

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	27 / 97
			FOR LINE NUMBER 11a

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)
Vencor, Inc. Political Action Committee

Full Name, Mailing Address, and ZIP Code Mrs. Traci Shelton 8661 Gaines Ave. Orangevale CA 95662-3861 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Vencor, Inc.	Date (month, day, year) 11/03/2000	Amount of Each Receipt this Period 1000.00
	Occupation Director, Hospital Accounting		
	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Mr. Joe Wainscott 8943 Bazemore Rd. Cordova TN 38018-7459 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 11/03/2000	Amount of Each Receipt this Period 15.00 Batch Receipt Entry
	Occupation		
	Aggregate Year-to-Date > \$ 360.00		
Full Name, Mailing Address, and ZIP Code Mr. Joe Wainscott 8943 Bazemore Rd. Cordova TN 38018-7459 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 11/03/2000	Amount of Each Receipt this Period 15.00 Batch Receipt Entry
	Occupation		
	Aggregate Year-to-Date > \$ 375.00		
Full Name, Mailing Address, and ZIP Code Mr. Mark Johnson 85 McMillen Drive #901 Newark OH 43055-3657 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 11/03/2000	Amount of Each Receipt this Period 15.00 Batch Receipt Entry
	Occupation Director of Operations		
	Aggregate Year-to-Date > \$ 360.00		
Full Name, Mailing Address, and ZIP Code Mr. Marc Plourde RR 1, Box 481 AJ Old Town ME 04468-9757 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Eastside Rehab	Date (month, day, year) 11/03/2000	Amount of Each Receipt this Period 5.00
	Occupation		
	Aggregate Year-to-Date > \$ 215.00		
Full Name, Mailing Address, and ZIP Code Mr. Victor Emodi 32 Warren Rd. Ashland MA 01721-1848 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Franklin Skilled Nursing	Date (month, day, year) 11/03/2000	Amount of Each Receipt this Period 5.00
	Occupation		
	Aggregate Year-to-Date > \$ 215.00		
Full Name, Mailing Address, and ZIP Code Mr. Scott West 102A Williams Rd. Colchester VT 05446-2008 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Birchwood Terrace Health Care	Date (month, day, year) 11/03/2000	Amount of Each Receipt this Period 7.00
	Occupation		
	Aggregate Year-to-Date > \$ 301.00		

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)