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FEC FORM 3X

Only

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines Kindred Healthcare, Inc. PAC 604 S. Fourth St. ADDRESS (number and street) Check if different than previously Louisville ΚY 40202 reported. (ACC) FEC IDENTIFICATION NUMBER STATE. ZIPCODE 🛋 CITY A IS THIS NEW **AMENDED** C00242271 Х REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: **Termination Report** (TER) in the Election on State of 05 0 1 2006 05 3 1 2006 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Hank Robinson Type or Print Name of Treasurer Hank Robinson Electronically Filed by 06 20 2006 Signature of Treasurer Date 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 **FEC FORM 3X** Use (Rev. 02/2003)

Image# 26950185009

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Kindred Healthcare, Inc. PAC [®] D " D 0.5 0 1 2006 0.5 3 1 2006 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand [°]2006 176556.29 January 1 (b) Cash on Hand at 187128.39 Begining of Reporting Period 12602.80 66174.90 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 199731.19 242731.19 6(a) and 6(c) for Column B) 15700.00 58700.00 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 184031.19 184031.19 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D) 0.00 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D)

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:

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2006

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^D 3 1

^Y 2006

	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 (i) Itemized (use Schedule A)	6021.80	16363.00
	(ii) Unitemized	6581.00	48811.90
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	12602.80	65174.90
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	12602.80	65174.90
2.	Transfers From Affiliated/Other Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
0.	to Federal candidates and Other Political Committees	0.00	1000.00
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))	12602.80	66174.90
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	12602.80	66174.90

FEC Form 3X (Rev. 02/2003)

DETAILED SUMMARY PAGE

of Disbursements

COLUMN A COLUMN B II. DISBURSEMENTS Total This Period Calendar Year-to-Date 21. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 0.00 0.00 Expenditures..... (c) Total Operating Expenditures 0.00 0.00 (add 21(a)(i), (a)(ii) and (b))............ 22. Transfers to Affiliated/Other Party 0.00 0.00 Committees..... Contributions to 23. Federal Candidates/Committees.....and Other Political Committees..... 15000.00 56500.00 24. Independent Expenditure 0.00 0.00 0.00 0.00 (use Schedule F)..... 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 27. Loans Made..... 28. Refunds of Contributions To: Individuals/Persons Other 0.00 0.00

30. Federal Election Activity (2 U.S.C 431(20))

29. Other Disbursements.....

(b) Political Party Committees(c) Other Political Committees

(d) Total Contribution Refunds

Than Political Committees

(such as PACs)

(add Lines 28(a), (b), and (c))

- (a) Shared Federal Election Activity (from Schedule H6)
 - (i) Federal Share
- (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....
- 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..
- 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....

0.00	0.00
0.00	0.00
0.00	0.00

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15700.00				58700.00

Page 4

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15700.00 58700.00

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)	12602.80	65174.90
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	12602.80	65174.90
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

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 / 40 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			,	13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)			
\rangle	Kindred Healthcare, Inc. PAC			
۹.	Full Name (Last, First, Middle Initial) Richard E Chapman			Date of Receipt
	Mailing Address 11200 Bodley Drive			M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR109418386887
	Louisville	KY	40223	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		140.00
	Name of Employer Kindred Healthcare Inc.	Occupation Exec VP	n Chief Adm&InfoOff	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	770.00	P/R Deduction (\$70.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Edward L Kuntz			Date of Receipt
	Mailing Address 8807 Stable Crest Boule	M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR109418396887
	Houston	TX	77024	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		200.00
	Name of Employer Kindred Healthcare Inc.	Occupation		
			e Chairman e Year-to-Date ▼	_
	Receipt For: Primary General	Aggregate	r rear-to-Date ▼	P/R Deduction (\$100.00 Bi-
	Other (specify) ▼	0 0	1100.00	Weekly)
	Full Name (Last, First, Middle Initial) David R Windhorst			Date of Receipt
Mailing Address 2000 Spring Farms Road				M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR109418506887
	Floyds Knobs	IN	47119	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		80.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Finan	n ncial Sys Dev	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		440.00	P/R Deduction (\$40.00 Bi- Weekly)
S	UBTOTAL of Receipts This Page (optional)			420.00
T	OTAL This Period (last page this line number on	ly)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 7/40
TEMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12
		Detailed Summary Page	13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)		· · · · · · · · · · · · · · · · · · ·	
Kindred Healthcare, Inc. PAC			
Full Name (Last, First, Middle Initial) Lawrence I Wolf			Date of Receipt
Mailing Address 4826 N Winthrop Ave	#3S		M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR109418516887
<u>Chicago</u>	<u> </u>	60640	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer Kindred Healthcare Inc.	Occupation Sr Cnslt	n Appl-Data Arch	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		220.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) 3. Katheryn J Markham			Date of Receipt
Mailing Address 10602 Taylor Farm C	t		M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR109418566887
Prospect	KY	40059	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		70.00
Name of Employer Kindred Healthcare Inc.	Occupation VP IS PL	n anning&FieldSvcs	
Receipt For:		e Year-to-Date ▼	
Primary General		385.00	P/R Deduction (\$35.00 Bi-
Other (specify) ▼	0 0	000.00	Weekly)
Full Name (Last, First, Middle Initial) Catherine A Gooch			Date of Receipt
Mailing Address 14516 Clear Meadow	Court		M " M / D " D / Y " Y " Y " Y
City	State	Zip Code	Transaction ID: PR109418596887
Louisville	KY	40245	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer Kindred Healthcare Inc.	Occupation Dir Fin S		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		220.00	P/R Deduction (\$20.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional) .			150.00
TOTAL This Doried (last near this line a such	r only)		
TOTAL This Period (last page this line number	ı orliy)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 40 (check only one) X 11a 11b 11c 12
An	y information copied from such Reports and Sta	tements may	y not be sold or used by any perso	n for the purpose of soliciting contributions
or \nearrow	for commercial purposes, other than using the n NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC	ame and add	dress of any political committee to	solicit contributions from such committee.
<u>′</u> 4.	Full Name (Last, First, Middle Initial) Theresa Culver			Date of Receipt
	Mailing Address 7024 Wooded Meadow I	Road		M M / D D / Y Y Y Y
	City Louisville	State KY	Zip Code 40241	Transaction ID: PR109418696887 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Prog Ana		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 220.00	P/R Deduction (\$20.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) William B Seibert			Date of Receipt
	Mailing Address 4706 Wolfcreek Pkwy			M M / D D / Y Y Y Y
	City Louisville	State KY	Zip Code 40241	Transaction ID: PR109418746887
	FEC ID number of contributing federal political committee.	C	40241	Amount of Each Receipt this Period 60.00
	Name of Employer Kindred Healthcare Inc.		n Sys Dev	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 330.00	P/R Deduction (\$30.00 Bi- Weekly)
).	Full Name (Last, First, Middle Initial) Deborah F Rickert			Date of Receipt
Mailing Address 7003 Shallow Lake Road				M " M / D " D / Y " Y " Y " Y
	City Prospect	State KY	Zip Code 40059	Transaction ID: PR109418776887 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1 1 1 1 1	40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Fir	n n Sys Dev	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 220.00	P/R Deduction (\$20.00 Bi- Weekly)
S	UBTOTAL of Receipts This Page (optional)			140.00
T	OTAL This Period (last page this line number or	nly)		

SCHEDULE A (FEC Form 3	3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 9/40
ITEMIZED RECEIPTS	•	or each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any information copied from such Reports or for commercial purposes, other than usi	and Statements may	y not be sold or used by any perso	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
Kindred Healthcare, Inc. PAC			
Full Name (Last, First, Middle Initial) Charles Wardrip			Date of Receipt
Mailing Address 2805 Chestnut Ri	dge Place		M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR109418796887
<u>Louisville</u>	KY	40245	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		70.00
Name of Employer Kindred Healthcare Inc.	Occupation VP IS Op	n os & Telecomm	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	380.00	P/R Deduction (\$35.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) 3. Stephen M Dobler	'		Date of Receipt
Mailing Address 1106 Holly Spring	gs Drive		M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR109418806887
Louisville	KY	40242	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		90.00
Name of Employer Kindred Healthcare Inc.	Occupation VP IS Fire	n nance & Admin	
Receipt For:		e Year-to-Date 🔻	
Primary General Other (specify) ▼		495.00	P/R Deduction (\$45.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) 7. Terry Carrico	I		Date of Receipt
Mailing Address 3311 Cobblers Ct			M " M / D " D / Y " Y " Y " Y
City	State	Zip Code	Transaction ID: PR109418826887
New Albany	IN	47150	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer Kindred Healthcare Inc.		in Systems Dev	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		220.00	P/R Deduction (\$20.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (option	nal)		200.00
TOTAL This Period (last page this line nu	ımber only)		
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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 10 / 40
ITEMIZED RECEIPTS		or each category of the	(check only one) X 11a
		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the r	atements may	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	Tarro arra aar	aroos or arry pointion committee to	
Kindred Healthcare, Inc. PAC			
Full Name (Last, First, Middle Initial) A. Steven J Paynter			Date of Receipt
Mailing Address 3105 Crestmoor Court			M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR109418846887
Prospect 550 ID and the state of a satisfaction of the state of the st	KY	40059	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer Kindred Healthcare Inc.	Occupation Sr Cnslt	n Tech Arch	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		220.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) 3. Martin Ardron			Date of Receipt
Mailing Address 77 Rising Hill Road			M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR109418916887
Phillips Ranch	CA	91766	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer Kindred Healthcare Inc.	Occupation	n Hosp Rehab-PRS	
Receipt For:		e Year-to-Date V	
Primary General		275.00	P/R Deduction (\$25.00 Bi-
Other (specify) ▼	0 0	273.00	Weekly)
Full Name (Last, First, Middle Initial) Linn Billingsley			Date of Receipt
Mailing Address P.O. Box 122			M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR109418986887
Blue Diamond	NV	89004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		60.00
Name of Employer Kindred Healthcare Inc.	Occupation Executive		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	220.00	P/R Deduction (\$20.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)			150.00
TOTAL This Period (last page this line number o	niy)	>	

S(CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 11 / 40
	EMIZED RECEIPTS		or each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Ar	y information copied from such Reports and State	ements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the nat	me and add	dress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
/	Mildred Healthcare, Inc. 1 AC			
`	Full Name (Last, First, Middle Initial) Jan Turk			Date of Receipt
٦.	Mailing Address 1314 Amelia St.			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109419006887
	New Orleans	LA	70115	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Kindred Healthéare Inc	Occupation Chief Exe		
	Receipt For:		Year-to-Date ▼	
	Primary General		220.00	P/R Deduction (\$20.00 Bi-
	Other (specify)	0 0	220.00	Weekly)
3.	Full Name (Last, First, Middle Initial) Jack Shapiro			Date of Receipt
	Mailing Address 22591 Covington Drive			M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR109419046887
	Deer Park	IL	60010	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		90.00
	Kindred Healthéare Inc	Occupation		7
	Receipt For:	Executive	e Dir e Year-to-Date ▼	_
	Primary General	Aggregate		P/R Deduction (\$30.00 Bi-
	Other (specify) ▼	0 0	330.00	Weekly)
<u> </u>	Full Name (Last, First, Middle Initial) Linda Tiemens			Date of Receipt
٠.	Mailing Address 100 Forest Place #P-39			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109419076887
	Oak Park	IL	60301	Amount of Each Receipt this Period
	FEC ID number of contributing	С		60.00
	federal political committee.			
	Kindrod Hoolthéara Inc	Occupation	n MW Reg-HD	
	Receipt For:		Year-to-Date ▼	
	Primary General	199.79		P/R Deduction (\$30.00 Bi-
	Other (specify) ▼	0 0	330.00	Weekly)
s	UBTOTAL of Receipts This Page (optional)			210.00
_				
Т	OTAL This Period (last page this line number only	y)		

SCHEDULE A (FEC Form 3X)

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 12 / 40
	EMIZED RECEIPTS		or each category of the	(check only one)
•			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	Kindred Healthcare, Inc. PAC			
۹.	Full Name (Last, First, Middle Initial) Theodore Welding			Date of Receipt
	Mailing Address 2448 Middle River Dr.			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109419136887
	Ft. Lauderdale	FL	33305	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		75.00
	Name of Employer Kindred Healthcare Inc.	Occupation		
	Receipt For:		e Year-to-Date ▼	\dashv
	Primary General	33 -3		P/R Deduction (\$25.00 Bi-
	Other (specify)	0 0	275.00	Weekly)
3.	Full Name (Last, First, Middle Initial) Frank Battafarano			Date of Receipt
	Mailing Address 2700 Little Hills Lane			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109419196887
	Anchorage	KY	40223	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Kindred Healthcare Inc.	Occupation	n & President-HD	
	Receipt For:		Year-to-Date ▼	-
	Primary General	33 -3		P/R Deduction (\$50.00 Bi-
	Other (specify) ▼	0 0	550.00	Weekly)
) .	Full Name (Last, First, Middle Initial) Sean R Muldoon			Date of Receipt
	Mailing Address 5800 Brittany Valley Roa	ad		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109419226887
	Louisville	KY	40222	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP & 0	n Chief Med Off-HD	
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		550.00	P/R Deduction (\$50.00 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			275.00
	, -0- (-p ж)			
T	OTAL This Period (last page this line number or	nly))	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 13 / 40 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	Kindred Healthcare, Inc. PAC			
۹.	Full Name (Last, First, Middle Initial) James L Lindberg			Date of Receipt
	Mailing Address 11119 Brook Stone Cou			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109419256887
	Louisville	KY	40223	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Adm Mgr	n Facilities-HD	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		220.00	P/R Deduction (\$20.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Susan Moss			Date of Receipt
	Mailing Address 161 Westwind Road			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109419336887
	Louisville	KY	40207	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Crp C	n Communications	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		220.00	P/R Deduction (\$20.00 Bi- Weekly)
).	Full Name (Last, First, Middle Initial) Charles Michael Grannan			Date of Receipt
	Mailing Address 7109 Cannonade Court			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109419396887
	Prospect	KY	40059	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		56.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Purch		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		308.00	P/R Deduction (\$28.00 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			136.00
_	OTAL TIPE DESCRIPTION OF THE STATE OF THE ST	-1.)		
_T(OTAL This Period (last page this line number or	nıy)	.	

٥/	CHEDIII E A /EEC Form 2V)			FOR LINE NUMBER: PAGE 14 / 40				
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	(check only one)				
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12				
			Detailed Summary Fage	13 14 15 16 17				
An	y information copied from such Reports and Stat	ements may	not be sold or used by any perso	n for the purpose of soliciting contributions				
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.				
/	NAME OF COMMITTEE (In Full)							
\rangle	Kindred Healthcare, Inc. PAC							
<u>/</u>								
	Full Name (Last, First, Middle Initial)							
٩.	Robert G Weir			Date of Receipt				
	Mailing Address 4100 Napanee Rd			M M / D D / Y Y Y Y				
	City	State	Zip Code	Transaction ID: PR109419406887				
	Louisville	KY	40207	Amount of Each Receipt this Period				
			40201	Amount of Each Necept this Period				
	FEC ID number of contributing federal political committee.	C		40.00				
	Name of Employer Kindred Healthcare Inc.	Occupation						
			ations-KPS					
	Receipt For:	Aggregate	e Year-to-Date ▼					
	Primary General		220.00	P/R Deduction (\$20.00 Bi-				
	Other (specify)		220.00	Weekly)				
	Full Name (Last First Middle Initial)							
3.	Full Name (Last, First, Middle Initial) Dennis J Hansen			Date of Receipt				
	Mailing Address 1791 Connor Station Roa	ad a		M M / D D / Y Y Y Y				
	The state of the s							
	City	State	Zip Code	Transaction ID: PR109419416887				
	Simpsonville	KY	40067	Amount of Each Receipt this Period				
	FEC ID number of contributing			70.00				
	federal political committee.	C		70.00				
	Name of Employer	Occupation	n	-				
	Kindred Healthcare Inc.	VP Reim						
	Receipt For:	Aggregate	e Year-to-Date ▼					
	Primary General			P/R Deduction (\$35.00 Bi-				
	Other (specify)		385.00	Weekly)				
_	Full Name (Last, First, Middle Initial)			Date of Descript				
٠.	Mary Suzanne Riedman Mailing Address 6401 Orchid Hill Pl			Date of Receipt				
	Mailing Address 6401 Orchid Hill Pl			M M / D D / Y Y Y Y				
	City	State	Zip Code	Transaction ID: PR109419426887				
	Louisville	KY	40207	Amount of Each Receipt this Period				
	FEC ID number of contributing							
	federal political committee.			40.00				
	Name of Employer	Occupation	2	4				
	Name of Employer Kindred Healthcare Inc.	•	General Counsel					
Receipt For:			e Year-to-Date ▼	-				
	Primary General	7.99.094.0		P/R Deduction (\$20.00 Bi-				
	Other (specify) ▼	l	220.00	Weekly)				
				'				
S	UBTOTAL of Receipts This Page (optional)		······	150.00				
T	OTAL This Period (last page this line number on	ly)	>					

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 15 / 40 (check only one)
•			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
۹.	Full Name (Last, First, Middle Initial) Michael J Bean			Date of Receipt
	Mailing Address 8011 Kendrick Crossing	Lane		M M / D D / Y Y Y Y
	City Louisville	State KY	Zip Code 40291	Transaction ID: PR109419516887 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10201	40.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Tax F		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 220.00	P/R Deduction (\$20.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Anne S Woods			Date of Receipt
	Mailing Address 7420 Falls Ridge Ct.	M ' M / D ' D / Y ' Y ' Y ' Y		
	City	State	Zip Code	Transaction ID: PR109419546887
	Louisville FEC ID number of contributing	KY	40241	Amount of Each Receipt this Period
	federal political committee.	C		60.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Intern		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		326.00	P/R Deduction (\$30.00 Bi- Weekly)
— Э.	Full Name (Last, First, Middle Initial) Teri A Hartlage			Date of Receipt
	Mailing Address 4005 Landherr Drive			M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR109419586887
	Louisville	KY	40299	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Asst Trea		
	Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	1	e Year-to-Date ▼ 220.00	P/R Deduction (\$20.00 Bi- Weekly)
S	UBTOTAL of Receipts This Page (optional)			140.00
т	OTAL This Period (last page this line number o	nly))	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 16 / 40 (check only one)
ı I	EINILED NECEILI 9		Detailed Summary Page	X 11a 11b 11c 12 17 13 14 15 16 17
An or	y information copied from such Reports and Star for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
۹.	Full Name (Last, First, Middle Initial) John Lucchese			Date of Receipt
	Mailing Address 14401 Broad Oak Place			M M / D D / Y Y Y Y
	City Louisville	State KY	Zip Code 40245	Transaction ID: PR109419596887 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	102-10	66.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Crp F	n in & Controller	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 363.00	P/R Deduction (\$33.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Richard A Lechleiter			Date of Receipt
	Mailing Address 601 Club Lane			M M / D D / Y Y Y Y
	City	State KY	Zip Code	Transaction ID: PR109419626887
	Louisville FEC ID number of contributing federal political committee.	C	40207	Amount of Each Receipt this Period 150.00
	Name of Employer Kindred Healthcare Inc.	Occupation Exec VP		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 825.00	P/R Deduction (\$75.00 Bi- Weekly)
).	Full Name (Last, First, Middle Initial) Joseph Landenwich			Date of Receipt
	Mailing Address 2213 Wrocklage Ave.			M M / D D / Y Y Y Y
	City Louisville	State KY	Zip Code 40205	Transaction ID: PR109419636887
	FEC ID number of contributing federal political committee.	C	40205	Amount of Each Receipt this Period 120.00
	Name of Employer Kindred Healthcare Inc.		.egalAffairs&CrpSec	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 660.00	P/R Deduction (\$60.00 Bi- Weekly)
SI	UBTOTAL of Receipts This Page (optional)			336.00
т	OTAL This Period (last page this line number or	nly))	

SCHEDULE A (FEC Form 3X))	Use separate schedule(s)	FOR LINE NUMBER: PAGE 17 / 40 (check only one)
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
		Detailed Summary Fage	13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
Kindred Healthcare, Inc. PAC			
Full Name (Last, First, Middle Initial) A. Arthur L Rothgerber			Date of Receipt
Mailing Address 8325 Regency Wood	s Way		M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR109419646887
Louisville	KY	40220	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		38.00
Name of Employer Kindred Healthcare Inc.	Occupation Sr VP Re	n eimbursement	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		209.00	P/R Deduction (\$19.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) 3. Charles E Leanhart			Date of Receipt
Mailing Address 1200 Twin Willows L	M M / D D / Y Y Y Y		
City	State	Zip Code	Transaction ID: PR109419666887
Louisville	KY	40214	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Ac	n ccts Payable	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	220.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) 7. Timothy W Jolly			Date of Receipt
Mailing Address 6703 Kingslook Ct			M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR109419686887
Louisville	KY	40207	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Pla	n anning & Dev	
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	P/R Deduction (\$20.00 Bi-
Other (specify) ▼	0 0	220.00	Weekly)
SUBTOTAL of Receipts This Page (optional)			118.00
TOTAL This Period (last page this line number	er only)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 18 / 40
ITEMIZED RECEIPTS			or each category of the	(check only one)
••	LIMIZED HEOLII 13		Detailed Summary Page	X 11a 11b 11c 12
۸۰	y information copied from such Reports and St	estamanta mai	, not be cold or used by any nore	13 14 15 16 17
or	for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	Kindred Healthcare, Inc. PAC			
A.				Date of Receipt
	Mailing Address 2224 Highland Springs	Place		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109419716887
	Louisville	KY	40245	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			62.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Crp F		
	Receipt For:		Year-to-Date ▼	
	Primary General		241.00	P/R Deduction (\$31.00 Bi-
	Other (specify) ▼	0 0	341.00	Weekly)
В.	Full Name (Last, First, Middle Initial) Brian L Caudill			Date of Receipt
	Mailing Address 4817 Stanley Farm Col	M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR109419736887
	<u>LaGrange</u>	KY	40031	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		52.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir HD		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		286.00	P/R Deduction (\$26.00 Bi- Weekly)
<u> </u>	Full Name (Last, First, Middle Initial) Mary R Russell			Date of Receipt
	Mailing Address 7300 Wood Rock Rd			M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR109419766887
	Louisville	KY	40291	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Kindred Healthcare Inc.		C		44.00
		Occupation Dir Accou	n unting-HSD	
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		242.00	P/R Deduction (\$22.00 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			158.00
H	OTAL This Period (last page this line number of			

SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 19 / 40
		Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
		Detailed Summary Fage	13 14 15 16 17
Any information copied from such Reports and State	ements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or for commercial purposes, other than using the na	ame and ado	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
> Kindred Healthcare, Inc. PAC			
/			1
Full Name (Last, First, Middle Initial)			Data of Descript
A. William M Altman			Date of Receipt
Mailing Address 9103 Lexington Lane			M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR109419806887
Louisville	KY	40241	Amount of Each Receipt this Period
FEC ID number of contributing			
federal political committee.	C		80.00
	0 "		_
Name of Employer Kindred Healthcare Inc.	Occupation	n plGovtProg&IntAudit	
Receipt For:		Year-to-Date ▼	-
Primary General	Aggregate	FIGAL-10-Date V	D/D Dadwatian (#40.00 Bi
Other (specify)		440.00	P/R Deduction (\$40.00 Bi- Weekly)
Full Name (Last, First, Middle Initial)			
T. Stephen Turner			Date of Receipt
Mailing Address 4105 Pacific Ave #4			M M / D D / Y Y Y Y
O.h.	01-1-	7:n Oada	BB4004000007
City	State	Zip Code	Transaction ID: PR109420036887
Marina Del Ray	CA	90292	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		80.00
rederal political committee.			
Name of Employer Kindred Healthcare Inc.	Occupation		
		egicPlan&BusDevHD	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General		440.00	P/R Deduction (\$40.00 Bi- Weekly)
Other (specify) ▼			VV eekiy)
Full Name (Last, First, Middle Initial)			
C. Michael Comer			Date of Receipt
Mailing Address 12 Lewis			M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR109420046887
Irvine	CA	92620	Amount of Each Receipt this Period
FEC ID number of contributing	С		70.00
federal political committee.			
Name of Employer Kindred Healthcare Inc.	Occupation	1	7
Kindred Healthcare Inc.	VP Finan	ce-West Reg-HD	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General		385.00	P/R Deduction (\$35.00 Bi-
Other (specify) ▼	0 0		Weekly)
SUBTOTAL of Receipts This Page (optional)			230.00
CODIOTAL OF RECEIPES THIS Page (optional)		······································	
TOTAL This Period (last page this line number onl	ly))	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 20 / 40			
TEMIZED RECEIPTS		or each category of the	(check only one)			
· · · · · · · · · · · · · · · · · · ·		Detailed Summary Page	X 11a 11b 11c 12 15 16 17			
Any information copied from such Reports and Sta	atements may	y not be sold or used by any perso	n for the purpose of soliciting contributions			
or for commercial purposes, other than using the n	name and add	aress of any political committee to	solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)						
Kindred Healthcare, Inc. PAC						
Full Name (Last, First, Middle Initial) 1. Traci Shelton			Date of Receipt			
Mailing Address 4138 Quiet Meadow Ct			M M / D D / Y Y Y Y			
0.1	01-1-	7'- 0-4-	DD 400 40000007			
City Fairoaks	State CA	Zip Code 95628	Transaction ID: PR109420066887 Amount of Each Receipt this Period			
FEC ID number of contributing		33020				
federal political committee.	C		200.00			
Name of Employer Kindred Healthcare Inc.	Occupation		7			
Receipt For:		est Reg-HD e Year-to-Date ▼	-			
Primary General	riggrogate		P/R Deduction (\$100.00 Bi-			
Other (specify) ▼	0 0	1080.00	Weekly)			
Full Name (Last, First, Middle Initial)						
Steven Monaghan Mailing Address 508 W. Melrose #7-A			Date of Receipt			
Mailing Address 508 W. Meirose #7-A			M M / D D / Y Y Y Y			
City	State	Zip Code	Transaction ID: PR109420076887			
Chicago	IL	60657	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		170.00			
Name of Employer Kindred Healthcare Inc.	Occupation		7			
Receipt For:		-West Grp-HD e Year-to-Date ▼	_			
Primary General	Aggregate		P/R Deduction (\$85.00 Bi-			
Other (specify) ▼		935.00	Weekly)			
Full Name (Last, First, Middle Initial)			Date of Descript			
Mark A McCullough Mailing Address 1101 Old Cannons Lane	<u> </u>		Date of Receipt			
City	State	Zip Code	Transaction ID: PR109420116887			
Louisville	KY	40207	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		80.00			
Name of Employer Kindred Healthcare Inc.	Occupation					
Preside		e Year-to-Date ▼	\dashv			
			P/R Deduction (\$40.00 Bi-			
Other (specify) ▼	0 0	440.00	Weekly)			
SUBTOTAL of Receipts This Page (optional)						
TOTAL This Period (last page this line number or	nly)					

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 21 / 40	٦			
			Use separate schedule(s) or each category of the	(check only one)				
H	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12				
			<u> </u>	13 14 15 16 17	7			
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.				
$\overline{}$	NAME OF COMMITTEE (In Full)				T			
\rangle	Kindred Healthcare, Inc. PAC							
۸.	Full Name (Last, First, Middle Initial) John Miner			Date of Receipt				
	Mailing Address 4730 Dunnie Drive			M M / D D / Y Y Y Y				
	City	State	Zip Code	Transaction ID: PR109420216887				
	<u>Tampa</u>	<u>FL</u>	33614	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		40.00				
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Fin						
	Receipt For:	Aggregate	Year-to-Date ▼	7				
	Primary General Other (specify) ▼		220.00	P/R Deduction (\$20.00 Bi- Weekly)				
 3.	Full Name (Last, First, Middle Initial) Pamela Marie Riter			Date of Receipt	_			
	Mailing Address 5224 Hampton Beach Pl	M " M / D " D / Y " Y " Y " Y						
	City	State	Zip Code	Transaction ID: PR109420246887				
	Tampa	<u>FL</u>	33609	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		50.00				
	Name of Employer Kindred Healthcare Inc.	Occupation						
	Receipt For:	Executive	e Dir • Year-to-Date ▼	_				
	Primary General	Aggregate	Teal-to-Date V	P/R Deduction (\$25.00 Bi-				
	Other (specify) ▼	0 0	275.00	Weekly)				
<u> </u>	Full Name (Last, First, Middle Initial) Charles D Doten			Date of Receipt				
	Mailing Address 7644 Harbour Blvd.			M M / D D / Y Y Y Y				
	City	State	Zip Code	Transaction ID: PR109420366887				
	Miramar	<u>FL</u>	33023	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		40.00				
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Exe						
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General Other (specify) ▼	0 0	220.00	P/R Deduction (\$20.00 Bi- Weekly)				
s	SUBTOTAL of Receipts This Page (optional)							
T	OTAL This Period (last page this line number or	nlv)						
•		<i>.</i> ,	······					

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER:	PAGE 22/40			
			Use separate schedule(s) or each category of the	(check only one)				
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b	11c 12			
				13 14	15 16 17			
Ar	ly information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any person	on for the purpose of soliciting	ng contributions			
		arrie ariu auc	ness of any political committee to	Solicit Contributions from St	acti committee.			
/	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC							
/	Killured Healthcare, Ilic. FAC							
	Full Name (Last, First, Middle Initial)							
٩.	Timothy L Simpson			Date of Receipt				
	Mailing Address 498 Branscomb Road			M M / D D /	YYYY			
	City	State	Zip Code	Transaction ID: PR1	109420436887			
	Grn Cve Spgs	FL	32043	Amount of Each Rece				
	FEC ID number of contributing				 			
	federal political committee.	C			40.00			
	Name of Employer Kindred Healthcare Inc.	Occupation						
		Executive						
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General Other (specify) ▼	' '	220.00	P/R Deduction (\$20 Weekly)	.00 Bi-			
	Cale (cposiny) \(\psi \)	0 0		1				
,	Full Name (Last, First, Middle Initial)			Date of Descipt				
э.	James J Novak Mailing Address 9680 Ridgewalk Court			Date of Receipt	YYYY			
	Mailing Address 9000 Hidgewalk Court	M M / D D /						
	City	State	Zip Code	Transaction ID: PR1	109420536887			
	Davie	FL	33328	Amount of Each Rece	eipt this Period			
	FEC ID number of contributing	С			84.00			
	federal political committee.				01.00			
	Name of Employer Kindred Healthcare Inc.	Occupation	1					
	Kindred Healthcare Inc.	Exec VP-	East Grp-HD					
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General	' '	462.00	P/R Deduction (\$42	.00 Bi-			
	Other (specify) ▼	0 0		Weekly)				
_	Full Name (Last, First, Middle Initial)			D. (5.)				
Ĵ.	John Griffes Mailing Address 97040 Autumn Clar			Date of Receipt	V V V			
	Mailing Address 27240 Autumn Glen			M M / D D /	YYYY			
	City	State	Zip Code	Transaction ID: PR1	109420686887			
	Boerne	TX	78006	Amount of Each Rece	eipt this Period			
	FEC ID number of contributing	C			40.00			
	federal political committee.							
	Name of Employer Kindred Healthcare Inc.	Occupation		7				
		Chief Exe						
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General Other (specify) ▼	' '	220.00	P/R Deduction (\$20 Weekly)	.00 Bi-			
	Strict (opening) \	0 0		1,				
S	UBTOTAL of Receipts This Page (optional)				164.00			
T	OTAL This Period (last page this line number or	nly))					
	, , ,							

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 23 / 40 (check only one)
11	EIVIIZED NEGEIP I 3		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
<u>′</u> 4.	Full Name (Last, First, Middle Initial) Donna Kelsey			Date of Receipt
	Mailing Address 2075 E. Tivoli Hills Drive)		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109421016887
	Draper	UT	84020	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP-Pa	n ucific Reg-HSD	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		275.00	P/R Deduction (\$25.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Anita Tillery			Date of Receipt
	Mailing Address 2531 Rock Creek Drive	M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR109421106887
	Chesapeake	VA	23325	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive	e Dir II	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		220.00	P/R Deduction (\$20.00 Bi- Weekly)
 Э.	Full Name (Last, First, Middle Initial) Lane M Bowen			Date of Receipt
	Mailing Address 680 South Fourth Ave			M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR109421366887
	Louisville	KY	40202	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer Kindred Healthcare Inc.	Occupation Exec VP	n & President-HSD	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼ 550.00	P/R Deduction (\$50.00 Bi- Weekly)
	Other (specify) ▼	0 0		
SI	JBTOTAL of Receipts This Page (optional)		······	190.00
T	OTAL This Period (last page this line number or	ıly)	→	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 24 / 40
ITEMIZED RECEIPTS			or each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An	y information copied from such Reports and State	ements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or 1	or commercial purposes, other than using the na	me and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\rangle	Kindred Healthcare, Inc. PAC			
_	Full Name (Last, First, Middle Initial)			
_	Michael W Beal			Date of Receipt
	Mailing Address 10 Glenwood Road			M M / D D / Y Y Y Y
	Oit.	Ctoto	Zin Cada	
	City Windham	State NH	Zip Code 03087	Transaction ID: PR109421416887 Amount of Each Receipt this Period
			00007	
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer Kindred Healthcare Inc.	Occupation	1	1
	Kindred Healthcare Inc.	Sr VP-NE	Reg-HSD	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	' '	250.00	P/R Deduction (\$20.00 Bi- Weekly)
	Carior (openity)	0 0		, result,
	Full Name (Last, First, Middle Initial) Gloria J Miller			Date of Receipt
	Mailing Address 223 Harvest Row Court			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109422216887
	Cary	NC	27513	Amount of Each Receipt this Period
	FEC ID number of contributing	С		40.00
	federal political committee.			
	Name of Employer Kindred Healthcare Inc.	Occupation		
			Operations I	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	D/D D = duration (\$000.00 D)
	Other (specify)		220.00	P/R Deduction (\$20.00 Bi- Weekly)
•	Full Name (Last, First, Middle Initial) Patricia Pruden Lennox			Date of Receipt
٠.	Mailing Address 11 Cider Mill Road			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109422286887
	Medway	MA	02053	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Kindred Healthcare Inc.	Occupation		
	Receipt For:		Sales & MktingHSD Year-to-Date ▼	_
	Primary General	riggregate		P/R Deduction (\$20.00 Bi-
	Other (specify)		220.00	Weekly)
SI	JBTOTAL of Receipts This Page (optional)			140.00
	,		<u> </u>	
T	OTAL This Period (last page this line number onl	ly)	>	

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 25 / 40
	·		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Summary Fage	13 14 15 16 17
An	y information copied from such Reports and Stat	ements may	y not be sold or used by any perso	n for the purpose of soliciting contributions
or 1	or commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	Kindred Healthcare, Inc. PAC			
	,			
	Full Name (Last, First, Middle Initial)			
٩.	Scott W Parker			Date of Receipt
	Mailing Address 1533 Panorama Drive			M M / D D / Y Y Y Y
	0''		7: 0 1	
	City	State	Zip Code	Transaction ID: PR109422306887
	Vestavia Hill	AL	35216	Amount of Each Receipt this Period
	FEC ID number of contributing	С		40.00
	federal political committee.			
	Name of Employer	Occupation	n	┪
	Name of Employer Kindred Healthcare Inc.		nce-South Reg-HSD	
	Receipt For:		e Year-to-Date ▼	-
	Primary General	7.99.094.0	Teal to Jule V	D/D Doduction (\$20.00 Bi
	Other (specify)		220.00	P/R Deduction (\$20.00 Bi- Weekly)
		0 0	0 0 0 0 0 0 0	'
	Full Name (Last, First, Middle Initial)			
3.	Stephen F. Stoess			Date of Receipt
	Mailing Address 705 Sentry Way			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109422466887
	Louisville	KY	40223	Amount of Each Receipt this Period
	FEC ID number of contributing			40.00
	federal political committee.	C		46.80
	Name of European	0		_
	Name of Employer Kindred Healthcare Inc.	Occupation	n ecommunications	
	Descipt For:		e Year-to-Date V	_
	Receipt For: Primary General	Aggregate	e Year-lo-Dale ▼	
	Other (specify)		257.40	P/R Deduction (\$23.40 Bi- Weekly)
	Ctrior (openity)	0 0		1 Tooksy)
	Full Name (Last, First, Middle Initial)			
Э.	Richard A. Hood			Date of Receipt
	Mailing Address 3440 Brian Rd South			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109422556887
	Palm Harbor	FL	34685	Amount of Each Receipt this Period
	FEC ID number of contributing			40.00
	federal political committee.	C		40.00
	Name of Employer	Ossunation		4
	Name of Employer Kindred Healthcare Inc.	Occupation	n arm-SE Reg-KPS	
	Receipt For:		e Year-to-Date V	\dashv
	Primary General	Aggregate	rear-to-bate V	D/D D = divertions (\$000.00 D)
	Other (specify)		220.00	P/R Deduction (\$20.00 Bi- Weekly)
			0 0 0 0 0 0 0	' ' ''
	L.			
SI	JBTOTAL of Receipts This Page (optional)			126.80
	. 5 (1 /			
T	OTAL This Period (last page this line number on	ly))	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 40 (check only one) X 11a 11b 11c 12
An	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		,,,	
۹.	Full Name (Last, First, Middle Initial) Danny R Edwards Mailing Address 1112 Hunt Club Lane			Date of Receipt
	City	State	Zip Code	Transaction ID: PR109422616887
	Valrico	FL	33594	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Exe		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 220.00	P/R Deduction (\$20.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Berard E. Tomassetti			Date of Receipt
	Mailing Address 7510 Cantrell Drive			M M / D D / Y Y Y Y
	City Crestwood	State KY	Zip Code 40014	Transaction ID: PR109422626887
	FEC ID number of contributing federal political committee.	C	40014	Amount of Each Receipt this Period 50.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Finan	ce-KPS	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 275.00	P/R Deduction (\$25.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Charles K. Currens			Date of Receipt
	Mailing Address 7801 McCarthy Lane			M M / D D / Y Y Y Y
	City Louisville	State KY	Zip Code 40222	Transaction ID: PR109422916887 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	TUELE	40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir IS Pro	od Svcs	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 220.00	P/R Deduction (\$20.00 Bi- Weekly)
SI	UBTOTAL of Receipts This Page (optional)			150.00
т	OTAL This Period (last page this line number o	nly))	

	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 27 / 40 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
۹.	Full Name (Last, First, Middle Initial) Gaylia Bond			Date of Receipt
	Mailing Address 7015 Wooded Meadow	Rd		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109422976887
	Louisville FEC ID number of contributing federal political committee.	C	40241	Amount of Each Receipt this Period 60.00
	Name of Employer Kindred Healthcare Inc.	Occupation	n Iman Resources-HD	
	Receipt For:		Year-to-Date V	
	Primary General Other (specify) ▼		330.00	P/R Deduction (\$30.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Keith Krein			Date of Receipt
	Mailing Address 7212 Deer Ridge Rd			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109422986887
	Prospect	KY	40059	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Kindred Healthcare Inc.		Chief Med Off-HSD	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		220.00	P/R Deduction (\$20.00 Bi- Weekly)
— Э.	Full Name (Last, First, Middle Initial) Patricia M McGillan			Date of Receipt
	Mailing Address 510 Altagate Rd			M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR109422996887
	Louisville	KY	40206	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		60.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Pat S	ո af & Risk Mgmt-HD	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		330.00	P/R Deduction (\$30.00 Bi- Weekly)
SI	UBTOTAL of Receipts This Page (optional)		>	160.00
т	OTAL This Period (last page this line number or	nly)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 28 / 40
TEMIZED RECEIPTS		or each category of the	(check only one)
· · · · · · · · · · · · · · · · · · ·		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and State or for commercial purposes, other than using the na	ements may	not be sold or used by any perso	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	arrie ariu auu	iress or arry political committee to	Solicit Contributions from Such Committee.
Kindred Healthcare, Inc. PAC			
/			
Full Name (Last, First, Middle Initial) 1. Barbara L Baylis			Date of Receipt
Mailing Address 6702 Kingslook Court			M M / D D / Y Y Y Y
0.1	01-1-	7's Oads	DD4004000007
City Louisville	State KY	Zip Code 40207	Transaction ID: PR109423006887 Amount of Each Receipt this Period
FEC ID number of contributing		40207	
federal political committee.	C		40.00
Name of Employer Kindred Healthcare Inc.	Occupation	n & Res Svcs-HSD	
Receipt For:		Year-to-Date ▼	
Primary General		220.00	P/R Deduction (\$20.00 Bi-
Other (specify)	1 1	220.00	Weekly)
Full Name (Last, First, Middle Initial) 3. Richard H Starke			Date of Receipt
Mailing Address 2404 Dundee Rd			M " M / D " D / Y " Y " Y " Y
City	State	Zip Code	Transaction ID: PR109423156887
Louisville	KY	40205	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		40.00
Name of Employer Kindred Healthcare Inc.	Occupation		7
Receipt For:		ehab Svcs-PRS • Year-to-Date ▼	
Primary General	7 199. 094.10		P/R Deduction (\$20.00 Bi-
Other (specify)		220.00	Weekly)
Full Name (Last, First, Middle Initial) 2. Aimee Oakes			Date of Receipt
Mailing Address 240 Paradise Lane			M M / D D / Y Y Y Y Y
City	State	Zip Code	Transaction ID: PR109423266887
Jacksboro	TN	37757	Amount of Each Receipt this Period
FEC ID number of contributing	C		40.00
federal political committee.			
Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir C		
Receipt For:		Year-to-Date ▼	-
Primary General	00 0		P/R Deduction (\$20.00 Bi-
Other (specify) ▼	0 0	220.00	Weekly)
SUBTOTAL of Receipts This Page (optional)			120.00
age (optional)			
TOTAL This Period (last page this line number onl	ly)	>	

SCHEDULE A (FEC Form 3X)

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 29 / 40
	EMIZED RECEIPTS		or each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
/	Kindred Healthcare, Inc. PAC			
۹.	Full Name (Last, First, Middle Initial) Carol Holguin			Date of Receipt
-	Mailing Address 504 Steeplechase Trail			M * M / D * D / Y * Y * Y
	City	State	Zip Code	Transaction ID: PR109423416887
	Kennedale	TX	76060	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		60.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Exe		
	Receipt For:		e Year-to-Date ▼	\dashv
	Primary General	, iggi ogalo		P/R Deduction (\$30.00 Bi-
	Other (specify) ▼	0 0	330.00	Weekly)
_	Full Name (Last, First, Middle Initial)			Date of Descript
э.	Jeffrey F Luckett Mailing Address 1406 Hawkshead Ln			Date of Receipt
	1400 Hawkshead Ell			W W / B B / T T T
	City	State	Zip Code	Transaction ID: PR109423446887
	Louisville	KY	40220	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		40.00
	Name of Employer Kindred Healthcare Inc.	Occupation		
	Receipt For:	1	al Audit-IS e Year-to-Date ▼	\dashv
	Primary General	riggregate		P/R Deduction (\$20.00 Bi-
	Other (specify) ▼		220.00	Weekly)
_	Full Name (Last, First, Middle Initial)			Date of Description
٠.	Carolyn F De Blasi Mailing Address 10950 N. LaCanada #82	204		Date of Receipt
	Walling Address 10950 N. LaCanada #62	204		M M , B b J , Y b Y b Y
	City	State	Zip Code	Transaction ID: PR109423516887
	Oro Valley	AZ	85737	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		60.00
	rederal political committee.			
	Name of Employer Kindred Healthcare Inc.	Occupation Executive		
	Receipt For:		e Year-to-Date ▼	-
	Primary General			P/R Deduction (\$20.00 Bi-
	Other (specify) ▼	0 0	220.00	Weekly)
	LIPTOTAL of Doggieta This David (anticast)			160.00
5	UBTOTAL of Receipts This Page (optional)		·······	
Т	OTAL This Period (last page this line number or	nly)	>	

C/				FOR LINE NUMBER: PAGE 30 / 40
5(CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
۸	winformsetion conicd from code Department and Cha			
or	y information copied from such Reports and Sta for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any perso dress of anv political committee to	solicit contributions from such committee.
_	NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , ,	
/	• • •			
/	Kindred Healthcare, Inc. PAC			
	Full Name (Last, First, Middle Initial)			
۹.	Peter D Corless			Date of Receipt
	Mailing Address 3308 Overlook Ridge Ro	1		M M / D D / Y Y Y
	City	State	Zip Code	Transaction ID: PR109423526887
	Prospect	KY	40059	Amount of Each Receipt this Period
	FEC ID number of contributing			10.00
	federal political committee.	C		40.00
	Name of Employer Kindred Healthcare Inc.	Occupation		
			R & Admin-HSD	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		220.00	P/R Deduction (\$20.00 Bi-
	Other (specify) ▼		220.00	Weekly)
	Full Name (Last, First, Middle Initial)			Date of Descript
э.	Tamila Johnson-White			Date of Receipt
	Mailing Address 2615 Zhale Smith Rd.			M M / D D / Y Y Y Y
	City	State	Zip Code	: .DD100400540007
	•	KY	•	Transaction ID: PR109423546887
	LaGrange	<u> NY</u>	40031	Amount of Each Receipt this Period
	FEC ID number of contributing	C		40.00
	federal political committee.			
	Name of Employer	Occupation	n	7
	Kindred Healthćare Inc.	Reg Dir l	Jtil Svcs-HSD	
	Receipt For:		e Year-to-Date ▼	7
	Primary General	33 -3		P/R Deduction (\$20.00 Bi-
	Other (specify)		220.00	Weekly)
	Full Name (Last, First, Middle Initial)			
Э.	John Pierson			Date of Receipt
	Mailing Address 7643 Dean Road			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109423686887
	Indianapolis	IN	46240	Amount of Each Receipt this Period
	FEC ID number of contributing			48.00
	federal political committee.	C		46.00
	Name of Employer	Ossunatia	_	4
	Name of Employer Kindred Healthcare Inc.	Occupation		
	Possint For:	Chief Exe	e Year-to-Date ▼	-
	Receipt For: Primary General	Aggregate	e fear-to-Date V	
		' '	264.00	P/R Deduction (\$24.00 Bi- Weekly)
	Other (specify) ▼		1 1 1 1 1 1 1	Wooding)
_	UDTOTAL of December 711 Day (1911 19			128.00
S	UBTOTAL of Receipts This Page (optional)		<u> </u>	
_				
T	OTAL This Period (last page this line number or	າly)	>	

	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 31 / 40 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
۹.	Full Name (Last, First, Middle Initial) Douglas Roth			Date of Receipt
	Mailing Address 9891 Heytesbery			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109423736887
	Sandy	UT	84092	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Finan	n ce-Pacific RegHSD	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	440.00	P/R Deduction (\$40.00 Bi- Weekly)
 3.	Full Name (Last, First, Middle Initial) Henry F. Telfeian			Date of Receipt
	Mailing Address 1247 Alvarado Road			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109423986887
	Berkeley	CA	94705	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Labor Re	n I Counsel	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		210.00	P/R Deduction (\$10.00 Bi- Weekly)
).	Full Name (Last, First, Middle Initial) Jeffrey L. Perry			Date of Receipt
	Mailing Address 1473 St. James Court			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109424026887
	Louisville	KY	40208	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Pharn	nacy IS-KPS	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	P/R Deduction (\$20.00 Bi-
	Other (specify) ▼		220.00	Weekly)
SI	UBTOTAL of Receipts This Page (optional)			140.00
т	OTAL This Period (last page this line number o	nly)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 32 / 40 (check only one)
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any person dress of any political committee to	n for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
۷.	Full Name (Last, First, Middle Initial) Frank E. Perkins			Date of Receipt
	Mailing Address 2101 Cherrywood Drive			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109424036887
	LaGrange EEC ID number of contributing	KY	40031	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Finan		
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	220.00	P/R Deduction (\$20.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Douglas T Collins			Date of Receipt
	Mailing Address 12106 Briargate Lane			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109424126887
	Goshen	KY	40026	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Fin S		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		220.00	P/R Deduction (\$20.00 Bi- Weekly)
) .	Full Name (Last, First, Middle Initial) Linda L Newberry-Ferguson			Date of Receipt
	Mailing Address 11310 Haleco Lane			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109424196887
	Hales Corners	WI	53130	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Exe		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 550.00	P/R Deduction (\$50.00 Bi- Weekly)
SI	JBTOTAL of Receipts This Page (optional)			230.00
т	OTAL This Period (last page this line number or	าly)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 40 (check only one) X 11a 11b 11c 12
Δn	y information copied from such Reports and Sta	tements may		n for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
۹.	Full Name (Last, First, Middle Initial) Amanda G Estes			Date of Receipt
	Mailing Address 4211 Wine Cellar Court			M " M / D " D / Y " Y " Y " Y
	City Louisville	State KY	Zip Code 40272	Transaction ID: PR109424236887 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10010	40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Intern		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 220.00	P/R Deduction (\$20.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Gregory C. Miller			Date of Receipt
	Mailing Address 8000 Allielough Court			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109424286887
	Prospect	KY	40059	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP De	n ev & Fin Plan	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		440.00	P/R Deduction (\$40.00 Bi- Weekly)
— Э.	Full Name (Last, First, Middle Initial) Philip L. Jones			Date of Receipt
	Mailing Address 702 Helmsdale Place N.			M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR109424356887
	Brentwood	TN	37027	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Fin		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 220.00	P/R Deduction (\$20.00 Bi- Weekly)
SI	JBTOTAL of Receipts This Page (optional)			160.00
т	OTAL This Period (last page this line number or	nly))	

S	CHEDULE A (FEC Form 3X)		Hee congrets ask state(-)	FOR LINE NUMBER: PAGE 34 / 40
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
	EMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	Kindred Healthcare, Inc. PAC			
۹.	Full Name (Last, First, Middle Initial) Richard Pletz			Date of Receipt
	Mailing Address 30408 Hilliard Court			M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR109424526887
	Westlake	ОН	44145	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Kindred Healthcare Inc.	Occupation		
	Receipt For:		e Year-to-Date ▼	-
	Primary General	33 - 3		P/R Deduction (\$20.00 Bi-
	Other (specify) ▼	0 0	220.00	Weekly)
3.	Full Name (Last, First, Middle Initial) Raymond J Sierpina			Date of Receipt
	Mailing Address 14 Westwind Road			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109424666887
	Louisville	KY	40207	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer Kindred Healthcare Inc.	Occupation		
			rnment Programs	_
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		330.00	P/R Deduction (\$30.00 Bi- Weekly)
).	Full Name (Last, First, Middle Initial) Leslie Griffin			Date of Receipt
	Mailing Address 10407 Springland Ct			M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR109424676887
	Houston	TX	77065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Fin		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		220.00	P/R Deduction (\$20.00 Bi- Weekly)
S	UBTOTAL of Receipts This Page (optional)			160.00
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T	OTAL This Period (last page this line number or	nly))	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 35 / 40
	EMIZED RECEIPTS		or each category of the	(check only one)
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۸۰	y information copied from such Reports and Stateme	onto mov	not be cold or used by any person	13 14 15 16 17
or	for commercial purposes, other than using the name	and add	ress of any political committee to s	solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)			
\rangle	Kindred Healthcare, Inc. PAC			
_				
۸	Full Name (Last, First, Middle Initial) Steven Tanner			Date of Receipt
٠.	Mailing Address 6622 Rosebud Lane			M M / D D / Y Y Y Y
	0022 Hosebud Lane			
	City	State	Zip Code	Transaction ID: PR109424686887
	<u>Indianapolis</u>	<u>N</u>	46237	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee	· '		60.00
	federal political committee.			
	Name of Employer Kindred Healthcare Inc.	cupation		1
	Kindred Healthcare Inc.	ecutive	Dir III	
		ggregate	Year-to-Date ▼	
	Primary General		220.00	P/R Deduction (\$20.00 Bi-
	Other (specify) ▼		220.00	Weekly)
	Full Name (Last, First, Middle Initial)			
3.	Thomas Wood			Date of Receipt
	Mailing Address 2949 Glascock Street			M " M / D " D / Y " Y " Y " Y
	,	State	Zip Code	Transaction ID: PR109424726887
		CA	94601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			130.00
	Kindrod Hoolthoaro Inc	cupation		
	Uis		perations II	-
	Receipt For: Ag	ggregate	Year-to-Date ▼	D/D D = dv = 45 = = (#05 00 D)
	Other (specify)		715.00	P/R Deduction (\$65.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial)			
j.	Gwynn Rucker			Date of Receipt
	Mailing Address 15106 59th Place NE			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109424786887
	Kenmore V	۷A	98028	Amount of Each Receipt this Period
	FEC ID number of contributing	<u> </u>		50.00
	federal political committee.	<u> </u>		30.00
	Name of Employer Occ Kindred Healthcare Inc.	cupation		†
	Kindred Healthcare Inc.	st Dir O	perations I	
		ggregate	Year-to-Date ▼	
	Primary General	1 1	275.00	P/R Deduction (\$25.00 Bi-
	Other (specify) ▼	1 1	273.00	Weekly)
9	UBTOTAL of Receipts This Page (optional)			240.00
_	or recorpts this rage (optional)		<u> </u>	
т	OTAL This Period (last page this line number only)		•	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 36 / 40 (check only one)
			Detailed Summary Page	13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
۹.	Full Name (Last, First, Middle Initial) Anne Ningala-Silver			Date of Receipt
	Mailing Address 1711 West Avenue H-4			M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR109424806887
	Lancaster	CA	93534	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir C		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		220.00	P/R Deduction (\$20.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Sharon Spittle			Date of Receipt
	Mailing Address 26 Estes Street			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109425006887
	Ipswich	MA	01938	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		440.00	P/R Deduction (\$20.00 Wee-kly)
 C.	Full Name (Last, First, Middle Initial) Benjamin A Breier			Date of Receipt
	Mailing Address 5400 Farm Ridge Lane			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109425096887
	Prospect	KY	40059	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Kindred Healthcare Inc.	Occupation President		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 220.00	P/R Deduction (\$20.00 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			180.00
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- 1 '	OTAL This Period (last page this line number or	п у)		

SCHEDULE A (FEC Form 3X)

PAGE 37 / 40 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 16 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) Kindred Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) Mary Webster Date of Receipt Mailing Address 2836 Webster Street City State Zip Code Transaction ID: PR113527786887 Berkely CA 94710 Amount of Each Receipt this Period FEC ID number of contributing 60.00 C federal political committee. Name of Employer Kindred Healthcare Inc. Occupation **Executive Dir III** Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-220.00 Weekly) Other (specify) Full Name (Last, First, Middle Initial) B. Judith Curtiss Date of Receipt Mailing Address 15210 Laurel Lane South City State Zip Code Transaction ID: PR113528686887 Pembroke Pines FL 33027 Amount of Each Receipt this Period FEC ID number of contributing C 120.00 federal political committee. Name of Employer Kindred Healthcare Inc. Occupation VP Ops-South Reg-HD Aggregate Year-to-Date V Receipt For: Primary General P/R Deduction (\$60.00 Bi-600.00 Weekly) Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	180.00
TOTAL This Period (last page this line number only)	<u> </u>	6021.80

SCHEDULE B (FEC Form 3X)

SCHEDOLL B (I LCI OIII 3X)		Use seperate schedule(s)	;)			LINE N ∢only (NUMBER: one)				PAG	E 38/	40
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		Ė	21	b Ć	22 28a	Х	23 28b	П	24 28c	25 29	26 30b
	y Information copied from such Reports and Statem or commercial purposes, other than using the name												
Or	NAME OF COMMITTEE (In Full)	and address of any politica	ai Com	111	iillee	to sonc	il Contr	ibut	ions ir	om s	ucri cor	mmuee	
\rangle	Kindred Healthcare, Inc. PAC												
_	Full Name (Last, First, Middle Initial)						Trans	acti	on ID	: 147	41699)	
Α.	Democratic Senatorial Campaign Committee						Date of Disbursement						
	Mailing Address 430 South Capitol Street, S.E.						0 5		້	22	Ĺ.	ž 0 ŏ	6
	City State Zip Code Washington DC 20003						Amount of Each Disbursement this Period						
	Purpose of Disbursement					_						5000	.00
	Contribution 011												
	Candidate Name				egory. ype								
	Office Sought: House Disburse Senate President	ement For: Primary Other (specify)					Contr	ibut	ion				
	State: District:												
В.	Full Name (Last, First, Middle Initial) Federation of American Hospitals (FED PAC)							on ID		577145	5		
						M	м		1 5	ιι / Υ	YYY	Y	
	Mailing Address 801 Pennsylvania Avenue NW					0 5			1 5	L.	žoŏ	6	
	,	State Zip Code DC 20004					Amou	int o	f Each	n Disk	ourseme	ent this	Period
	Purpose of Disbursement Contribution 011							_				2500	.00
	Candidate Name		Ca	at	egory ype	/							
	Senate President	ement For: Primary General Other (specify)					Contr	ibut	ion				
	State: District:												
C.	Full Name (Last, First, Middle Initial) National Republican Senatorial Committee				Date	of D	isburs	emer					
	Mailing Address Ronald Reagan Republican Center					0 ^M 5	М	[/] 2	2 2	/ Y	ž 0 ŏ	6 ^Y	
	City Washington	State Zip Code DC 20002					Amou	int o	f Each	n Disk	ourseme	ent this	Period
	Purpose of Disbursement Contribution 011					_				5000	.00		
	Candidate Name		Ca	at	egory.	/							
	Senate President	ement For: Primary General Other (specify)	1				Contr	ibut	ion				
_	State: District:												
s	UBTOTAL of Disbursements This Page (optional)					<u> </u>					1	2500.	00
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Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
Full Name (Last, First, Middle Initial) The Freedom Project Mailing Address 509 7th Street, NW, 3rd F	iloor	Transaction ID: 14239531 Date of Disbursement O 5 M / D 0 3 / Y 2 0 0 6	
,	State Zip Code DC 20004]
Office Sought: House Disburser Senate President State: District:	Categ Typ nent For: Primary General Other (specify)	· ·	

SUBTOTAL of Disbursements This Page (optional)	•	2500.00
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S	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)		NUMBER: PAGE 40 / 40					
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check onl	y one) 22 23 24 25 26 28a 28b 28c X 29 30b					
	y Information copied from such Reports and Sta for commercial purposes, other than using the n								
$\overline{\ }$	NAME OF COMMITTEE (In Full)								
\rangle	Kindred Healthcare, Inc. PAC								
	Full Name (Last, First, Middle Initial)			Transaction ID: 15362947					
٩.	Victory 2006-Maine Democratic Party	Date of Disbursement							
	Mailing Address PO Box 5258			05					
	City	State Zip Code		Amount of Each Disbursement this Period					
	Augusta	ME 04332							
	Purpose of Disbursement Contribution		011	500.00					
	Candidate Name		Category/ Type						
	Office Sought: House Disbu	rsement For:		Contribution					
	Senate	Primary General		Continuation					
	President	Other (specify)							
	State: District:								

		500.00
SUBTOTAL of Disbursements This Page (optional)	>	500.00
TOTAL This Period (last page this line number only)	•	500.00