

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
Kindred Healthcare, Inc. PAC

ADDRESS (number and street) 604 S. Fourth St.  
 Check if different than previously reported. (ACC)  
Louisville KY 40202

2. **FEC IDENTIFICATION NUMBER** C00242271  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 05 01 2006 through 05 31 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Hank Robinson  
Signature of Treasurer Electronically Filed by Hank Robinson Date 06 20 2006

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Kindred Healthcare, Inc. PAC

Report Covering the Period: From: 

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	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>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		176556.29
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	187128.39									
(c) Total Receipts (from Line 19) .....	12602.80	66174.90								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	199731.19	242731.19								
7. Total Disbursements (from Line 31) .....	15700.00	58700.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	184031.19	184031.19								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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  
Kindred Healthcare, Inc. PAC

Report Covering the Period: From: 

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	6021.80	16363.00
(i) Itemized (use Schedule A) .....	6581.00	48811.90
(ii) Unitemized .....	12602.80	65174.90
(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) .....	12602.80	65174.90
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	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

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A</b> Total This Period	<b>COLUMN B</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.....	15000.00	56500.00
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.....	700.00	2200.00
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))..	15700.00	58700.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	15700.00	58700.00

**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) .....	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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 40
	<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)  
Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Richard E Chapman		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109418386887	
Mailing Address 11200 Bodley Drive		Amount of Each Receipt this Period 140.00	
City State Zip Code Louisville KY 40223	FEC ID number of contributing federal political committee. C		
Name of Employer Kindred Healthcare Inc.	Occupation Exec VP Chief Adm&InfoOff		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 770.00		
		P/R Deduction (\$70.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>B.</b> Edward L Kuntz		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109418396887	
Mailing Address 8807 Stable Crest Boulevard		Amount of Each Receipt this Period 200.00	
City State Zip Code Houston TX 77024	FEC ID number of contributing federal political committee. C		
Name of Employer Kindred Healthcare Inc.	Occupation Executive Chairman		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00		
		P/R Deduction (\$100.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>C.</b> David R Windhorst		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109418506887	
Mailing Address 2000 Spring Farms Road		Amount of Each Receipt this Period 80.00	
City State Zip Code Floyds Knobs IN 47119	FEC ID number of contributing federal political committee. C		
Name of Employer Kindred Healthcare Inc.	Occupation VP Financial Sys Dev		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00		
		P/R Deduction (\$40.00 Bi-Weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	420.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 40
	<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)  
Kindred Healthcare, Inc. PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Lawrence I Wolf		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109418516887	
Mailing Address 4826 N Winthrop Ave #3S		Amount of Each Receipt this Period 40.00	
City Chicago	State IL	Zip Code 60640	P/R Deduction (\$20.00 Bi-Weekly)
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 220.00	
Name of Employer Kindred Healthcare Inc.	Occupation Sr Cnslt Appl-Data Arch		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>B.</b> Full Name (Last, First, Middle Initial) Katheryn J Markham		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109418566887	
Mailing Address 10602 Taylor Farm Ct		Amount of Each Receipt this Period 70.00	
City Prospect	State KY	Zip Code 40059	P/R Deduction (\$35.00 Bi-Weekly)
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 385.00	
Name of Employer Kindred Healthcare Inc.	Occupation VP IS Planning&FieldSvcs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>C.</b> Full Name (Last, First, Middle Initial) Catherine A Gooch		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109418596887	
Mailing Address 14516 Clear Meadow Court		Amount of Each Receipt this Period 40.00	
City Louisville	State KY	Zip Code 40245	P/R Deduction (\$20.00 Bi-Weekly)
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 220.00	
Name of Employer Kindred Healthcare Inc.	Occupation Dir Fin Sys Dev		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	150.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 40
	<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)  
Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial) <b>A. Theresa Culver</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 7024 Wooded Meadow Road		<b>Transaction ID: PR109418696887</b>
City State Zip Code Louisville KY 40241	Amount of Each Receipt this Period _____ 40.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Kindred Healthcare Inc. Occupation Prog Ana Cnslt		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 220.00	P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. William B Seibert</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 4706 Wolfcreek Pkwy		<b>Transaction ID: PR109418746887</b>
City State Zip Code Louisville KY 40241	Amount of Each Receipt this Period _____ 60.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Fin Sys Dev		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 330.00	P/R Deduction (\$30.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. Deborah F Rickert</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 7003 Shallow Lake Road		<b>Transaction ID: PR109418776887</b>
City State Zip Code Prospect KY 40059	Amount of Each Receipt this Period _____ 40.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Fin Sys Dev		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 220.00	P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>140.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 40
	<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)  
Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Charles Wardrip		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109418796887
Mailing Address 2805 Chestnut Ridge Place		Amount of Each Receipt this Period 70.00
City State Zip Code Louisville KY 40245	FEC ID number of contributing federal political committee. C	P/R Deduction (\$35.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation VP IS Ops & Telecomm	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00

Full Name (Last, First, Middle Initial) <b>B.</b> Stephen M Dobler		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109418806887
Mailing Address 1106 Holly Springs Drive		Amount of Each Receipt this Period 90.00
City State Zip Code Louisville KY 40242	FEC ID number of contributing federal political committee. C	P/R Deduction (\$45.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation VP IS Finance & Admin	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 495.00

Full Name (Last, First, Middle Initial) <b>C.</b> Terry Carrico		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109418826887
Mailing Address 3311 Cobblers Ct		Amount of Each Receipt this Period 40.00
City State Zip Code New Albany IN 47150	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Clin Systems Dev	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	200.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 40
	(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)  
Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial) <b>A. Steven J Paynter</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 3105 Crestmoor Court		<b>Transaction ID: PR109418846887</b>	
City Prospect	State KY	Zip Code 40059	Amount of Each Receipt this Period _____ 40.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Kindred Healthcare Inc.	Occupation Sr Cnslt Tech Arch		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 220.00		
		P/R Deduction (\$20.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>B. Martin Ardron</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 77 Rising Hill Road		<b>Transaction ID: PR109418916887</b>	
City Phillips Ranch	State CA	Zip Code 91766	Amount of Each Receipt this Period _____ 50.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Kindred Healthcare Inc.	Occupation Reg Dir Hosp Rehab-PRS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 275.00		
		P/R Deduction (\$25.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>C. Linn Billingsley</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address P.O. Box 122		<b>Transaction ID: PR109418986887</b>	
City Blue Diamond	State NV	Zip Code 89004	Amount of Each Receipt this Period _____ 60.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 220.00		
		P/R Deduction (\$20.00 Bi-Weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>150.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 40
	<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)  
Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Jan Turk		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109419006887
Mailing Address 1314 Amelia St.		Amount of Each Receipt this Period 60.00
City State Zip Code New Orleans LA 70115	FEC ID number of contributing federal political committee. C	
Name of Employer Kindred Healthcare Inc. Occupation Chief Exec Off II	Aggregate Year-to-Date 220.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	P/R Deduction (\$20.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>B.</b> Jack Shapiro		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109419046887
Mailing Address 22591 Covington Drive		Amount of Each Receipt this Period 90.00
City State Zip Code Deer Park IL 60010	FEC ID number of contributing federal political committee. C	
Name of Employer Kindred Healthcare Inc. Occupation Executive Dir	Aggregate Year-to-Date 330.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	P/R Deduction (\$30.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>C.</b> Linda Tiemens		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109419076887
Mailing Address 100 Forest Place #P-39		Amount of Each Receipt this Period 60.00
City State Zip Code Oak Park IL 60301	FEC ID number of contributing federal political committee. C	
Name of Employer Kindred Healthcare Inc. Occupation VP Ops-MW Reg-HD	Aggregate Year-to-Date 330.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	P/R Deduction (\$30.00 Bi-Weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	210.00
<b>TOTAL</b> This Period (last page this line number only) .....	.....

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 40
	<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)  
Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial) <b>A. Theodore Welding</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 2448 Middle River Dr.		<b>Transaction ID: PR109419136887</b>
City State Zip Code Ft. Lauderdale FL 33305	Amount of Each Receipt this Period _____ 75.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Kindred Healthcare Inc. Occupation Chief Exec Off III		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 275.00	P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. Frank Battafarano</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 2700 Little Hills Lane		<b>Transaction ID: PR109419196887</b>
City State Zip Code Anchorage KY 40223	Amount of Each Receipt this Period _____ 100.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Kindred Healthcare Inc. Occupation Exec VP & President-HD		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 550.00	P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. Sean R Muldoon</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 5800 Brittany Valley Road		<b>Transaction ID: PR109419226887</b>
City State Zip Code Louisville KY 40222	Amount of Each Receipt this Period _____ 100.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Kindred Healthcare Inc. Occupation Sr VP & Chief Med Off-HD		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 550.00	P/R Deduction (\$50.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>275.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 40
	<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	

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) <b>A.</b> James L Lindberg		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109419256887
Mailing Address 11119 Brook Stone Court		Amount of Each Receipt this Period 40.00
City State Zip Code Louisville KY 40223	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation Adm Mgr Facilities-HD	Aggregate Year-to-Date 220.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>B.</b> Susan Moss		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109419336887
Mailing Address 161 Westwind Road		Amount of Each Receipt this Period 40.00
City State Zip Code Louisville KY 40207	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation VP Crp Communications	Aggregate Year-to-Date 220.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>C.</b> Charles Michael Grannan		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109419396887
Mailing Address 7109 Cannonade Court		Amount of Each Receipt this Period 56.00
City State Zip Code Prospect KY 40059	FEC ID number of contributing federal political committee. C	P/R Deduction (\$28.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation VP Purchasing	Aggregate Year-to-Date 308.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	136.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 40
	<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)  
Kindred Healthcare, Inc. PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Robert G Weir Mailing Address 4100 Napanee Rd City State Zip Code Louisville KY 40207 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR109419406887 Amount of Each Receipt this Period 40.00 P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation VP Operations-KPS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Dennis J Hansen Mailing Address 1791 Connor Station Road City State Zip Code Simpsonville KY 40067 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR109419416887 Amount of Each Receipt this Period 70.00 P/R Deduction (\$35.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation VP Reimb-HSD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 385.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Mary Suzanne Riedman Mailing Address 6401 Orchid Hill Pl City State Zip Code Louisville KY 40207 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR109419426887 Amount of Each Receipt this Period 40.00 P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation Sr VP & General Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>150.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 40
	<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)  
Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial) <b>A. Michael J Bean</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 8011 Kendrick Crossing Lane		<b>Transaction ID: PR109419516887</b>
City State Zip Code Louisville KY 40291	Amount of Each Receipt this Period _____ 40.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Kindred Healthcare Inc. Occupation VP Tax Planning		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 220.00	P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. Anne S Woods</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 7420 Falls Ridge Ct.		<b>Transaction ID: PR109419546887</b>
City State Zip Code Louisville KY 40241	Amount of Each Receipt this Period _____ 60.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Kindred Healthcare Inc. Occupation VP Internal Audit		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 326.00	P/R Deduction (\$30.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. Teri A Hartlage</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 4005 Landherr Drive		<b>Transaction ID: PR109419586887</b>
City State Zip Code Louisville KY 40299	Amount of Each Receipt this Period _____ 40.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Kindred Healthcare Inc. Occupation Asst Treasurer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 220.00	P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>140.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 40
	<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)  
Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial) <b>A.</b> John Lucchese		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109419596887
Mailing Address 14401 Broad Oak Place		Amount of Each Receipt this Period 66.00
City State Zip Code Louisville KY 40245	FEC ID number of contributing federal political committee. C	P/R Deduction (\$33.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation VP Crp Fin & Controller	Aggregate Year-to-Date 363.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>B.</b> Richard A Lechleiter		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109419626887
Mailing Address 601 Club Lane		Amount of Each Receipt this Period 150.00
City State Zip Code Louisville KY 40207	FEC ID number of contributing federal political committee. C	P/R Deduction (\$75.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation Exec VP & CFO	Aggregate Year-to-Date 825.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>C.</b> Joseph Landenwich		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109419636887
Mailing Address 2213 Wrocklage Ave.		Amount of Each Receipt this Period 120.00
City State Zip Code Louisville KY 40205	FEC ID number of contributing federal political committee. C	P/R Deduction (\$60.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation SVPCrpLegalAffairs&CrpSec	Aggregate Year-to-Date 660.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	336.00
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 40
	<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)  
Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Arthur L Rothgerber		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 8325 Regency Woods Way		<b>Transaction ID:</b> PR109419646887
City Louisville	State KY	Zip Code 40220
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.00
Name of Employer Kindred Healthcare Inc.	Occupation Sr VP Reimbursement	P/R Deduction (\$19.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 209.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Charles E Leanhart		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 1200 Twin Willows Lane		<b>Transaction ID:</b> PR109419666887
City Louisville	State KY	Zip Code 40214
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Accts Payable	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Timothy W Jolly		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 6703 Kingslook Ct		<b>Transaction ID:</b> PR109419686887
City Louisville	State KY	Zip Code 40207
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Planning & Dev	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	118.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 40
	<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)  
Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mark A Laemmle		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109419716887
Mailing Address 2224 Highland Springs Place		Amount of Each Receipt this Period 62.00
City State Zip Code Louisville KY 40245	FEC ID number of contributing federal political committee. C	P/R Deduction (\$31.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation VP Crp Finance	Aggregate Year-to-Date 341.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>B.</b> Brian L Caudill		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109419736887
Mailing Address 4817 Stanley Farm Court		Amount of Each Receipt this Period 52.00
City State Zip Code LaGrange KY 40031	FEC ID number of contributing federal political committee. C	P/R Deduction (\$26.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation Sr Dir HD Reimb	Aggregate Year-to-Date 286.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>C.</b> Mary R Russell		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109419766887
Mailing Address 7300 Wood Rock Rd		Amount of Each Receipt this Period 44.00
City State Zip Code Louisville KY 40291	FEC ID number of contributing federal political committee. C	P/R Deduction (\$22.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation Dir Accounting-HSD	Aggregate Year-to-Date 242.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	158.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 40
	<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)  
Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial) <b>A. William M Altman</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109419806887
Mailing Address 9103 Lexington Lane		Amount of Each Receipt this Period 80.00
City State Zip Code Louisville KY 40241	P/R Deduction (\$40.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 440.00	
Name of Employer Kindred Healthcare Inc. Occupation SVPCmplGovtProg&IntAudit	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. T. Stephen Turner</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109420036887
Mailing Address 4105 Pacific Ave #4		Amount of Each Receipt this Period 80.00
City State Zip Code Marina Del Ray CA 90292	P/R Deduction (\$40.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 440.00	
Name of Employer Kindred Healthcare Inc. Occupation SVPStrategicPlan&BusDevHD	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Michael Comer</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109420046887
Mailing Address 12 Lewis		Amount of Each Receipt this Period 70.00
City State Zip Code Irvine CA 92620	P/R Deduction (\$35.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 385.00	
Name of Employer Kindred Healthcare Inc. Occupation VP Finance-West Reg-HD	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	230.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 / 40
	(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

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) <b>A. Traci Shelton</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 4138 Quiet Meadow Ct		<b>Transaction ID: PR109420066887</b>	
City State Zip Code Fair Oaks CA 95628	Amount of Each Receipt this Period _____ 200.00		
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$100.00 Bi-Weekly)	
Name of Employer Kindred Healthcare Inc.	Occupation Sr VP-West Reg-HD	Aggregate Year-to-Date ▼ _____ 1080.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Steven Monaghan</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 508 W. Melrose #7-A		<b>Transaction ID: PR109420076887</b>	
City State Zip Code Chicago IL 60657	Amount of Each Receipt this Period _____ 170.00		
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$85.00 Bi-Weekly)	
Name of Employer Kindred Healthcare Inc.	Occupation Exec VP-West Grp-HD	Aggregate Year-to-Date ▼ _____ 935.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Mark A McCullough</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1101 Old Cannons Lane		<b>Transaction ID: PR109420116887</b>	
City State Zip Code Louisville KY 40207	Amount of Each Receipt this Period _____ 80.00		
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$40.00 Bi-Weekly)	
Name of Employer Kindred Healthcare Inc.	Occupation President-KPS	Aggregate Year-to-Date ▼ _____ 440.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>450.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 40
	<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)  
Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial) <b>A.</b> John Miner		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109420216887	
Mailing Address 4730 Dunnie Drive		Amount of Each Receipt this Period 40.00	
City Tampa	State FL	Zip Code 33614	P/R Deduction (\$20.00 Bi-Weekly)
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Kindred Healthcare Inc.	Occupation Chief Fin Off III		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Pamela Marie Riter		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109420246887	
Mailing Address 5224 Hampton Beach Place		Amount of Each Receipt this Period 50.00	
City Tampa	State FL	Zip Code 33609	P/R Deduction (\$25.00 Bi-Weekly)
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Charles D Doten		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109420366887	
Mailing Address 7644 Harbour Blvd.		Amount of Each Receipt this Period 40.00	
City Miramar	State FL	Zip Code 33023	P/R Deduction (\$20.00 Bi-Weekly)
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Kindred Healthcare Inc.	Occupation Chief Exec Off II		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	130.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 22 / 40						
	(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

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) <b>A.</b> Timothy L Simpson		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109420436887	
Mailing Address 498 Branscomb Road		Amount of Each Receipt this Period 40.00	
City Grn Cve Spgs	State FL	Zip Code 32043	P/R Deduction (\$20.00 Bi-Weekly)
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 220.00	
Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> James J Novak		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109420536887	
Mailing Address 9680 Ridgewalk Court		Amount of Each Receipt this Period 84.00	
City Davie	State FL	Zip Code 33328	P/R Deduction (\$42.00 Bi-Weekly)
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 462.00	
Name of Employer Kindred Healthcare Inc.	Occupation Exec VP-East Grp-HD		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> John Griffes		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109420686887	
Mailing Address 27240 Autumn Glen		Amount of Each Receipt this Period 40.00	
City Boerne	State TX	Zip Code 78006	P/R Deduction (\$20.00 Bi-Weekly)
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 220.00	
Name of Employer Kindred Healthcare Inc.	Occupation Chief Exec Off II		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	164.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 40
	<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)  
Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial) <b>A. Donna Kelsey</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 2075 E. Tivoli Hills Drive		<b>Transaction ID: PR109421016887</b>
City State Zip Code Draper UT 84020	Amount of Each Receipt this Period _____ 50.00	
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$25.00 Bi-Weekly)	
Name of Employer Kindred Healthcare Inc. Occupation Sr VP-Pacific Reg-HSD	Aggregate Year-to-Date ▼ _____ 275.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Anita Tillery</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 2531 Rock Creek Drive		<b>Transaction ID: PR109421106887</b>
City State Zip Code Chesapeake VA 23325	Amount of Each Receipt this Period _____ 40.00	
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$20.00 Bi-Weekly)	
Name of Employer Kindred Healthcare Inc. Occupation Executive Dir II	Aggregate Year-to-Date ▼ _____ 220.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Lane M Bowen</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 680 South Fourth Ave		<b>Transaction ID: PR109421366887</b>
City State Zip Code Louisville KY 40202	Amount of Each Receipt this Period _____ 100.00	
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$50.00 Bi-Weekly)	
Name of Employer Kindred Healthcare Inc. Occupation Exec VP & President-HSD	Aggregate Year-to-Date ▼ _____ 550.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>190.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 40
	<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	

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) <b>A.</b> Michael W Beal		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109421416887	
Mailing Address 10 Glenwood Road		Amount of Each Receipt this Period 60.00	
City Windham	State NH	Zip Code 03087	P/R Deduction (\$20.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer Kindred Healthcare Inc.	Occupation Sr VP-NE Reg-HSD		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Gloria J Miller		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109422216887	
Mailing Address 223 Harvest Row Court		Amount of Each Receipt this Period 40.00	
City Cary	State NC	Zip Code 27513	P/R Deduction (\$20.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir Operations I		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Patricia Pruden Lennox		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109422286887	
Mailing Address 11 Cider Mill Road		Amount of Each Receipt this Period 40.00	
City Medway	State MA	Zip Code 02053	P/R Deduction (\$20.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer Kindred Healthcare Inc.	Occupation Reg Dir Sales & MkningHSD		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	140.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 40
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Scott W Parker		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109422306887
Mailing Address 1533 Panorama Drive		Amount of Each Receipt this Period 40.00
City State Zip Code Vestavia Hill AL 35216	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation VP Finance-South Reg-HSD	Aggregate Year-to-Date ▼ 220.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Stephen F. Stoess		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109422466887
Mailing Address 705 Sentry Way		Amount of Each Receipt this Period 46.80
City State Zip Code Louisville KY 40223	FEC ID number of contributing federal political committee. C	P/R Deduction (\$23.40 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Telecommunications	Aggregate Year-to-Date ▼ 257.40	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Richard A. Hood		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109422556887
Mailing Address 3440 Brian Rd South		Amount of Each Receipt this Period 40.00
City State Zip Code Palm Harbor FL 34685	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Pharm-SE Reg-KPS	Aggregate Year-to-Date ▼ 220.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	126.80
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 40
	<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)  
Kindred Healthcare, Inc. PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Danny R Edwards		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109422616887	
Mailing Address 1112 Hunt Club Lane		Amount of Each Receipt this Period 60.00	
City Valrico	State FL	Zip Code 33594	P/R Deduction (\$20.00 Bi-Weekly)
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 220.00	
Name of Employer Kindred Healthcare Inc.	Occupation Chief Exec Off III		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>B.</b> Full Name (Last, First, Middle Initial) Berard E. Tomassetti		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109422626887	
Mailing Address 7510 Cantrell Drive		Amount of Each Receipt this Period 50.00	
City Crestwood	State KY	Zip Code 40014	P/R Deduction (\$25.00 Bi-Weekly)
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 275.00	
Name of Employer Kindred Healthcare Inc.	Occupation VP Finance-KPS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>C.</b> Full Name (Last, First, Middle Initial) Charles K. Currens		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109422916887	
Mailing Address 7801 McCarthy Lane		Amount of Each Receipt this Period 40.00	
City Louisville	State KY	Zip Code 40222	P/R Deduction (\$20.00 Bi-Weekly)
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 220.00	
Name of Employer Kindred Healthcare Inc.	Occupation Dir IS Prod Svcs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	150.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 27 / 40
	(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)  
Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Gaylia Bond		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109422976887
Mailing Address 7015 Wooded Meadow Rd		Amount of Each Receipt this Period 60.00
City State Zip Code Louisville KY 40241	FEC ID number of contributing federal political committee. C	P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation Sr VP Human Resources-HD	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	Aggregate Year-to-Date ▼ 330.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Keith Krein		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109422986887
Mailing Address 7212 Deer Ridge Rd		Amount of Each Receipt this Period 40.00
City State Zip Code Prospect KY 40059	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation Sr VP & Chief Med Off-HSD	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Patricia M McGillan		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109422996887
Mailing Address 510 Altagate Rd		Amount of Each Receipt this Period 60.00
City State Zip Code Louisville KY 40206	FEC ID number of contributing federal political committee. C	P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation VP Pat Saf & Risk Mgmt-HD	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	Aggregate Year-to-Date ▼ 330.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	160.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 40
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Barbara L Baylis		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109423006887
Mailing Address 6702 Kingslook Court		Amount of Each Receipt this Period 40.00
City State Zip Code Louisville KY 40207	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation Sr VP Clin & Res Svcs-HSD	Aggregate Year-to-Date ▼ 220.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Richard H Starke		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109423156887
Mailing Address 2404 Dundee Rd		Amount of Each Receipt this Period 40.00
City State Zip Code Louisville KY 40205	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation Sr VP Rehab Svcs-PRS	Aggregate Year-to-Date ▼ 220.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Aimee Oakes		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109423266887
Mailing Address 240 Paradise Lane		Amount of Each Receipt this Period 40.00
City State Zip Code Jacksboro TN 37757	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation Dist Dir Clin Ops	Aggregate Year-to-Date ▼ 220.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	120.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 40
	<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)  
Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Carol Holguin		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109423416887
Mailing Address 504 Steeplechase Trail		Amount of Each Receipt this Period 60.00
City State Zip Code Kennedale TX 76060	FEC ID number of contributing federal political committee. C	P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation Chief Exec Off II	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 330.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Jeffrey F Luckett		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109423446887
Mailing Address 1406 Hawkshead Ln		Amount of Each Receipt this Period 40.00
City State Zip Code Louisville KY 40220	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation Dir Internal Audit-IS	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 220.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Carolyn F De Blasi		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109423516887
Mailing Address 10950 N. LaCanada #8204		Amount of Each Receipt this Period 60.00
City State Zip Code Oro Valley AZ 85737	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation Executive Dir III	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 220.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	160.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 30 / 40
	(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)  
Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial) <b>A. Peter D Corless</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 3308 Overlook Ridge Rd		<b>Transaction ID: PR109423526887</b>
City Prospect State KY Zip Code 40059	Amount of Each Receipt this Period _____ 40.00	
FEC ID number of contributing federal political committee. <b>C</b> _____		P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation Sr VP HR & Admin-HSD	Aggregate Year-to-Date ▼ _____ 220.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Tamila Johnson-White</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 2615 Zhale Smith Rd.		<b>Transaction ID: PR109423546887</b>
City LaGrange State KY Zip Code 40031	Amount of Each Receipt this Period _____ 40.00	
FEC ID number of contributing federal political committee. <b>C</b> _____		P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation Reg Dir Util Svcs-HSD	Aggregate Year-to-Date ▼ _____ 220.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. John Pierson</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 7643 Dean Road		<b>Transaction ID: PR109423686887</b>
City Indianapolis State IN Zip Code 46240	Amount of Each Receipt this Period _____ 48.00	
FEC ID number of contributing federal political committee. <b>C</b> _____		P/R Deduction (\$24.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation Chief Exec Off II	Aggregate Year-to-Date ▼ _____ 264.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>128.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 31 / 40						
	(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

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NAME OF COMMITTEE (In Full)  
Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Douglas Roth		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109423736887	
Mailing Address 9891 Heytesbery		Amount of Each Receipt this Period 80.00	
City State Zip Code Sandy UT 84092	FEC ID number of contributing federal political committee. C		
Name of Employer Kindred Healthcare Inc.	Occupation VP Finance-Pacific RegHSD		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00		
		P/R Deduction (\$40.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>B.</b> Henry F. Telfeian		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109423986887	
Mailing Address 1247 Alvarado Road		Amount of Each Receipt this Period 20.00	
City State Zip Code Berkeley CA 94705	FEC ID number of contributing federal political committee. C		
Name of Employer Kindred Healthcare Inc.	Occupation Labor Rel Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		
		P/R Deduction (\$10.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>C.</b> Jeffrey L. Perry		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109424026887	
Mailing Address 1473 St. James Court		Amount of Each Receipt this Period 40.00	
City State Zip Code Louisville KY 40208	FEC ID number of contributing federal political committee. C		
Name of Employer Kindred Healthcare Inc.	Occupation Dir Pharmacy IS-KPS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		
		P/R Deduction (\$20.00 Bi-Weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	140.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 32 / 40
	(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

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) <b>A.</b> Frank E. Perkins		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109424036887
Mailing Address 2101 Cherrywood Drive		Amount of Each Receipt this Period 40.00
City State Zip Code LaGrange KY 40031	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc.	Occupation VP Finance-PRS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Douglas T Collins		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109424126887
Mailing Address 12106 Briargate Lane		Amount of Each Receipt this Period 40.00
City State Zip Code Goshen KY 40026	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc.	Occupation Dir Fin Sys-HSD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Linda L Newberry-Ferguson		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109424196887
Mailing Address 11310 Haleco Lane		Amount of Each Receipt this Period 150.00
City State Zip Code Hales Corners WI 53130	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc.	Occupation Chief Exec Off II	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	230.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 33 / 40						
	(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

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NAME OF COMMITTEE (In Full)  
Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial) <b>A. Amanda G Estes</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 4211 Wine Cellar Court		<b>Transaction ID: PR109424236887</b>	
City State Zip Code Louisville KY 40272	Amount of Each Receipt this Period _____ 40.00		
FEC ID number of contributing federal political committee. <b>C</b> _____		P/R Deduction (\$20.00 Bi-Weekly)	
Name of Employer Kindred Healthcare Inc.	Occupation Dir Internal Audit		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 220.00		

Full Name (Last, First, Middle Initial) <b>B. Gregory C. Miller</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 8000 Allielough Court		<b>Transaction ID: PR109424286887</b>	
City State Zip Code Prospect KY 40059	Amount of Each Receipt this Period _____ 80.00		
FEC ID number of contributing federal political committee. <b>C</b> _____		P/R Deduction (\$40.00 Bi-Weekly)	
Name of Employer Kindred Healthcare Inc.		Occupation Sr VP Dev & Fin Plan	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 440.00		

Full Name (Last, First, Middle Initial) <b>C. Philip L. Jones</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 702 Helmsdale Place N.		<b>Transaction ID: PR109424356887</b>	
City State Zip Code Brentwood TN 37027	Amount of Each Receipt this Period _____ 40.00		
FEC ID number of contributing federal political committee. <b>C</b> _____		P/R Deduction (\$20.00 Bi-Weekly)	
Name of Employer Kindred Healthcare Inc.		Occupation Chief Fin Off I	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 220.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>160.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 40
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Richard Pletz		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109424526887	
Mailing Address 30408 Hilliard Court		Amount of Each Receipt this Period 40.00	
City State Zip Code Westlake OH 44145	FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation Chief Exec Off I	Aggregate Year-to-Date ▼ 220.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Raymond J Sierpina		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10942466887	
Mailing Address 14 Westwind Road		Amount of Each Receipt this Period 60.00	
City State Zip Code Louisville KY 40207	FEC ID number of contributing federal political committee. C		P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation Dir Government Programs	Aggregate Year-to-Date ▼ 330.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Leslie Griffin		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109424676887	
Mailing Address 10407 Springland Ct		Amount of Each Receipt this Period 60.00	
City State Zip Code Houston TX 77065	FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation Chief Fin Off II	Aggregate Year-to-Date ▼ 220.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	160.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 40
	<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)  
Kindred Healthcare, Inc. PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Steven Tanner		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109424686887	
Mailing Address 6622 Rosebud Lane		Amount of Each Receipt this Period 60.00	
City Indianapolis	State IN	Zip Code 46237	P/R Deduction (\$20.00 Bi-Weekly)
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 220.00	
Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir III		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>B.</b> Full Name (Last, First, Middle Initial) Thomas Wood		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109424726887	
Mailing Address 2949 Glascock Street		Amount of Each Receipt this Period 130.00	
City Oakland	State CA	Zip Code 94601	P/R Deduction (\$65.00 Bi-Weekly)
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 715.00	
Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir Operations II		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>C.</b> Full Name (Last, First, Middle Initial) Gwynn Rucker		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109424786887	
Mailing Address 15106 59th Place NE		Amount of Each Receipt this Period 50.00	
City Kenmore	State WA	Zip Code 98028	P/R Deduction (\$25.00 Bi-Weekly)
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 275.00	
Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir Operations I		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	240.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 40
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Anne Ningala-Silver		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 1711 West Avenue H-4		<b>Transaction ID:</b> PR109424806887
City Lancaster	State CA	Zip Code 93534
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir Clin Ops	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Sharon Spittle		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 26 Estes Street		<b>Transaction ID:</b> PR109425006887
City Ipswich	State MA	Zip Code 01938
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir II	P/R Deduction (\$20.00 Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Benjamin A Breier		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 5400 Farm Ridge Lane		<b>Transaction ID:</b> PR109425096887
City Prospect	State KY	Zip Code 40059
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Kindred Healthcare Inc.	Occupation President-PRS	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 37 / 40
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mary Webster		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 2836 Webster Street		<b>Transaction ID:</b> PR113527786887
City State Zip Code Berkely CA 94710	Amount of Each Receipt this Period _____ 60.00	
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$20.00 Bi-Weekly)	
Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir III	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 220.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Judith Curtiss		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 15210 Laurel Lane South		<b>Transaction ID:</b> PR113528686887
City State Zip Code Pembroke Pines FL 33027	Amount of Each Receipt this Period _____ 120.00	
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$60.00 Bi-Weekly)	
Name of Employer Kindred Healthcare Inc.	Occupation VP Ops-South Reg-HD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>180.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____ <b>6021.80</b>

# 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 38 / 40

<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)  
Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial) <b>A. Democratic Senatorial Campaign Committee</b>		<b>Transaction ID:</b> 14741699 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 6
Mailing Address 430 South Capitol Street, S.E.		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20003	Contribution	
Purpose of Disbursement Contribution Candidate Name		011 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Federation of American Hospitals (FED PAC)</b>		<b>Transaction ID:</b> 14577145 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6
Mailing Address 801 Pennsylvania Avenue NW		Amount of Each Disbursement this Period 2500.00
City Washington State DC Zip Code 20004	Contribution	
Purpose of Disbursement Contribution Candidate Name		011 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. National Republican Senatorial Committee</b>		<b>Transaction ID:</b> 14741701 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 6
Mailing Address Ronald Reagan Republican Center		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20002	Contribution	
Purpose of Disbursement Contribution Candidate Name		011 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	12500.00
<b>TOTAL</b> 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)

PAGE 39 / 40

<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)  
Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

**A.** The Freedom Project

Mailing Address 509 7th Street, NW, 3rd Floor

City Washington State DC Zip Code 20004

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 14239531

Date of Disbursement

05 / 03 / 2006

Amount of Each Disbursement this Period

2500.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

2500.00

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

15000.00

# 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 40 / 40

<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)  
Kindred Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial)  
Victory 2006-Maine Democratic Party

Mailing Address PO Box 5258

City Augusta State ME Zip Code 04332

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 15362947

Date of Disbursement

05 / 26 / 2006

Amount of Each Disbursement this Period

500.00

Contribution

SUBTOTAL of Disbursements This Page (optional) .....

500.00

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

500.00