount of Each Receipt this Period

10.00

Receipt

Payroll Deduction: (10.00-
/Biweekly)

C.

Full Name (Last, First, Middle Initial)
Melanie Schwallenberg

Mailing Address 3716 BERMUDA RUN DRIVE

City State Zip Code
VALDOSTA GA 31605

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ResCare Senior Executive Director

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 262.50

Date of Receipt

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

Transaction ID: 28136781

Amount of Each Receipt this Period

25.00

Receipt

Payroll Deduction: (12.50-
/Biweekly)

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 36
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
ResCare, Inc. Advocacy Fund

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

Mailing Address 1103 LINDA DR.

City VALDOSTA State GA Zip Code 31602

FEC ID number of contributing federal political committee. C

Name of Employer ResCare Occupation Finance Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt M M / D D / Y Y Y Y
10 / 15 / 2008

Transaction ID: 28136789

Amount of Each Receipt this Period 12.00

Receipt

Payroll Deduction: (12.00- /Biweekly)

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

Mailing Address 703 TOM SAWYER

City DRIPPING SPRINGS State TX Zip Code 78620

FEC ID number of contributing federal political committee. C

Name of Employer ResCare Occupation Regional Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt M M / D D / Y Y Y Y
10 / 15 / 2008

Transaction ID: 30136988

Amount of Each Receipt this Period 15.00

Receipt

Payroll Deduction: (15.00- /Biweekly)

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

Mailing Address 4919 S. SPRUCE DRIVE

City SAND SPRINGS State OK Zip Code 74063

FEC ID number of contributing federal political committee. C

Name of Employer ResCare Occupation Manager, Social Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt M M / D D / Y Y Y Y
10 / 15 / 2008

Transaction ID: 28136785

Amount of Each Receipt this Period 10.00

Receipt

Payroll Deduction: (10.00- /Biweekly)

SUBTOTAL of Receipts This Page (optional) 37.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 36
	<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)
ResCare, Inc. Advocacy Fund

A.	Full Name (Last, First, Middle Initial) Nel Taylor	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 11900 EAST ARBOR DR	Transaction ID: 30136989
	City State Zip Code LOUISVILLE KY 40223	Amount of Each Receipt this Period 15.38
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer ResCare	Occupation Chief Communication Officer	Payroll Deduction: (15.38- /Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 307.60	

B.	Full Name (Last, First, Middle Initial) Nancy Thompson	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 1885 S LAKE REEDY BLVD	Transaction ID: 1136734
	City State Zip Code FROSTPROOF FL 33843	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer ResCare	Occupation Regional Vp	Payroll Deduction: (20.00- /Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

C.	Full Name (Last, First, Middle Initial) Richard Tinsley	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 2108 HIGHLAND SPRINGS PLACE	Transaction ID: 30136992
	City State Zip Code LOUISVILLE KY 40245	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer ResCare	Occupation Chief Development Officer	Payroll Deduction: (25.00- /Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	60.38
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ResCare, Inc. Advocacy Fund

A.	Full Name (Last, First, Middle Initial) George Ware		Date of Receipt
	Mailing Address 8178 E 31ST CT		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 15 / 2008
	City	State	Zip Code
	TULSA	OK	74145
	FEC ID number of contributing federal political committee. C		Transaction ID: 28136786
Name of Employer ResCare		Occupation Director, Administration	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00	<input type="text"/> 10.00
			Receipt
			Payroll Deduction: (10.00- /Biweekly)

B.	Full Name (Last, First, Middle Initial) Lisa Warren		Date of Receipt
	Mailing Address 1115 KIRKHAM TRACE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 15 / 2008
	City	State	Zip Code
	LOUISVILLE	KY	40299
	FEC ID number of contributing federal political committee. C		Transaction ID: 30136998
Name of Employer ResCare		Occupation Srfindir/spec Asst To Pres/ceo	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	<input type="text"/> 12.00
			Receipt
			Payroll Deduction: (12.00- /Biweekly)

C.	Full Name (Last, First, Middle Initial) David Waskey		Date of Receipt
	Mailing Address 2327 SARATOGA DRIVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 15 / 2008
	City	State	Zip Code
	LOUISVILLE	KY	40205
	FEC ID number of contributing federal political committee. C		Transaction ID: 30136999
Name of Employer ResCare		Occupation Cheif Legal And Compliance Off	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	<input type="text"/> 20.00
			Receipt
			Payroll Deduction: (20.00- /Biweekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 42.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 36
	<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)
ResCare, Inc. Advocacy Fund

A.	Full Name (Last, First, Middle Initial) Larry Weishaar		Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 4605 CHERRY FOREST CIRCLE		Transaction ID: 30137001
	City LOUISVILLE	State KY	Zip Code 40245
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 17.12
	Name of Employer ResCare	Occupation Vp, Support Services	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 342.40	Payroll Deduction: (17.12- /Biweekly)

B.	Full Name (Last, First, Middle Initial) Barbara Winters		Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 2115 RIVER ROAD		Transaction ID: 30137004
	City MARION	State IN	Zip Code 46952
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
	Name of Employer ResCare	Occupation Regional Vice President	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	Payroll Deduction: (20.00- /Biweekly)

SUBTOTAL of Receipts This Page (optional)	▶	37.12
TOTAL This Period (last page this line number only)	▶	1776.58

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

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

FOR LINE NUMBER:
(check only one)

PAGE 32 / 36

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

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NAME OF COMMITTEE (In Full)
ResCare, Inc. Advocacy Fund

A. Full Name (Last, First, Middle Initial) Kentucky Democratic Party <hr/> Mailing Address PO Box 694 <hr/> City Frankfort State KY Zip Code 40602-0694 <hr/> Purpose of Disbursement PAC TO PPC FED ACCOUNT <hr/> Candidate Name KENTUCKY STATE DEMOCRATIC CENTRAL EXECUTIVE COMMITTEE <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Transaction ID: 322646 Date of Disbursement 10 / 03 / 2008 <hr/> Amount of Each Disbursement this Period 2500.00 <hr/> PAC TO PPC FED ACCOUNT
	Category/Type
B. Full Name (Last, First, Middle Initial) Don Payne for Congress <hr/> Mailing Address PO Box 2406 <hr/> City Newark State NJ Zip Code 07114-0406 <hr/> Purpose of Disbursement NJ-10 US HOUSE <hr/> Candidate Name DONALD M PAYNE <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 10 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 322638 Date of Disbursement 10 / 03 / 2008 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> NJ-10 US HOUSE
	Category/Type

SUBTOTAL of Disbursements This Page (optional) ►

3500.00

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

3500.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 33 / 36

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

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NAME OF COMMITTEE (In Full)
ResCare, Inc. Advocacy Fund

A.	Full Name (Last, First, Middle Initial) Citizens for Kevin Bacon Mailing Address 5325 Ponderosa Dr City Columbus State OH Zip Code 43231-4033 Purpose of Disbursement OH-21 STATE HOUSE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 322645 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 8	Amount of Each Disbursement this Period 250.00
B.	Full Name (Last, First, Middle Initial) Friends of Armond Budish Mailing Address 23240 Chagrin Blvd Ste 450 City Beachwood State OH Zip Code 44122-5455 Purpose of Disbursement OH-08 STATE HOUSE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 322639 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 8	Amount of Each Disbursement this Period 250.00
C.	Full Name (Last, First, Middle Initial) Friends of Senator Cafaro Mailing Address 600 Warner Rd City Hubbard State OH Zip Code 44425-2729 Purpose of Disbursement OH-32 STATE SENATE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 322641 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 8	Amount of Each Disbursement this Period 250.00

SUBTOTAL of Disbursements This Page (optional)			750.00
TOTAL This Period (last page this line number only)			

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ResCare, Inc. Advocacy Fund

A.	Full Name (Last, First, Middle Initial) Friends of Matthew J. Dolan	Transaction ID: 322642 Date of Disbursement
	Mailing Address 100 7th Ave # 12	<input type="text" value="10"/> <input type="text" value="13"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Chardon State OH Zip Code 44024-7804	Amount of Each Disbursement this Period
	Purpose of Disbursement OH-98 STATE HOUSE	<input type="text" value="500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Committee to Re-Elect Dawn Morrell	Transaction ID: 322647 Date of Disbursement
	Mailing Address 436 2nd St NE	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Puyallup State WA Zip Code 98372-3032	Amount of Each Disbursement this Period
	Purpose of Disbursement WA-25 STATE HOUSE	<input type="text" value="300.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends of Michael J. Skindell	Transaction ID: 322643 Date of Disbursement
	Mailing Address 16800 Delaware Ave	<input type="text" value="10"/> <input type="text" value="13"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Lakewood State OH Zip Code 44107-5517	Amount of Each Disbursement this Period
	Purpose of Disbursement OH-13 STATE HOUSE	<input type="text" value="250.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1050.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

PAGE 35 / 36

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

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NAME OF COMMITTEE (In Full)
ResCare, Inc. Advocacy Fund

A. Full Name (Last, First, Middle Initial) Friends of Matt Szollosi Mailing Address 3166 N Republic Blvd City Toledo State OH Zip Code 43615-1507 Purpose of Disbursement OH-39 STATE HOUSE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 322644 Date of Disbursement 10 / 03 / 2008
	Amount of Each Disbursement this Period 250.00
B. Full Name (Last, First, Middle Initial) Citizens for Wagoner Mailing Address 7445 Airport Hwy City Holland State OH Zip Code 43528-9544 Purpose of Disbursement OH-02 STATE SENATE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 322640 Date of Disbursement 10 / 03 / 2008
	Amount of Each Disbursement this Period 250.00

SUBTOTAL of Disbursements This Page (optional) ►

500.00

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

2300.00

Image# 28993643820

Form/Schedule: **F3XA**

Transaction ID:

This report has been amended to disclose the correct Column B totals.
