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2006 DEC 28 A 8:36



December 22, 2006

Federal Election Commission
999 E Street, N.W.
Washington, DC 20463

Re: Senior Care Inc. Federal PAC

Dear Mr. Baker:

Enclosed please find a Statement of Organization form that has been completed changing the name of our PAC from United Rehab, LLC Federal Pac to Senior Care, Inc. Federal PAC. We would appreciate your reviewing this document and advising us of its acceptance.

Thank you for your assistance in this matter.

Sincerely,

A handwritten signature in black ink that reads "J. Ben Cress".

J. Ben Cress

JBC:feu

cc: Mike Kirzinger
Sarah Borromeo

Fed pac/trns name change

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FEC
FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF
COMMITTEE (in full)



(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

~~Senior Care US~~ SENIOR CARE, INC. FEDERAL PAC

ADDRESS (number and street)

19510 Ormsby Station Rd Suite 101



(Check if address
is changed)

Louisville KY 40223-

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

m.kirzinger@seniorcare-corp.com

~~m.kirzinger@seniorcare-corp.com~~

sborisio@seniorcare-corp.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

502-753-0800

2. DATE

12 ' 06 ' 2006

3. FEC IDENTIFICATION NUMBER ▶

C00325720

4. IS THIS STATEMENT



NEW (N)

OR



AMENDED (A)

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

Type or Print Name of Treasurer

Michael L. Kirzinger

Signature of Treasurer

Michael L. Kirzinger

Date

12 ' 06 ' 2006

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

26039322384

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

SENIOR CARE INC.

Mailing Address

9510 ORMSBY STATION ROAD
LOUISVILLE

KY 40223-

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

CONNECTED

Type of Connected Organization:

- Corporation
- Corporation w/o Capital Stock
- Labor Organization
- Membership Organization
- Trade Association
- Cooperative

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Write or Type Committee Name

Senior Care, INC. FEDERAL PAC

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Sarah Borrromeo

Mailing Address 9510 Ormsby Station Rd Suite 101
Louisville KY 40223

Title or Position Accountant Telephone number 502-753-6038

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Michael L. Kiczynski

Mailing Address 9510 Ormsby Station Rd Suite 101
Louisville KY 40223

Title or Position Treasurer Telephone number 502-753-6021

Full Name of Designated Agent TIM WESLEY

Mailing Address 9510 ORMSBY STATION ROAD
Louisville KY 40223

Title or Position Assistant Treasurer Telephone number 502-753-6002

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9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Fifth Third Bank

Mailing Address

3109 West Market Street

Louisville KY 40202

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

26039322387

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked <i>12/22/06</i>
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

Jms
 PREPARER
 (3/2005)

12/28/06
 DATE PREPARED

20060322M88