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#### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines Kindred Healthcare, Inc. PAC 680 S. Fourth St. ADDRESS (number and street) Check if different than previously Louisville ΚY 40202 reported. (ACC) FEC IDENTIFICATION NUMBER STATE A ZIPCODE A CITY A IS THIS NEW **AMENDED** C00242271 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 10 0 1 2009 10 3 1 2009 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Hank Robinson Type or Print Name of Treasurer Hank Robinson Electronically Filed by 11 16 2009 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

#### **SUMMARY PAGE** OF RECEIPTS AND DISBURSEMENTS

2/80

Write or Type Committee Name Kindred Healthcare, Inc. PAC

FEC Form 3X (Rev. 02/2003)

D " D 1.0 1 0 0 1 2009 31 2009 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2009° 33510.72 January 1 (b) Cash on Hand at 48573.11 Begining of Reporting Period ..... 10354.40 158446.89 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 58927.51 191957.61 6(a) and 6(c) for Column B) ..... 18500.00 151530.10 Total Disbursements (from Line 31) ..... Cash on Hand at Close of Reporting Period 40427.51 40427.51 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) .....

X 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

FE6AN026

#### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 80

Write or Type Committee Name
Kindred Healthcare, Inc. PAC

\_\_\_\_

Report Covering the Period: From:

м м 1 0 D D 0 1

2009

To:

м м 1 0 <sup>D</sup> 3 1

<sup>Y</sup> 2009

	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	9079.40	99556.74
	(i) Itemized (use Schedule A)	9079.40	99550.74
	(ii) Uniternized	1275.00	53890.15
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	10354.40	153446.89
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees	0.00	0.00
	(such as PACs)(d) Total Contributions (add Lines	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	10354.40	153446.89
2.	Transfers From Affiliated/Other Party Committees	0.00	0.00
3.	All Loans Received	0.00	0.00
		0.00	0.00
1. 5.	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
	(Refunds, Rebates, etc.)	0.00	0.00
3.	(Carry Totals to Line 37, page 5)		0.00
	to Federal candidates and Other	0.00	F000 00
	Political Committees	0.00	5000.00
7.	Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
	Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(ITOTH Scriedule 113)		
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
Э.	Total Receipts (add Lines 11(d),	10354.40	158446.89
	12, 13, 14, 15, 16, 17, and 18(c))	10004.40	100770.00
	Total Federal Receipts (subtract Line 18(c) from Line 19)	10354.40	158446.89

#### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 80

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures:  (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	0.00	30.10
	Expenditures(c) Total Operating Expenditures		30.10
	(add 21(a)(i), (a)(ii) and (b))	0.00	30.10
22.	Transfers to Affiliated/Other Party	0.00	0.00
23.	Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	18500.00	147500.00
24.	Independent Expenditure (use Schedule E)	0.00	0.00
5.	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	0.00	0.00
	(such as PACs)(d) Total Contribution Refunds	0.00	0.00
	(add Lines 28(a), (b), and (c))	0.00	0.00
9.	Other Disbursements	0.00	4000.00
	_		
0.	Federal Election Activity (2 U.S.C 431(20))  (a) Shared Federal Election Activity		
	(from Schedule H6)	2.22	
	(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	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31.	Total Disbursements (add Lines 21(c), 22,	40500.00	151500.10
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	18500.00	151530.10
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	18500.00	151530.10

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 80

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) from Line 11(d), page 3)	10354.40	153446.89
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10354.40	153446.89
<ol> <li>Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))</li> </ol>	0.00	30.10
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	30.10

FE6AN026

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	for each cat	te schedule(s) egory of the mmary Page	FOR LINE NUMBER: PAGE 6 / 80 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
A	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or name and address of any pol	used by any person itical committee to s	for the purpose of soliciting contributions olicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  Kindred Healthcare, Inc. PAC			
	Full Name (Last, First, Middle Initial) John R Stephenson II			Date of Receipt
	Mailing Address 680 S. Fourth Street			10 31 2009
	City Louisville	State Zip Code KY 40202		Transaction ID: PR1094170118109  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Fac Mgmt-HD		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date	220.00	P/R Deduction (\$10.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Teresa S Anderson			Date of Receipt
	Mailing Address 680 S. Fourth Street	10 31 2009		
	City	State Zip Code		Transaction ID: PR1094183718109
	Louisville  FEC ID number of contributing federal political committee.	KY 40202	0 0	Amount of Each Receipt this Period 40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Fin Sys Dev		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date	440.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Edward L Kuntz			Date of Receipt
	Mailing Address 8807 Stable Crest Bou	10 31 2009		
	City	State Zip Code		Transaction ID: PR1094183918109
	Houston  FEC ID number of contributing federal political committee.	TX 77024	1 1	Amount of Each Receipt this Period 200.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chairman of the BOD		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date	2200.00	P/R Deduction (\$100.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)			260.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 80 (check only one)    X
4	Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any persess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  Kindred Healthcare, Inc. PAC			
	Full Name (Last, First, Middle Initial) David R Windhorst			Date of Receipt
	Mailing Address 2000 Spring Farms R	oad		10 31 2009
	City Floyds Knobs	State IN	Zip Code 47119	Transaction ID: PR1094185018109  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		80.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Finance	cial Sys Dev	
	Receipt For: Primary General		Year-to-Date ▼	P/P Doduction (\$40.00 Pi
	Other (specify) ▼	0 0	880.00	P/R Deduction (\$40.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Lawrence I Wolf	•		Date of Receipt
	Mailing Address 4826 N Winthrop Ave	10 31 2009		
	City	State	Zip Code	Transaction ID: PR1094185118109
	Chicago	<u> </u>	60640	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Cnslt A	Appl-Data Arch	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		440.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mary Jane Frappier-Neff			Date of Receipt
	Mailing Address 2883 Bellwind Circle	10 31 2009		
	City	State	Zip Code	Transaction ID: PR1094185218109
	Rockledge	<u>FL</u>	32955	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Reg	g IS	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 220.00	P/R Deduction (\$10.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional) .			140.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 80 (check only one)  X 11a 11b 11c 12 13 14 15 16
A	ny information copied from such Reports and S	Statements may e name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)  Kindred Healthcare, Inc. PAC			
Z	Full Name (Last, First, Middle Initial) Katheryn J Markham			Date of Receipt
	Mailing Address 680 S. Fourth Street			10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1094185618109
	Louisville	KY	40202	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		90.00
	Name of Employer Kindred Healthcare Inc.	Occupatio VP IS Pla	n anning&FieldSvcs	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	990.00	P/R Deduction (\$45.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Dan McReynolds			Date of Receipt
	Mailing Address 7620 Beech Spring Co	10 31 2009		
	City	State	Zip Code	Transaction ID: PR1094185718109
	Louisville	KY	40241	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Kindred Healthcare Inc.	Occupatio Sr Dir Fi	n n Sys Dev	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	220.00	P/R Deduction (\$10.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Catherine A Gooch			Date of Receipt
	Mailing Address 14516 Clear Meadow Court			10 31 7 2009
	City	State	Zip Code	Transaction ID: PR1094185918109
	Louisville	KY	40245	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Kindred Healthcare Inc.	Occupatio Sr Dir Fir	n n Sys Dev	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		440.00	P/R Deduction (\$20.00 Bi- Weekly)
Γ.	SUBTOTAL of Receipts This Page (optional)	1		150.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 80 (check only one)    X
4	Any information copied from such Reports and or for commercial purposes, other than using th	Statements may not be sold or used by any per e name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  Kindred Healthcare, Inc. PAC		
	Full Name (Last, First, Middle Initial) Patrick J Gillenwater		Date of Receipt
	Mailing Address 402 Erin Drive	7.0	10 31 7 2009
	City Jeffersonville	State Zip Code IN 47130	Transaction ID: PR1094186418109  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	35.00
	Name of Employer Kindred Healthcare Inc.	Occupation Adm Dir IS Admin	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	385.00	P/R Deduction (\$17.50 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mona Euler	_L	Date of Receipt
	Mailing Address 12568 Sandstone Ru	10 31 2009	
	City	State Zip Code	Transaction ID: PR1094186718109
	Carmel	IN 46033	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Exec Off I	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	220.00	P/R Deduction (\$10.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) William B Seibert		Date of Receipt
	Mailing Address 680 S. Fourth Street	10 31 2009	
	City	State Zip Code	Transaction ID: PR1094187418109
	Louisville	KY 40202	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	60.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Fin Sys Dev	
	Receipt For:  Primary General	Aggregate Year-to-Date ▼	P/R Deduction (\$30.00 Bi-
	Other (specify)	660.00	Weekly)
	CURTOTAL of Receipts This Rese (entional)		115.00

Γ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS  Any information copied from such Reports and S	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 80 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
	NAME OF COMMITTEE (In Full)  Kindred Healthcare, Inc. PAC	name and address of any political committee t	o solicit contributions from such committee.
∠ 4.	Full Name (Last, First, Middle Initial) Deborah F Rickert		Date of Receipt
	Mailing Address 7003 Shallow Lake Ro	10 31 2009	
	City	State Zip Code	Transaction ID: PR1094187718109
	Prospect  FEC ID number of contributing federal political committee.	KY 40059	Amount of Each Receipt this Period  50.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Fin Sys Dev	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	P/R Deduction (\$25.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Charles Wardrip  Mailing Address 2805 Chestnut Ridge F	Place	Date of Receipt
	City	1 0 3 1 2 0 0 9 Transaction ID: PR1094187918109	
	Louisville	State Zip Code KY 40245	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP IS Ops & Telecomm	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  1100.00	P/R Deduction (\$50.00 Bi- Weekly)
- :.	Full Name (Last, First, Middle Initial) Stephen M Dobler	Date of Receipt	
	Mailing Address 1106 Holly Springs Dri	10 31 2009	
	City	State Zip Code	Transaction ID: PR1094188018109
	Louisville  FEC ID number of contributing federal political committee.	KY 40242	Amount of Each Receipt this Period  90.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP IS Finance & Admin	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 990.00	P/R Deduction (\$45.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)		240.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 80 (check only one)  X 11a 11b 11c 12 13 14 15 16
A	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may not be sold or used by any perse name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  Kindred Healthcare, Inc. PAC		
	Full Name (Last, First, Middle Initial) Terry Carrico		Date of Receipt
	Mailing Address 3311 Cobblers Ct		10 31 7 2009
	City New Albany	State Zip Code IN 47150	Transaction ID: PR1094188218109  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Clin Systems Dev	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Steven J Paynter		Date of Receipt
	Mailing Address 680 S. Fourth Street	10 31 7 2009	
	City	State Zip Code	Transaction ID: PR1094188418109
	Louisville  FEC ID number of contributing federal political committee.	KY 40202	Amount of Each Receipt this Period 40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Cnslt Tech Arch	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Kimberly Ann Beach		Date of Receipt
	Mailing Address 6615 Leland Drive	1 0 3 1 2 0 0 9	
	City	State Zip Code	Transaction ID: PR1094188618109
	Crestwood FEC ID number of contributing federal political committee.	KY 40014	Amount of Each Receipt this Period  20.00
	Name of Employer Kindred Healthcare Inc.		
	Receipt For:  Primary General  Other (specify) ▼	VP Operation Sys-HSD  Aggregate Year-to-Date ▼  220.00	P/R Deduction (\$10.00 Bi-Weekly)
Γ	SUBTOTAL of Receipts This Page (optional)	1	100.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 80 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
4	ny information copied from such Reports and refor commercial purposes, other than using the	Statements may not be sold or used by any perse name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  Kindred Healthcare, Inc. PAC		
<u>_</u>	Full Name (Last, First, Middle Initial) William R Rhodes		Date of Receipt
	Mailing Address 11303 Vista Greens E	10 31 7 2009	
	City Louisville	State Zip Code  KY 40241	Transaction ID: PR1094188918109  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Tech Cnslt	
	Receipt For: Primary General Other (consist)	Aggregate Year-to-Date ▼ 220.00	P/R Deduction (\$10.00 Bi- Weekly)
_	Other (specify) ▼  Full Name (Last, First, Middle Initial)		Weekly)
	Martin Ardron		Date of Receipt
	Mailing Address 41 La Sierra Dr.	10 31 7 2009	
	City Phillips Ranch	State Zip Code CA 91766	Transaction ID: PR1094189118109
	FEC ID number of contributing federal political committee.	CA 91766	Amount of Each Receipt this Period  50.00
	Name of Employer Kindred Healthcare Inc.	Occupation Div VP Hosp Rehab-PRS	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	P/R Deduction (\$25.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Michael Metzger	1	Date of Receipt
	Mailing Address 129 Foley Rd	10 31 2009	
	City West Point	State Zip Code VA 23181	Transaction ID: PR1094189318109
	West Point FEC ID number of contributing federal political committee.	VA 23181	Amount of Each Receipt this Period  30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Fin Off III	
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	P/R Deduction (\$15.00 Bi-Weekly)
	SUBTOTAL of Receipts This Page (optional) .	1	100.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 80 (check only one)  X 11a 11b 11c 12  13 14 15 16 11
4	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may ne name and add	not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  Kindred Healthcare, Inc. PAC			
	Full Name (Last, First, Middle Initial) Jan Turk			Date of Receipt
	Mailing Address 1314 Amelia St.	Ctata	7in Codo	10 31 2009
	City New Orleans	State LA	Zip Code 70115	Transaction ID: PR1094190018109  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Exe		
	Receipt For:  Primary General	Aggregate	Year-to-Date ▼	P/R Deduction (\$20.00 Bi-
	Other (specify) ▼	0 0	440.00	Weekly)
	Full Name (Last, First, Middle Initial) Larry Foster			Date of Receipt
	Mailing Address 1134 W. Granville Av Unit 815	10 31 2009		
	City Chicago	State IL	Zip Code 60660	Transaction ID: PR1094190318109  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Exe		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	550.00	P/R Deduction (\$25.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Jack Shapiro			Date of Receipt
	Mailing Address 22591 Covington Driv	10 31 2009		
	City	State	Zip Code	Transaction ID: PR1094190418109
	Deer Park	IL	60010	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Kindred Healthcare Inc.		e Director III	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1100.00	P/R Deduction (\$50.00 Bi- Weekly)
Г	SUBTOTAL of Receipts This Page (optional)			190.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 80 (check only one)    X   11a
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any perse e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
Full Name (Last, First, Middle Initial) Adrienne Lyons		Date of Receipt
Mailing Address 1220 North Oak Park		10 31 2009
City <u>Oak Park</u>	State Zip Code  IL 60302	Transaction ID: PR1094190518109  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Kindred Healthcare Inc.	Occupation Reg SrDir Clinical Ops-HD	
Receipt For:  ☐ Primary ☐ General  Other (specify) ▼	Aggregate Year-to-Date ▼  220.00	P/R Deduction (\$10.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Linda Mcquade		Date of Receipt
Mailing Address 4712 Sw 24 Ave		10 31 2009
City	State Zip Code FL 33312	Transaction ID: PR1094191018109
Ft Lauderdale  FEC ID number of contributing federal political committee.	FL 33312	Amount of Each Receipt this Period  20.00
Name of Employer Kindred Healthcare Inc.	Occupation Mgr Health Info Mgmt	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  220.00	P/R Deduction (\$10.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Theodore Welding		Date of Receipt
Mailing Address 2448 Middle River Dr.		10 31 2009
City Ft. Lauderdale	State Zip Code FL 33305	Transaction ID: PR1094191318109  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Kindred Healthcare Inc.	Occupation Executive Director I	7
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	P/R Deduction (\$25.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)		90.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 80 (check only one)    X
Any or fo	information copied from such Reports and Sor commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\ \	JAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
	Full Name (Last, First, Middle Initial) Sean R Muldoon			Date of Receipt
_	Mailing Address 239 Fairfax Avenue			10 31 2009
	City Louisville	State KY	Zip Code 40207	Transaction ID: PR1094192218109  Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	С		150.00
 	Jame of Employer Kindred Healthcare Inc.	Occupation Sr VP &	n Chief Med Off-HD	
F	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1650.00	P/R Deduction (\$75.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) lames L Lindberg			Date of Receipt
N	Mailing Address 11119 Brook Stone Court			10 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1094192518109
F	Louisville FEC ID number of contributing ederal political committee.	C	40223	Amount of Each Receipt this Period 40.00
N	lame of Employer Kindred Healthcare Inc.	Occupation Adm Mgr	n r Facilities-HD	
F	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 440.00	P/R Deduction (\$20.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Deborah R Doddridge			Date of Receipt
N	Mailing Address 680 S. Fourth Street			10 31 2009
	City	State	Zip Code	Transaction ID: PR1094193018109
F	Louisville FEC ID number of contributing ederal political committee.	C	40202	Amount of Each Receipt this Period  30.00
N K	Name of Employer Kindred Healthcare Inc.	Occupation Dir Procu	n ure Sys & Capital	
F	Receipt For:  Primary General  Other (specify) ▼	- t - t	e Year-to-Date ▼ 330.00	P/R Deduction (\$15.00 Bi- Weekly)
SUI	BTOTAL of Receipts This Page (optional) .	<b>I</b>		220.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 80 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
Full Name (Last, First, Middle Initial)  A. Joel W Day		Date of Receipt
Mailing Address 2017 Spring Farms Dri	ve	10 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Floyds Knobs	State Zip Code IN 47119	Transaction ID: PR1094193118109  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer Kindred Healthcare Inc.	Occupation VP & Controller-HD	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	P/R Deduction (\$15.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Susan Moss		Date of Receipt
Mailing Address 161 Westwind Road		10 31 YYYY 2009
City	State Zip Code	Transaction ID: PR1094193318109
Louisville  FEC ID number of contributing federal political committee.	KY 40207	Amount of Each Receipt this Period  80.00
Name of Employer Kindred Healthcare Inc.	Occupation VP Crp Communications	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	P/R Deduction (\$40.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Theresa M Graham		Date of Receipt
Mailing Address 680 S. Fourth Street		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: PR1094193518109
Louisville  FEC ID number of contributing federal political committee.	KY 40202	Amount of Each Receipt this Period  50.00
Name of Employer Kindred Healthcare Inc.	Occupation VP Compliance	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	P/R Deduction (\$25.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)		160.00
TOTAL This Period (last page this line number of		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	for eac	parate schedule(s) h category of the d Summary Page	FOR LINE NUMBER: PAGE 17 / 80 (check only one)    X   11a
	Any information copied from such Reports and So or for commercial purposes, other than using the	atements may not be so name and address of an	ld or used by any persony political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
∠ 4.	Full Name (Last, First, Middle Initial) Michael C Lozier			Date of Receipt
	Mailing Address 7028 Westridge Forest	Court		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip C		Transaction ID: PR1094193718109
	Lanesville	IN 4713	6	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		26.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Purch Contract	et Admin	
	Receipt For:	Aggregate Year-to-D		
	Primary General Other (specify) ▼		286.00	P/R Deduction (\$13.00 Bi- Weekly)
– В.	Full Name (Last, First, Middle Initial) Charles Michael Grannan			Date of Receipt
	Mailing Address 7109 Cannonade Cour	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State Zip C	ode	Transaction ID: PR1094193918109
	Prospect	KY 4005	9	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		70.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Purchasing		
	Receipt For:	Aggregate Year-to-D	ate <b>▼</b>	
	Primary General Other (specify) ▼	0 0 0 0	770.00	P/R Deduction (\$35.00 Bi- Weekly)
- C.	Full Name (Last, First, Middle Initial) Dennis J Hansen			Date of Receipt
	Mailing Address 1791 Connor Station R	oad		10 31 2009
	City	State Zip C	ode	Transaction ID: PR1094194118109
	Simpsonville	KY 4006	7	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		70.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Reimb-HSD		7
	Receipt For:	Aggregate Year-to-D	ate <b>▼</b>	
	Primary General Other (specify) ▼	0 0 0 0	770.00	P/R Deduction (\$35.00 Bi- Weekly)
Γ				166.00
-	SUBTOTAL of Receipts This Page (optional)		······	100.00
	TOTAL This Period (last page this line number of	only)		

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate sched for each category of Detailed Summary F	the (check only one)
A	ny information copied from such Reports and S r for commercial purposes, other than using the	tatements may not be sold or used by name and address of any political co	rany person for the purpose of soliciting contributions mmittee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  Kindred Healthcare, Inc. PAC		
<u></u>	Full Name (Last, First, Middle Initial) Mary Suzanne Riedman		Date of Receipt
	Mailing Address 4308 Hampton Creek		10 / 31 / 2009
	City Louisville	State Zip Code KY 40241	Transaction ID: PR1094194218109  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP & General Counsel	
	Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼	0.00 P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Susan P Riedl	<u> </u>	Date of Receipt
	Mailing Address 8914 Lippincott Road	10 31 2009	
	City	State Zip Code	Transaction ID: PR1094194418109
	Louisville FEC ID number of contributing federal political committee.	KY 40222	Amount of Each Receipt this Period  20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir HSD Reimb	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	0.00 P/R Deduction (\$10.00 Bi-Weekly)
_	Full Name (Last, First, Middle Initial) Mary L Vorpahl	L	Date of Receipt
	Mailing Address 21 Spencer Street Apt	209	10 31 2009
	City	State Zip Code	Transaction ID: PR1094194618109
	Lebanon FEC ID number of contributing federal political committee.	NH 03766	Amount of Each Receipt this Period  20.00
	Name of Employer Nursing Ctr Corporate	Occupation Executive Dir II	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	5.00 P/R Deduction (\$5.00 Week-ly)
Γ	SUBTOTAL of Receipts This Page (optional)	1	80.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 80 (check only one)    X
,	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any pers- ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  Kindred Healthcare, Inc. PAC			
	Full Name (Last, First, Middle Initial) Mary L Dennison			Date of Receipt
	Mailing Address 4678 Mount Eden Roa			10 31 2009
	City Shelbyville	State KY	Zip Code 40065	Transaction ID: PR1094194818109  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Mgr Reim		
	Receipt For:  Primary General  Other (specify) ▼	<del>, '                                   </del>	Year-to-Date ▼ 440.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Michael J Bean			Date of Receipt
	Mailing Address 8011 Kendrick Crossi	ng Lane		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1094195118109
	Louisville  FEC ID number of contributing federal political committee.	C	40291	Amount of Each Receipt this Period 40.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Tax P		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 440.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Peggy Black			Date of Receipt
	Mailing Address 680 S. Fourth Street			10 31 2009
	City	State	Zip Code	Transaction ID: PR1094195318109
	Louisville  FEC ID number of contributing federal political committee.	C	40202	Amount of Each Receipt this Period  20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Exec Assi	t to Chair & BOD	7
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 220.00	P/R Deduction (\$10.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional) .			100.00

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 80 (check only one)    X
ny information copied from such Reports and S	Statements may not be sold or used by any per part and address of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	, , , , , , , , , , , , , , , , , ,	
Kindred Healthcare, Inc. PAC		
Full Name (Last, First, Middle Initial) Anne S Woods		Date of Receipt
Mailing Address 7420 Falls Ridge Ct.		10 31 2009
City	State Zip Code	Transaction ID: PR1094195418109
Louisville	KY 40241	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	72.00
Name of Employer Kindred Healthcare Inc.	Occupation VP Internal Audit	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	792.00	P/R Deduction (\$36.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Stephanie J Warren	1	Date of Receipt
Mailing Address 2169 Balmer-Fenwick	Road	10 31 7 2009
City	State Zip Code	Transaction ID: PR1094195718109
Floyds Knobs	IN 47119	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Facility Mgmt	
Receipt For:	Aggregate Year-to-Date ▼	
Primary ☐ General Other (specify) ▼	330.00	P/R Deduction (\$15.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) John Lucchese	l.	Date of Receipt
Mailing Address 14401 Broad Oak Place	ce	10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
City	State Zip Code	Transaction ID: PR1094195918109
Louisville	KY 40245	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Kindred Healthcare Inc.	Occupation Sr VP & Corp Controller	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	903.99	P/R Deduction (\$50.00 Bi- Weekly)
NIDTOTAL of Descript This Description		202.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate sch for each category Detailed Summan	of the Check only one)
Any information copied from such Reports and Sor for commercial purposes, other than using the	tatements may not be sold or used name and address of any political	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
Kindred Healthcare, Inc. PAC		
Full Name (Last, First, Middle Initial) Rose M Michels		Date of Receipt
Mailing Address 680 S. Fourth Street		10 31 7 2009
City	State Zip Code	Transaction ID: PR1094196018109
Louisville	KY 40202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Tax Compliance	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼		P/R Deduction (\$15.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Joseph Landenwich		Date of Receipt
Mailing Address 2213 Wrocklage Ave.		10 31 2009
City	State Zip Code	Transaction ID: PR1094196318109
Louisville	KY 40205	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	120.00
Name of Employer Kindred Healthcare Inc.	Occupation SVPCrpLegalAffairs&CrpS	Sec
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1:	P/R Deduction (\$60.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Arthur L Rothgerber	<u> </u>	Date of Receipt
Mailing Address 680 S. Fourth Street		10 31 2009
City	State Zip Code	Transaction ID: PR1094196418109
<u>Louisville</u>	KY 40202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	46.00
Name of Employer Kindred Healthcare Inc.	Occupation Sr VP Reimbursement	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼		P/R Deduction (\$23.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)	L	196.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 80 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements may not be sold or used by any perename and address of any political committee	son for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)		
Kindred Healthcare, Inc. PAC		
Full Name (Last, First, Middle Initial) Linda M O'Bryan		Date of Receipt
Mailing Address 680 S. Fourth Street		10 31 2009
City	State Zip Code	Transaction ID: PR1094196718109
Louisville	KY 40202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer Kindred Healthcare Inc.	Occupation VPPatient Care &Quality-H	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	440.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Karen R Blain	1	Date of Receipt
Mailing Address 9708 Northridge Dr		10 31 2009
City	State Zip Code	Transaction ID: PR1094197018109
Louisville	KY 40272	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Kindred Healthcare Inc.	Occupation Mgr Patient Accting-HSD	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	220.00	P/R Deduction (\$10.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Mark A Laemmle	1	Date of Receipt
Mailing Address 680 S. Fourth Street		10 31 2009
City	State Zip Code	Transaction ID: PR1094197118109
Louisville	KY 40202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer Kindred Healthcare Inc.	Occupation VP Crp Finance	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	451.00	P/R Deduction (\$20.00 Bi- Weekly)
CURTOTAL of Descipto This Dags (entional)		100.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 80 (check only one)    X
Any information copied from such Reports and sor for commercial purposes, other than using the	Statements may not be sold or used by any perse name and address of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	•	
Kindred Healthcare, Inc. PAC		
Full Name (Last, First, Middle Initial) Douglas Curnutte		Date of Receipt
Mailing Address 1014 Springside Way		10 31 7 9 9
City	State Zip Code	Transaction ID: PR1094197218109
Louisville	KY 40223	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer Kindred Healthcare Inc.	Occupation VP Fac & Real Estate Dev	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	330.00	P/R Deduction (\$15.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Brian L Caudill	1	Date of Receipt
Mailing Address 1647 Beechwood Ave	nue	10 31 7 2009
City	State Zip Code	Transaction ID: PR1094197318109
Louisville	KY 40204	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	52.00
Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir HD Reimb	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	572.00	P/R Deduction (\$26.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Mary R Russell	1	Date of Receipt
Mailing Address 7300 Wood Rock Rd		10 31 2009
City	State Zip Code	Transaction ID: PR1094197618109
<u>Louisville</u>	KY 40291	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	44.00
Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Accounting-HSD	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	484.00	P/R Deduction (\$22.00 Bi- Weekly)
CURTOTAL of Descints This Days (actions)		126.00

Ϊ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedul for each category of the Detailed Summary Pa	ge X 11a 11b 11c 12 13 14 15 16 17
7	ANY Information copied from such Reports and Sor for commercial purposes, other than using the  NAME OF COMMITTEE (In Full)  Kindred Healthcare, Inc. PAC	atements may not be sold or used by a name and address of any political comr	ny person for the purpose of soliciting contributions mittee to solicit contributions from such committee.
∠ 4.	Full Name (Last, First, Middle Initial) William M Altman		Date of Receipt
	Mailing Address 9103 Lexington Lane		10 31 7 2009
	City <u>Louisville</u>	State Zip Code KY 40241	Transaction ID: PR1094198018109  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	384.60
	Name of Employer Kindred Healthcare Inc.	Occupation SVPStrategy&PublicPolicy	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 4230.	P/R Deduction (\$192.30 Bi- Weekly)
- 3.	Full Name (Last, First, Middle Initial) Scott M Juetten		Date of Receipt
	Mailing Address 8315 Running Spring [	10 31 2009	
	City Louisville	State Zip Code KY 40241	Transaction ID: PR1094198118109  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP & Controller-HSD	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 220.	P/R Deduction (\$10.00 Bi-Weekly)
_ :	Full Name (Last, First, Middle Initial) Bobby V Bas		Date of Receipt
	Mailing Address 2084 Wind River Road		10 31 2009
	City	State Zip Code	Transaction ID: PR1094198318109
	El Cajon  FEC ID number of contributing federal political committee.	CA 92019	Amount of Each Receipt this Period 45.00
	Name of Employer Kindred Healthcare Inc.	Occupation Radiology Tech	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 330.	P/R Deduction (\$15.00 Bi-Weekly)
	SUBTOTAL of Receipts This Page (optional)		449.60

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 80 (check only one)    X   11a
A	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any persoress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  Kindred Healthcare, Inc. PAC			
	Full Name (Last, First, Middle Initial) Steven J Fuller			Date of Receipt
	Mailing Address 6025 Bridge Garden F	Rd		10 31 2009
	City Knoxville	State TN	Zip Code 37912	Transaction ID: PR1094199718109  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir C		
	Receipt For:  Primary General  Other (specify) ▼	<del></del>	Year-to-Date ▼ 220.00	P/R Deduction (\$10.00 Bi-Weekly)
_	Full Name (Last, First, Middle Initial) Martha S Rhoads			Date of Receipt
	Mailing Address 137 N. Cherry Street	10 31 2009		
	City	State	Zip Code	Transaction ID: PR1094200018109
	Greenville	KY	42345	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir C		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		220.00	P/R Deduction (\$10.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) J. Harold Walker			Date of Receipt
	Mailing Address 429 Freedom Trail			10 31 2009
	City	State	Zip Code	Transaction ID: PR1094200118109
	<u>Sparta</u>	TN	38583	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir C	) Operations II	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	P/R Deduction (\$15.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)	1		70.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 80 (check only one)    X
0	r for commercial purposes, other than using th	Statements may not be sold or used by any per le name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  Kindred Healthcare, Inc. PAC		
	Full Name (Last, First, Middle Initial) Michael Comer		Date of Receipt
	Mailing Address 12 Lewis	Chata 7'- Oada	10
	City <u>Irvine</u>	State Zip Code CA 92620	Transaction ID: PR1094200418109  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	70.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP & CFO-West Reg-HD	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 770.00	P/R Deduction (\$35.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Billy Wilcox	. <b>L</b>	Date of Receipt
	Mailing Address 10000 N. Eldridge Pk	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City Houston	State Zip Code TX 77065	Transaction ID: PR1094200518109
	FEC ID number of contributing federal political committee.	TX 77065	Amount of Each Receipt this Period  30.00
	Name of Employer Kindred Healthcare Inc.	Occupation District CFO	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	P/R Deduction (\$15.00 Bi-Weekly)
_	Full Name (Last, First, Middle Initial) Traci Shelton		Date of Receipt
	Mailing Address 2913 3rd. Street # 2	01	1 0 3 1 2 0 0 9
	City	State Zip Code	Transaction ID: PR1094200618109
	Santa Monica  FEC ID number of contributing federal political committee.	CA 90405	Amount of Each Receipt this Period 350.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP & COO-West Reg-HD	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  3425.00	P/R Deduction (\$175.00 Bi-Weekly)
	SUBTOTAL of Receipts This Page (optional)	1	450.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 80 (check only one)    X
A	ny information copied from such Reports and s r for commercial purposes, other than using the	Statements may not be sold or used by any persename and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  Kindred Healthcare, Inc. PAC		
, <u>/</u>	Full Name (Last, First, Middle Initial) Steven Monaghan		Date of Receipt
	Mailing Address 508 W. Melrose #7-A		10 31 2009
	City Chicago	State Zip Code IL 60657	Transaction ID: PR1094200718109  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	120.00
	Name of Employer Kindred Healthcare Inc.	Occupation Exec VP-Cent Reg-HD	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1235.00	P/R Deduction (\$60.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Laura Wills		Date of Receipt
	Mailing Address 5364 S Bellerieve Lan	10 31 2009	
	City	State Zip Code	Transaction ID: PR1094200918109
	Imperial	MO 63052	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Market Chief Exec Off III	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	220.00	P/R Deduction (\$10.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Cynthia Smith		Date of Receipt
	Mailing Address 9N668 Bowes Bend D	r	10 31 2009
	City	State Zip Code	Transaction ID: PR1094201018109
	Elgin	IL 60124	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Exec Off II	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  220.00	P/R Deduction (\$10.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional) .	1	160.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 80 (check only one)    X
0	r for commercial purposes, other than using th	Statements may not be sold or used by any personal ename and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  Kindred Healthcare, Inc. PAC		
۷.	Full Name (Last, First, Middle Initial) Susan B Myers		Date of Receipt
	Mailing Address 959 Whetstone Way		10 31 2009
	City Louisville	State Zip Code KY 40223	Transaction ID: PR1094201518109
	FEC ID number of contributing federal political committee.	C 40223	Amount of Each Receipt this Period  30.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Clin Instruct Design	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  330.00	P/R Deduction (\$15.00 Bi- Weekly)
 3.	Full Name (Last, First, Middle Initial) John Miner		Date of Receipt
	Mailing Address 4730 Dunnie Drive	10 31 2009	
	City	State Zip Code	Transaction ID: PR1094202118109
	Tampa	FL 33614	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Fin Off III	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	440.00	P/R Deduction (\$20.00 Bi- Weekly)
_ ;.	Full Name (Last, First, Middle Initial) Pamela Marie Riter	1	Date of Receipt
	Mailing Address 300 Beach Dr. N.E. Unit 2301		10 31 2009
	City	State Zip Code	Transaction ID: PR1094202418109
	St. Petersburg	FL 33701	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Exec Off III	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  550.00	P/R Deduction (\$25.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional).		120.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 80 (check only one)    X   11a
4	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any peen name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  Kindred Healthcare, Inc. PAC		
	Full Name (Last, First, Middle Initial) Julie Feasel		Date of Receipt
	Mailing Address 6211 Iroquios Ct.	7.0	10 31 2009
	City <u>Odessa</u>	State Zip Code FL 33556	Transaction ID: PR1094203018109  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Exec Off III	
	Receipt For:  Primary General	Aggregate Year-to-Date ▼ 330.00	P/R Deduction (\$15.00 Bi-
	Other (specify) ▼	330.00	Weekly)
	Full Name (Last, First, Middle Initial) Charles D Doten		Date of Receipt
	Mailing Address 7644 Harbour Blvd.	10 0 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State Zip Code	Transaction ID: PR1094203618109
	Miramar	FL 33023	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	60.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Exec Off II	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	440.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Carol Cregan	1	Date of Receipt
	Mailing Address 2649 NE 26Th Avenu	Э	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: PR1094203718109
	Ft Lauderdale	FL 33306	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Reg Sr Dir Bus Dev-HD	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	D/D Dadication (040 00 D)
	Other (specify)	220.00	P/R Deduction (\$10.00 Bi- Weekly)
Γ	SUBTOTAL of Receipts This Page (optional) .	1	110.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 80 (check only one)    X
,	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  Kindred Healthcare, Inc. PAC			
	Full Name (Last, First, Middle Initial) James Malady			Date of Receipt
	Mailing Address 954 Lindfield Dr.			10 31 2009
	City <u>South Park</u>	State PA	Zip Code 15129	Transaction ID: PR1094204118109  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Plant		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 220.00	P/R Deduction (\$10.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Timothy L Simpson			Date of Receipt
	Mailing Address 140 Pioneer Trail			10 31 2009
	City	State	Zip Code	Transaction ID: PR1094204318109
	Green Cove Springs	FL	32043	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive	n e Director II	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	440.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) James D Thigpen			Date of Receipt
	Mailing Address 355 Woolsey Brooks			10 31 2009
	City	State	Zip Code	Transaction ID: PR1094204618109
	Fayetteville	GA	30214	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		45.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Plant		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 330.00	P/R Deduction (\$15.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional) .	1		135.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 80 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements may not be sold or used by any per-	son for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	and address of any pointed committee	
> Kindred Healthcare, Inc. PAC		
Full Name (Last, First, Middle Initial) Sharon A Barnard		Date of Receipt
Mailing Address 1937 Sr 16 West		10 31 2009
City	State Zip Code	Transaction ID: PR1094204818109
Green Cove Spgs	FL 32043	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer Kindred Healthcare Inc.	Occupation Reg SrDir Clinical Ops-HD	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	220.00	P/R Deduction (\$10.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) E. Jane Jackson		Date of Receipt
Mailing Address 43171 Buttermere Ter	race	10 31 2009
City	State Zip Code	Transaction ID: PR1094205118109
Ashburn	VA 20147	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Kindred Healthcare Inc.	Occupation Dir Bus Implement-HD	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	220.00	P/R Deduction (\$10.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) James J Novak		Date of Receipt
Mailing Address 9680 Ridgewalk Court		10 31 7 2009
City	State Zip Code	Transaction ID: PR1094205318109
<u>Davie</u>	FL 33328	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	84.00
Name of Employer Kindred Healthcare Inc.	Occupation Exec VP-East Reg-HD	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	924.00	P/R Deduction (\$42.00 Bi- Weekly)
SURTOTAL of Receipts This Page (ontional)		134.00

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 80 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may e name and addi	not be sold or used by any perse ress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
Kindred Healthcare, Inc. PAC			
Full Name (Last, First, Middle Initial) Sally I Hoffmann			Date of Receipt
Mailing Address 13713 Rothman Tate	Place		10 31 7 9 9
City	State	Zip Code	Transaction ID: PR1094205718109
Riverview	FL	33579	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer Kindred Healthcare Inc.	Occupation Resource	CEO HD	
Receipt For:	Aggregate '	Year-to-Date ▼	
Primary General Other (specify) ▼		330.00	P/R Deduction (\$15.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Christopher A Clements			Date of Receipt
Mailing Address 3111 North Ocean Dr #1007	ive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: PR1094206218109
Hollywood	FL	33019	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer Kindred Healthcare Inc.	Occupation Administra	ator III	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		220.00	P/R Deduction (\$10.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Susan M Fortin	1		Date of Receipt
Mailing Address 48 Half Moon Terrace	)		10 31 7 2009
City	State	Zip Code	Transaction ID: PR1094208018109
Colchester	VT	05446	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer Kindred Healthcare Inc.	Occupation Dir Nursin	g II	
Receipt For:	Aggregate `	Year-to-Date ▼	
Primary General Other (specify) ▼		215.00	P/R Deduction (\$5.00 Week-ly)
SUBTOTAL of Receipts This Page (optional) .			70.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 80 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
A 0	ny information copied from such Reports and r for commercial purposes, other than using the	Statements may not be sold or used by any per name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  Kindred Healthcare, Inc. PAC		
۷.	Full Name (Last, First, Middle Initial) Elizabeth D Dubois		Date of Receipt
	Mailing Address 21 Harriman Road		10 31 2009
	City Hudson	State Zip Code MA 01749	Transaction ID: PR1094209418109
	FEC ID number of contributing federal political committee.	C 01/49	Amount of Each Receipt this Period  20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Reg Mgr Field Accting	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	P/R Deduction (\$10.00 Bi-Weekly)
 s.	Full Name (Last, First, Middle Initial) Donna Kelsey		Date of Receipt
	Mailing Address 2075 E. Tivoli Hills D	10 31 2009	
	City	State Zip Code	Transaction ID: PR1094210118109
	Draper	UT 84020	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP-Pacific Reg-HSD	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1550.00	P/R Deduction (\$25.00 Bi-Weekly)
. –	Full Name (Last, First, Middle Initial) Katherine Davis	Date of Receipt	
	Mailing Address 8419 Oxford Woods	10 31 2009	
	City	State Zip Code	Transaction ID: PR1094210218109
	Louisville	KY 40222	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Reg Dir Case Mgmt-HSD	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	P/R Deduction (\$15.00 Bi-Weekly)
Γ.	SURTOTAL of Receipts This Page (ontional)		100.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 80 (check only one)  X 11a 11b 11c 12 13 14 15 16
A C	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may not be sold or used by any per- ename and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  Kindred Healthcare, Inc. PAC		
. <u>/</u>	Full Name (Last, First, Middle Initial) Anita Tillery		Date of Receipt
	Mailing Address 3512 Raytee Drive		10 31 7 2009
	City Chesapeake	State Zip Code VA 23323	Transaction ID: PR1094211018109  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	60.00
	Name of Employer Kindred Healthcare Inc.	Occupation Area Executive Dir	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	P/R Deduction (\$20.00 Bi-Weekly)
_	Full Name (Last, First, Middle Initial) Christina Schramm		Date of Receipt
	Mailing Address 166 Columbia Ave		10 31 2009
	City	State Zip Code	Transaction ID: PR1094211918109
	Chillicothe	OH 45601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir II	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	220.00	P/R Deduction (\$10.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Tom Cunningham		Date of Receipt
	Mailing Address 6705 Merwin Ave		10 31 YYYYY 2009
	City	State Zip Code	Transaction ID: PR1094212118109
	Cincinnati	OH 45227	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer Lebanon Country Manor	Occupation Executive Dir II	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	P/R Deduction (\$10.00 Bi-Weekly)
	SUBTOTAL of Receipts This Page (ontional)		120.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 80 (check only one)  X 11a 11b 11c 12 13 14 15 16
,	r for commercial purposes, other than using the	Statements may not be sold or used by any persename and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  Kindred Healthcare, Inc. PAC		
<u>_</u>	Full Name (Last, First, Middle Initial) Anthony D Lacke		Date of Receipt
	Mailing Address 95 Caesar Chelor Dr		10 31 7 2009
	City Wrentham	State Zip Code MA 02093	Transaction ID: PR1094212418109  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir I	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 215.00	P/R Deduction (\$5.00 Week-ly)
_	Full Name (Last, First, Middle Initial) Donna M Nackers		Date of Receipt
	Mailing Address 1760 Waters Ferry Dr	10 31 2009	
	City	Transaction ID: PR1094212518109	
	Lawrenceville FEC ID number of contributing	GA 30043	Amount of Each Receipt this Period  30.00
	federal political committee.	C	30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Reg Mgr Operation Reimb	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	330.00	P/R Deduction (\$15.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Joseph F Weglarz		Date of Receipt
	Mailing Address 35 Farrington Ave		10 31 2009
	City	State Zip Code	Transaction ID: PR1094212618109
	Gloucester FEC ID number of contributing	MA 01930	Amount of Each Receipt this Period
	federal political committee.	C	20.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Finance-East Reg-HSD	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  220.00	P/R Deduction (\$10.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional) .		70.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 80 (check only one)    X   11a
, C	Any information copied from such Reports and or for commercial purposes, other than using th	Statements may no e name and addres	ot be sold or used by any persons of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  Kindred Healthcare, Inc. PAC			
<u></u>	Full Name (Last, First, Middle Initial) Celeste M Bentley			Date of Receipt
	Mailing Address 4 Stuart Drive			10 / 31 / 2009
	City <u>Barrington</u>	State NH	Zip Code 03825	Transaction ID: PR1094213318109  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Reimb-H	HSD	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 330.00	P/R Deduction (\$15.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Debra Forman			Date of Receipt
	Mailing Address 12516 Wexton Lane			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1094213418109
	Knoxville  FEC ID number of contributing federal political committee.	C	37934	Amount of Each Receipt this Period  20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Reg Mgr Fie	eld Accting	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 220.00	P/R Deduction (\$10.00 Bi-Weekly)
_	Full Name (Last, First, Middle Initial) Lane M Bowen	1		Date of Receipt
	Mailing Address 10868 South Prescot	t Drive		10 31 2009
	City	State	Zip Code	Transaction ID: PR1094213618109
	Sandy  FEC ID number of contributing federal political committee.	C	84092	Amount of Each Receipt this Period  100.00
	Name of Employer Kindred Healthcare Inc.	Occupation Exec VP & I	President-HSD	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 1100.00	P/R Deduction (\$50.00 Bi-Weekly)
	SUBTOTAL of Receipts This Page (optional)			150.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 80 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
A	ny information copied from such Reports and s r for commercial purposes, other than using th	Statements may not be sold or used by any perse name and address of any political committee to	son for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)  Kindred Healthcare, Inc. PAC	••	
	Full Name (Last, First, Middle Initial) Laurie A Roberto		Date of Receipt
	Mailing Address 217 Main Street		10 31 2009
	City	State Zip Code MA 01940	Transaction ID: PR1094213918109
	Lynnfield  FEC ID number of contributing federal political committee.	MA 01940	Amount of Each Receipt this Period  20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Area Executive Dir	
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼  215.00	P/R Deduction (\$5.00 Week-ly)
	Full Name (Last, First, Middle Initial) Michael W Beal	1	Date of Receipt
	Mailing Address 10 Glenwood Road		10 31 2009
	City	State Zip Code	Transaction ID: PR1094214118109
	Windham FEC ID number of contributing federal political committee.	NH 03087	Amount of Each Receipt this Period 40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP-East Reg-HSD	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 440.00	P/R Deduction (\$20.00 Bi-Weekly)
	Full Name (Last, First, Middle Initial) John Getts		Date of Receipt
	Mailing Address 150 Evergreen Circle		10 31 7 2009
	City	State Zip Code	Transaction ID: PR1094214618109
	Henniker  FEC ID number of contributing federal political committee.	NH 03242	Amount of Each Receipt this Period  20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Area Executive Dir	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 215.00	P/R Deduction (\$5.00 Week-ly)
Γ,	SUBTOTAL of Receipts This Page (optional) .	1	80.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 80 (check only one)    X   11a
0	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any persiress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  Kindred Healthcare, Inc. PAC			
, <u>,                                   </u>	Full Name (Last, First, Middle Initial) James Holcomb			Date of Receipt
	Mailing Address 317 30Th Avenue N.E			10 31 2009
	City Great Falls	State MT	Zip Code 59404	Transaction ID: PR1094215118109  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	33707	20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 220.00	P/R Deduction (\$10.00 Wee-kly)
_	Full Name (Last, First, Middle Initial) Kelly G Snowball			Date of Receipt
	Mailing Address 4468 Forest Green Drive			10 31 2009
	City	State	Zip Code	Transaction ID: PR1094215718109
	Ogden	UT	84403	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Area Exe		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		220.00	P/R Deduction (\$10.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Susan A Kesterson			Date of Receipt
	Mailing Address 2334 Heritage Dr			10 31 2009
	City	State	Zip Code	Transaction ID: PR1094216218109
	Corona	CA	92882	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Reg Fina	ncial Ana	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 330.00	P/R Deduction (\$15.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional) .	•		70.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 80 (check only one)  X 11a 11b 11c 12 13 14 15 16
, C	ny information copied from such Reports and r for commercial purposes, other than using th	Statements may not be sold or used by any pere name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  Kindred Healthcare, Inc. PAC		
	Full Name (Last, First, Middle Initial) Sylvia Burton		Date of Receipt
	Mailing Address 433 S. Plantation		10 31 7 2009
	City Cookeville	State Zip Code TN 38506	Transaction ID: PR1094217618109  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	45.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir III	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	P/R Deduction (\$15.00 Bi-Weekly)
_	Full Name (Last, First, Middle Initial) Mark S Pfeifer		Date of Receipt
	Mailing Address 11014 Brave Ct.		10 31 2009
	City	State Zip Code	Transaction ID: PR1094218418109
	Indianapolis FEC ID number of contributing federal political committee.	IN 46236	Amount of Each Receipt this Period 40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Reg Financial Ana	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Donna Susan Dickerson		Date of Receipt
	Mailing Address 5283 Pryor Road		1 0 3 1 2 0 0 9
	City	State Zip Code	Transaction ID: PR1094220718109
	Maryville FEC ID number of contributing federal political committee.	TN 37804	Amount of Each Receipt this Period 20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir I	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	P/R Deduction (\$10.00 Bi-Weekly)
	SUBTOTAL of Receipts This Page (optional) .	1	105.00

ITEMIZI	ULE A (FEC Form 3X) ED RECEIPTS	ratomonte ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 80 (check only one)    X
or for comm	allon copied from such Reports and St nercial purposes, other than using the DF COMMITTEE (In Full) d Healthcare, Inc. PAC	name and add	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	ne (Last, First, Middle Initial)			Date of Receipt
Mailing /				1 0 3 1 2 0 0 9
City <u>Knoxvi</u>	lle	State TN	Zip Code 37922	Transaction ID: PR1094221218109  Amount of Each Receipt this Period
	number of contributing political committee.	C		20.00
Name of Kindred	Employer Healthcare Inc.	Occupation Executive		
	For: imary General ther (specify) ▼	Aggregate	e Year-to-Date ▼ 220.00	P/R Deduction (\$10.00 Bi-Weekly)
Anna Ru	ne (Last, First, Middle Initial) th Birdwell Address 5450 Grundy Quarles F	Hwy		Date of Receipt  1 0 3 1 2 0 0 9
City		State	Zip Code	Transaction ID: PR1094221318109
FEC ID	ngton Spring number of contributing political committee.	C	38545	Amount of Each Receipt this Period  30.00
Name of Kindred	Employer Healthcare Inc.	Occupation Dir Nursi		
	For: imary General ther (specify) ♥	Aggregate	e Year-to-Date ▼ 220.00	P/R Deduction (\$10.00 Bi- Weekly)
Full Nan James T	ne (Last, First, Middle Initial) ucker			Date of Receipt
Mailing /	Address P O Box 223			10 31 2009
City Cartha	an a	State TN	Zip Code 37030	Transaction ID: PR1094222018109
FEC ID	number of contributing political committee.	C	37030	Amount of Each Receipt this Period  20.00
Name of Kindred	Employer Healthcare Inc.	Occupation Executive		
	For: imary General ther (specify) <b>▼</b>	Aggregate	Year-to-Date ▼ 220.00	P/R Deduction (\$10.00 Bi- Weekly)
SUBTOTA	L of Receipts This Page (optional)			70.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 80 (check only one)    X
A	ny information copied from such Reports and sur for commercial purposes, other than using the	Statements may not be sold or used by any perename and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  Kindred Healthcare, Inc. PAC		
	Full Name (Last, First, Middle Initial) Gloria J Miller		Date of Receipt
	Mailing Address 12309 Corvus Road		10 31 2009
	City <u>Raleigh</u>	State Zip Code NC 27614	Transaction ID: PR1094222118109 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir Operations I	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	P/R Deduction (\$20.00 Bi-Weekly)
-	Full Name (Last, First, Middle Initial) Lena Demiles		Date of Receipt
	Mailing Address 12 Pevwell Drive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: PR1094222318109
	Saugus	MA 01906	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer Northeast Region	Occupation Dir Nursing II	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	215.00	P/R Deduction (\$5.00 Week-ly)
_	Full Name (Last, First, Middle Initial) Patricia Pruden Lennox	<u>I</u>	Date of Receipt
	Mailing Address 11 Cider Mill Road		10 31 2009
	City	State Zip Code	Transaction ID: PR1094222818109
	Medway	MA 02053	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Reg VP Sales Devlp HSD	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	P/R Deduction (\$20.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional) .	1	100.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 80 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)		71	
Kindred Healthcare, Inc. PAC			
Full Name (Last, First, Middle Initial) James N. Rogers			Date of Receipt
Mailing Address 1002 Stonehouse Rid	ge Road		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: PR1094224318109
Bardstown	KY	40004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer Kindred Healthcare Inc.	Occupation Dir Clin S		1
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	220.00	P/R Deduction (\$10.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Ronald D Long			Date of Receipt
Mailing Address 148 Cheyenne Road			10 31 7 9 9
City	State	Zip Code	Transaction ID: PR1094224518109
Shelbyville	KY	40065	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer Kindred Healthcare Inc.	Occupation Adm Dir	n Contract Admin	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		330.00	P/R Deduction (\$15.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Stephen F. Stoess			Date of Receipt
Mailing Address 514 Locust Creek Blvd	d.		10 31 7 7 7 9
City	State	Zip Code	Transaction ID: PR1094224618109
Louisville	KY	40245	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		46.80
Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Te	n elecommunications	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		514.80	P/R Deduction (\$23.40 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional).	1		96.80

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 80 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personal name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Kindred Healthcare, Inc. PAC		
Full Name (Last, First, Middle Initial) James E. Bell		Date of Receipt
Mailing Address 14213 Aiken Road		10 31 2009
City <u>Louisville</u>	State Zip Code  KY 40245	Transaction ID: PR1094225018109  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Div Reimb-HD	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  330.00	P/R Deduction (\$15.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Paul R. Eiseman		Date of Receipt
Mailing Address 3714 Fringe Tree Pla	ce	10 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	<b>Transaction ID:</b> PR1094225818109
Louisville  FEC ID number of contributing federal political committee.	KY 40241	Amount of Each Receipt this Period  30.00
Name of Employer Kindred Healthcare Inc.	Occupation VP Bus Dev & Phys Rel-HD	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  330.00	P/R Deduction (\$15.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Catharine C Young		Date of Receipt
Mailing Address 6303 Deep Creek Dri	ve	10 31 2009
City	State Zip Code KY 40059	Transaction ID: PR1094228018109
Prospect  FEC ID number of contributing federal political committee.	KY 40059	Amount of Each Receipt this Period  30.00
Name of Employer Kindred Healthcare Inc.	Occupation VP & Employment Counsel	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  330.00	P/R Deduction (\$15.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)	·	90.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 80 (check only one)    X   11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Kindred Healthcare, Inc. PAC		
Full Name (Last, First, Middle Initial) Mary W Miller		Date of Receipt
Mailing Address 3611 Glenfield Court		10 31 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: PR1094228418109
Louisville	KY 40241	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Kindred Healthcare Inc.	Occupation Reg Dir Education-HSD	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	220.00	P/R Deduction (\$10.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Sharon Theresa McGuyer		Date of Receipt
Mailing Address 22441 15Th Ave. So.		1 0 3 1 2 0 0 9
City	State Zip Code	Transaction ID: PR1094229018109
Des Moines	WA 98198	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Kindred Healthcare Inc.	Occupation Dir Nursing II	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	220.00	P/R Deduction (\$10.00 Wee-kly)
Full Name (Last, First, Middle Initial) Charles K. Currens		Date of Receipt
Mailing Address 7801 McCarthy Lane		10 31 2009
City	State Zip Code	Transaction ID: PR1094229118109
Louisville	KY 40222	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer Kindred Healthcare Inc.	Occupation Dir IS Prod Svcs	
Receipt For:  Primary General	Aggregate Year-to-Date ▼	P/R Deduction (\$20.00 Bi-
Other (specify) ▼	440.00	Weekly)
SUBTOTAL of Receipts This Page (optional)		80.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	for each	parate schedule(s) n category of the d Summary Page	FOR LINE NUMBER: PAGE 45 / 80 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
A	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be soloname and address of any	d or used by any person y political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  Kindred Healthcare, Inc. PAC			
	Full Name (Last, First, Middle Initial) Keith Krein			Date of Receipt
	Mailing Address 3227 North 88th Stree	t		10 31 2009
	City Mesa	State Zip Co AZ 85207		Transaction ID: PR1094229818109  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP & Chief Med	d Off-HSD	-
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Da	ate ▼ 440.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Patricia M McGillan			Date of Receipt
	Mailing Address 680 S. Fourth Street			10 31 2009
	City	State Zip Co		Transaction ID: PR1094229918109
	Louisville FEC ID number of contributing	KY 40202	2	Amount of Each Receipt this Period
	federal political committee.	C		60.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Pat Saf & Reg	Compl-HD	
	Receipt For:	Aggregate Year-to-Da	ate ▼	
	Primary General Other (specify) ▼		660.00	P/R Deduction (\$30.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Barbara L Baylis			Date of Receipt
	Mailing Address 7212 Deer Ridge Road	I		10 31 2009
	City	State Zip Co	ode	Transaction ID: PR1094230018109
	Prospect	KY 40059	9	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP Clin & Res	Svcs-HSD	
	Receipt For: Primary General	Aggregate Year-to-Da	ate ▼	
	Other (specify)		440.00	P/R Deduction (\$20.00 Bi- Weekly)
Γ	SUBTOTAL of Receipts This Page (optional)	l		140.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 80 (check only one)    X   11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personal statements may not be sold or used by any personal statements and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Kindred Healthcare, Inc. PAC		
Full Name (Last, First, Middle Initial) Pete Kalmey		Date of Receipt
Mailing Address 11230 Heron Bay Blvo		10 31 2009
City Coral Springs	State Zip Code FL 33076	Transaction ID: PR1094232018109  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Kindred Healthcare Inc.	Occupation VP & CFO-East Reg-HD	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  220.00	P/R Deduction (\$10.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Mary J Yesue		Date of Receipt
Mailing Address P. O. Box 921		10 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: PR1094232118109
York Harbor  FEC ID number of contributing federal political committee.	ME 03911	Amount of Each Receipt this Period  30.00
Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir Clin Ops	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  330.00	P/R Deduction (\$15.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) Janet L Worcester		Date of Receipt
Mailing Address 24 Saratoga Avenue		10 31 2009
City Bangor	State Zip Code ME 04401	Transaction ID: PR1094232218109  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir Clin Ops	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	P/R Deduction (\$10.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)		70.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 80 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
4	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any per e name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  Kindred Healthcare, Inc. PAC		
	Full Name (Last, First, Middle Initial) Bonnie Deyo		Date of Receipt
	Mailing Address 259 Sweetwater		10 / 31 / Y Y Y Y Y Y Y
	City <u>Lander</u>	State Zip Code WY 82520	Transaction ID: PR1094233318109  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir I	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	P/R Deduction (\$10.00 Wee-kly)
_	Full Name (Last, First, Middle Initial) Edward J Goddard		Date of Receipt
	Mailing Address 32 Peters Lane		10 31 2009
	City	State Zip Code	Transaction ID: PR1094233518109
	Wrentham	MA 02093	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Labor Relations	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	440.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Cynthia Swisher		Date of Receipt
	Mailing Address 20152 Marie Court		10 31 2009
	City	State Zip Code	Transaction ID: PR1094233618109
	Noblesville	IN 46062	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer Kindred Healthcare	Occupation Dist Dir Sales Dev	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	P/R Deduction (\$10.00 Bi-Weekly)
	SURTOTAL of Receipts This Page (antional)		80.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule( for each category of the Detailed Summary Page	(crieck offly offe)
4	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any e name and address of any political commi	person for the purpose of soliciting contributions ttee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  Kindred Healthcare, Inc. PAC		
	Full Name (Last, First, Middle Initial) Jeffrey F Luckett		Date of Receipt
	Mailing Address 7701 Kendrick Crossi	ng Lane	10 31 7 2009
	City Louisville	State Zip Code KY 40291	Transaction ID: PR1094234418109  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	44.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Internal Audit-IS	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 484.00	P/R Deduction (\$22.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Janet Biedron	1	Date of Receipt
	Mailing Address 226 3rd Street		10 31 2009
	City	State Zip Code	Transaction ID: PR1094234618109
	Dunellen	NJ 08812	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Exec Off I	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	220.00	P/R Deduction (\$10.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Peter D Corless	1	Date of Receipt
	Mailing Address 3308 Overlook Ridge	10 31 2009	
	City	State Zip Code	Transaction ID: PR1094235218109
	Prospect	KY 40059	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP HR & Admin-HSD	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	P/R Deduction (\$20.00 Bi- Weekly)
	SURTOTAL of Receipts This Page (optional)		104.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	for each	arate schedule(s) category of the Summary Page	FOR LINE NUMBER: PAGE 49 / 80 (check only one)  X 11a 11b 11c 12 13 14 15 16
,	ny information copied from such Reports and to for commercial purposes, other than using the	Statements may not be sold and and address of any	or used by any person political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  Kindred Healthcare, Inc. PAC			
	Full Name (Last, First, Middle Initial) Tamila Johnson-White			Date of Receipt
	Mailing Address 2615 Zhale Smith Rd.			10 31 2009
	City <u>LaGrange</u>	State Zip Coo KY 40031	de	Transaction ID: PR1094235418109  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Case Mgmt-HSI	 D	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Dat	e ▼ 440.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Lester Bohnert			Date of Receipt
	Mailing Address 2259 N. Pennsylvania	10 31 2009		
	City	State Zip Coo	de	Transaction ID: PR1094235718109
	Indianapolis FEC ID number of contributing	IN 46205	· · · ·	Amount of Each Receipt this Period
	federal political committee.	C		20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Regional VP Ops H	SD	
	Receipt For:	Aggregate Year-to-Dat		
	Primary General Other (specify) ▼	0 0 0 0	220.00	P/R Deduction (\$10.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Georgia Poole			Date of Receipt
	Mailing Address 49 Walnut Hill Road			10 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Coo	de	Transaction ID: PR1094236218109
	Shapleigh	ME 04076		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Nursing I		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Dat	e ▼ 215.00	P/R Deduction (\$5.00 Week-ly)
	SUBTOTAL of Receipts This Page (optional).	•	_	80.00

Ϊ	CHEDULE A (FEC Form 3X)  TEMIZED RECEIPTS	Use separate s for each categ Detailed Summ	schedule(s) ory of the mary Page	FOR LINE NUMBER: PAGE 50 / 80 (check only one)    X
7	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Kindred Healthcare, Inc. PAC	atements may not be sold or us name and address of any politic	ed by any person i cal committee to so	or the purpose of soliciting contributions licit contributions from such committee.
∠ <b>A</b> .	Full Name (Last, First, Middle Initial) Douglas Roth Mailing Address 9891 Heytesbery			Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Sandy	State Zip Code UT 84092		Transaction ID: PR1094237318109 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	0	80.00
	Name of Employer Kindred Healthcare Inc.  Receipt For:  Primary General  Other (specify) ▼	Occupation  VP Finance-Pacific Reg  Aggregate Year-to-Date ▼	HSD 880.00	P/R Deduction (\$40.00 Bi- Weekly)
_ 3.	Full Name (Last, First, Middle Initial) Barbara Johnson Mailing Address 8923 Bluff Lane			Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code		Transaction ID: PR1094238318109
	Fair Oaks  FEC ID number of contributing federal political committee.	CA 95628		Amount of Each Receipt this Period  20.00
	Name of Employer Kindred Healthcare Inc. Receipt For:	Occupation Dist Dir Case Mgmt		
	Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	220.00	P/R Deduction (\$10.00 Bi- Weekly)
- ).	Full Name (Last, First, Middle Initial) Henry F. Telfeian Mailing Address 1247 Alvarado Road			Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code		Transaction ID: PR1094239818109
	Berkeley FEC ID number of contributing federal political committee.	CA 94705	·	Amount of Each Receipt this Period 20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Labor Rel Counsel		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	220.00	P/R Deduction (\$10.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)			120.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 80 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and sor for commercial purposes, other than using the	Statements may not be sold or used by any pere e name and address of any political committee	son for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)		
Kindred Healthcare, Inc. PAC		
Full Name (Last, First, Middle Initial) Randall Fuller		Date of Receipt
Mailing Address 3021 Forest Lake		10 31 7 2009
City	State Zip Code	Transaction ID: PR1094240718109
Las Vegas	NV 89117	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir I	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	220.00	P/R Deduction (\$10.00 Wee-kly)
Full Name (Last, First, Middle Initial) Douglas T Collins	1	Date of Receipt
Mailing Address 3703 River Bluff Road		10 31 7 2009
City	State Zip Code	Transaction ID: PR1094241218109
Prospect	KY 40059	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer Kindred Healthcare Inc.	Occupation Dir Fin Sys-HSD	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	440.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Linda L Newberry-Ferguson	1	Date of Receipt
Mailing Address 11310 Haleco Lane		10 31 7 2009
City	State Zip Code	Transaction ID: PR1094241918109
Hales Corners	WI 53130	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer Kindred Healthcare Inc.	Occupation Chief Exec Off II	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	440.00	P/R Deduction (\$20.00 Bi- Weekly)
CURTOTAL ( Descripto This Boss (self-self)		100.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52 / 80 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
A C	Any information copied from such Reports and sor for commercial purposes, other than using the	Statements may not be sold or used by any perse name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  Kindred Healthcare, Inc. PAC		
	Full Name (Last, First, Middle Initial) Amanda G Estes		Date of Receipt
	Mailing Address 4211 Wine Cellar Cou	ırt	10 31 2009
	City Louisville	State Zip Code KY 40272	Transaction ID: PR1094242318109  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Mgr Internal Audit	
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼  220.00	P/R Deduction (\$10.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Susan Cote		Date of Receipt
	Mailing Address 24 Adams Court		10 31 2009
	City	State Zip Code	Transaction ID: PR1094242418109
	Brewer  FEC ID number of contributing federal political committee.	ME 04412	Amount of Each Receipt this Period  20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Reg Dir Field Accting-HSD	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  220.00	P/R Deduction (\$10.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Wendy S Swisher	I	Date of Receipt
	Mailing Address 5012 Four Leaf Ct		10 31 2009
	City Greenville	State Zip Code IN 47124	Transaction ID: PR1094242718109
	FEC ID number of contributing federal political committee.	IN 47124	Amount of Each Receipt this Period  20.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP HR & Leadership Dev	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  220.00	P/R Deduction (\$10.00 Bi- Weekly)
Γ	SUBTOTAL of Receipts This Page (optional) .	1	60.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	for each ca	ate schedule(s) ategory of the ummary Page	FOR LINE NUMBER: PAGE 53 / 80 (check only one)  X 11a 11b 11c 12 15 16
Any information copied from such Reports and Sor for commercial purposes, other than using the	tatements may not be sold o	r used by any person olitical committee to so	for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	, p.		
Kindred Healthcare, Inc. PAC			
Full Name (Last, First, Middle Initial) Elvin D. Alsaybar			Date of Receipt
Mailing Address 742 White Rock Trail			10 31 2009
City	State Zip Code	)	Transaction ID: PR1094242918109
Suwanee	GA 30074		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	0 0	20.00
Name of Employer Kindred Healthcare Inc.	Occupation Reg Dir Field Accting	g-HSD	
Receipt For:	Aggregate Year-to-Date	▼	
Primary General Other (specify) ▼		220.00	P/R Deduction (\$10.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Diana Hanyak			Date of Receipt
Mailing Address 17057 Rosebud Dr.			10 31 2009
City	State Zip Code	)	Transaction ID: PR1094243418109
Yorba Linda	CA 92886		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	, ,	45.00
Name of Employer Kindred Healthcare Inc.	Occupation Administrator II		
Receipt For:	Aggregate Year-to-Date	▼	
Primary General Other (specify) ▼		330.00	P/R Deduction (\$15.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Philip L. Jones			Date of Receipt
Mailing Address 702 Helmsdale Place	٧.		10 31 2009
City	State Zip Code	·	Transaction ID: PR1094243518109
Brentwood	TN 37027		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		60.00
Name of Employer Kindred Healthcare Inc.	Occupation Chief Fin Off I		
Receipt For:	Aggregate Year-to-Date	▼	
Primary General Other (specify) ▼		440.00	P/R Deduction (\$20.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)	<u>I</u>		125.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	fo	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 80 (check only one)    X
A C	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not name and address	be sold or used by any person of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  Kindred Healthcare, Inc. PAC			
. ∠ \.	Full Name (Last, First, Middle Initial) James Lee			Date of Receipt
	Mailing Address 880 Meridian Bay Land	· 		10 / 31 / 2009
	City		Zip Code	Transaction ID: PR1094245418109
	Foster City	CA	94404	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir	r II	
	Receipt For:	Aggregate Yea	r-to-Date ▼	
	Primary General Other (specify) ▼		220.00	P/R Deduction (\$10.00 Wee-kly)
	Full Name (Last, First, Middle Initial) Sandra J Whitley			Date of Receipt
	Mailing Address 5203 Brookswood Roa	10 31 7 9 9 9		
	City		Zip Code	Transaction ID: PR1094245818109
	Crestwood	KY	40014	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Mgr Reimb		
	Receipt For:	Aggregate Yea	r-to-Date ▼	
	Primary General Other (specify) ▼		220.00	P/R Deduction (\$10.00 Bi- Weekly)
. –	Full Name (Last, First, Middle Initial) Raymond J Sierpina	l		Date of Receipt
	Mailing Address 14 Westwind Road			10 31 2009
	City		Zip Code	Transaction ID: PR1094246618109
	Louisville	KY	40207	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		150.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Public Po	ol &GovtAffair	
	Receipt For:	Aggregate Yea	r-to-Date ▼	
	Primary General Other (specify) ▼	0 0 0	1340.00	P/R Deduction (\$75.00 Bi- Weekly)
Г	SUBTOTAL of Receipts This Page (optional)	<u> </u>		190.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate sched for each category of Detailed Summary F	f the Correct of the
A	ny information copied from such Reports and r for commercial purposes, other than using th	Statements may not be sold or used by a name and address of any political co	any person for the purpose of soliciting contributions mmittee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  Kindred Healthcare, Inc. PAC		
<b>∠</b> \.	Full Name (Last, First, Middle Initial) Steven Tanner		Date of Receipt
	Mailing Address 6622 Rosebud Lane		10 31 2009
	City	State Zip Code	Transaction ID: PR1094246818109
	Indianapolis  FEC ID number of contributing federal political committee.	IN 46237	Amount of Each Receipt this Period 40.00
	Name of Employer Kindred Healthcare Inc.	Occupation	
		Executive Dir III	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	P/R Deduction (\$20.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Mark A Bush		Date of Receipt
	Mailing Address 8200 Adams Run Roa	d	10 31 7 9 9
	City	State Zip Code	Transaction ID: PR1094247118109
	Louisville	KY 40228	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Fin Business Dev	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	P/R Deduction (\$15.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Thomas Wood		Date of Receipt
	Mailing Address 2949 Glascock Street		10 31 2009
	City	State Zip Code	Transaction ID: PR1094247218109
	Oakland	CA 94601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	130.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dist Dir Operations	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	P/R Deduction (\$65.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional) .	ı	200.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 56 / 80 (check only one)  X 11a 11b 11c 12 13 14 15 16
A	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may not be sold or used by any persename and address of any political committee to	son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  Kindred Healthcare, Inc. PAC		
	Full Name (Last, First, Middle Initial) Gwynn Rucker		Date of Receipt
	Mailing Address 15106 59th Place NE		10 31 7 2009
	City <u>Kenmore</u>	State Zip Code WA 98028	Transaction ID: PR1094247818109  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir Operations I	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	P/R Deduction (\$25.00 Bi-Weekly)
_	Full Name (Last, First, Middle Initial) Loretta Crane	<u> </u>	Date of Receipt
	Mailing Address 11685 Casper Road		10 31 2009
	City	State Zip Code	Transaction ID: PR1094248518109
	Sandy FEC ID number of contributing federal political committee.	UT 84092	Amount of Each Receipt this Period  20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir Clin Ops	
	Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼ 220.00	P/R Deduction (\$10.00 Bi-Weekly)
_	Full Name (Last, First, Middle Initial) Kristie A Frock		Date of Receipt
	Mailing Address 14714 East Redcoat F	Road	10 31 2009
	City Nevada	State Zip Code MO 64772	Transaction ID: PR1094249518109
	FEC ID number of contributing federal political committee.	C 64772	Amount of Each Receipt this Period  30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Field Dir Util Compl	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	P/R Deduction (\$15.00 Bi- Weekly)
Г	SUBTOTAL of Receipts This Page (optional)	1	100.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 / 80 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
0	ny information copied from such Reports and r for commercial purposes, other than using the	Statements may ne name and add	not be sold or used by any pers lress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  Kindred Healthcare, Inc. PAC			
	Full Name (Last, First, Middle Initial) Sharon J Spittle			Date of Receipt
	Mailing Address 26 Estes Street			10 31 7 2009
	City <u>Ipswich</u>	State MA	Zip Code 01938	Transaction ID: PR1094250018109  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Area Exe		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 430.00	P/R Deduction (\$10.00 Wee-kly)
_	Full Name (Last, First, Middle Initial) Mary Kathleen Owens			Date of Receipt
	Mailing Address 12667 S. Bear Meado	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR1094250418109
	<u>Draper</u>	UT	84020	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Clin C	n Ops-Pac Reg-HSD	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		220.00	P/R Deduction (\$10.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Benjamin A Breier			Date of Receipt
	Mailing Address 5400 Farm Ridge Lan	ne		10 31 YYYYY 2009
	City	State	Zip Code	Transaction ID: PR1094250918109
	Prospect	KY	40059	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Kindred Healthcare Inc.	_, .	& President-HD	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 440.00	P/R Deduction (\$20.00 Bi- Weekly)
Γ,	SUBTOTAL of Receipts This Page (optional)			100.00

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 80 (check only one)    X
any information copied from such Reports and S r for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any personess of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)		, р	
Kindred Healthcare, Inc. PAC			
Full Name (Last, First, Middle Initial) Peter J Adamo			Date of Receipt
Mailing Address 5105 Muirfield Dr			10 31 2009
City	State	Zip Code	Transaction ID: PR1105504518109
Pepper Pike	OH	44124	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer Kindred Healthcare Inc.	Occupation Executive		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		220.00	P/R Deduction (\$10.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Michael L. Moody			Date of Receipt
Mailing Address 114 Kinwood Court			10 31 7 2009
City	State	Zip Code	Transaction ID: PR1135243718109
<u>Hendersonville</u>	TN	37075	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer Kindred Healthcare Inc.	Occupation Chief Exe		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		220.00	P/R Deduction (\$10.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Kathleen C Paradowski	1		Date of Receipt
Mailing Address P.O. Box 1332			10 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: PR1135243818109
Crestwood	KY	40014	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer Kindred Healthcare Inc.	Occupation Clin Inforr	maticist Cnslt	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		220.00	P/R Deduction (\$10.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)	I		80.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59 / 80 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
4	any information copied from such Reports and r for commercial purposes, other than using th	Statements may not be sold or used by any per- e name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  Kindred Healthcare, Inc. PAC		
	Full Name (Last, First, Middle Initial) Debra Degroot-Toth		Date of Receipt
	Mailing Address 705 Deer Trace		10 / 31 / 2009
	City Bloomington	State Zip Code IN 47401	Transaction ID: PR1135244518109  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Rehab Mgr-OT	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	P/R Deduction (\$10.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Steve Ross		Date of Receipt
	Mailing Address 35069 Roberts Lane		10 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: PR1135252618109
	St Helens	OR 97051	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir I	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify)	440.00	P/R Deduction (\$20.00 Wee-kly)
_	Full Name (Last, First, Middle Initial) Ronald G. Cadwell		Date of Receipt
	Mailing Address 3829 Belmont Ave.		10 31 2009
	City	State Zip Code	Transaction ID: PR1135280718109
	San Diego	CA 92116	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir II	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	P/R Deduction (\$10.00 Wee-kly)
	SUBTOTAL of Receipts This Page (optional)		80.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 80 (check only one)    X   11a
A	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may rename and address	not be sold or used by any personss of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  Kindred Healthcare, Inc. PAC			
<u></u>	Full Name (Last, First, Middle Initial) Josephine Litzenberger			Date of Receipt
	Mailing Address 11401 Dr. M.L.K. Jr. S Apt 1201	Street N.		10 DD / YYYYY 31 2009
	City St Petersburg	State FL	Zip Code 33716	Transaction ID: PR1135286918109  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		36.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Man	aged Care	
	Receipt For:  Primary General  Other (specify) ▼		'ear-to-Date ▼ 396.00	P/R Deduction (\$18.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Brian Rougeux			Date of Receipt
	Mailing Address 39 Saint Raphael			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1135287418109
	Laguna Niguel FEC ID number of contributing federal political committee.	CA	92677	Amount of Each Receipt this Period  20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir Op	perations I	
	Receipt For: Primary General Other (specify)	Aggregate Y	ear-to-Date ▼ 220.00	P/R Deduction (\$10.00 Bi-Weekly)
_	Full Name (Last, First, Middle Initial) David Boyd	1		Date of Receipt
	Mailing Address 1910 N Rampart			10 31 2009
	City	State	Zip Code	Transaction ID: PR1150399918109
	New Orleans FEC ID number of contributing federal political committee.	C	70116	Amount of Each Receipt this Period  20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Plant C	)ps	
	Receipt For:  Primary General  Other (specify) ▼		rear-to-Date ▼ 220.00	P/R Deduction (\$10.00 Bi-Weekly)
Γ.	SUBTOTAL of Receipts This Page (optional)	1		76.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 61 / 80 (check only one)    X   11a
A	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any person ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  Kindred Healthcare, Inc. PAC			
<u></u>	Full Name (Last, First, Middle Initial) Gregory T Hayden			Date of Receipt
	Mailing Address 7207 Trail Ridge Cour	rt		10 31 2009
	City Louisville	State KY	Zip Code 40241	Transaction ID: PR1150400118109  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir State		
	Receipt For: Primary General Other (specify)	+	Year-to-Date ▼ 330.00	P/R Deduction (\$15.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Julie A Viers			Date of Receipt
	Mailing Address 9508 Corinthian Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1150400518109
	Louisville FEC ID number of contributing	KY	40299	Amount of Each Receipt this Period  20.00
	federal political committee.	C		20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Fin	Reporting	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		220.00	P/R Deduction (\$10.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Rachael L Parker			Date of Receipt
	Mailing Address 70 Birch Ridge Rd			10 31 2009
	City	State	Zip Code	Transaction ID: PR1150411118109
	Westford	VT	05494	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 430.00	P/R Deduction (\$10.00 Wee-kly)
	SUBTOTAL of Receipts This Page (optional) .			100.00

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 62 / 80 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
7	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Kindred Healthcare, Inc. PAC	tatements may not be sold or used by any personame and address of any political committee to	son for the purpose of soliciting contributions to solicit contributions from such committee.
/	·		
۱.	Full Name (Last, First, Middle Initial) Barbara Hutchison		Date of Receipt
	Mailing Address 1708 Cherrywood Way	10 31 Y Y Y Y Y Y	
	City	State Zip Code	Transaction ID: PR1158557818109
	Lodi	CA 95240	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir II	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	220.00	P/R Deduction (\$10.00 Wee-kly)
_	Full Name (Last, First, Middle Initial) Pamela M Bresee		Date of Receipt
-	Mailing Address 4155 SW 192nd Aven	10 31 2009	
	City	State Zip Code	Transaction ID: PR1227852418109
	Aloha	OR 97007	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Reg Financial Ana	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	330.00	P/R Deduction (\$15.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Nolan L Hoffer		Date of Receipt
•	Mailing Address 757 W Hartack		1 0 3 1 2 0 0 9
	City	State Zip Code	Transaction ID: PR1227853418109
	Meridian	ID 83642	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir II	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	220.00	P/R Deduction (\$10.00 Bi- Weekly)
Γ			70.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 63 / 80 (check only one)    X
7	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any e name and address of any political commit	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
	Kindred Healthcare, Inc. PAC		
	Full Name (Last, First, Middle Initial) Larry Livengood		Date of Receipt
	Mailing Address 1219 Pilot Lane	State Zin Code	10 31 2009 2009
	City <u>Galveston</u>	State Zip Code TX 77554	Transaction ID: PR1267996718109 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer Kindred Healthcare Inc.	Occupation District Director HR	
	Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼ 220.00	P/R Deduction (\$10.00 Bi-Weekly)
_	Full Name (Last, First, Middle Initial) Russell D Ragland	1	Date of Receipt
	Mailing Address 9902 Palace Green V	10 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State Zip Code	Transaction ID: PR1267998118109
	Vienna	VA 22181	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP Fin-HSD	
	Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1100.00	P/R Deduction (\$50.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Catherine Nurmela	1	Date of Receipt
	Mailing Address 1409 W. Elmdale		10 31 2009
	City	State Zip Code	Transaction ID: PR1267998418109
	Chicago	IL 60660	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Clinical Off II	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	P/R Deduction (\$15.00 Bi-Weekly)
	CURTOTAL of Possints This Page (entional)		150.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule for each category of the Detailed Summary Pag	
4	Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements may not be sold or used by any aname and address of any political comm	y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  Kindred Healthcare, Inc. PAC		
. <u>/</u>	Full Name (Last, First, Middle Initial) Donna Sroczynski		Date of Receipt
	Mailing Address 399 Fountain Drive		10 31 2009
	City <u>Elgin</u>	State Zip Code  IL 60124	Transaction ID: PR1281185318109  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Clin Ops-CentralRegHSD	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 440.0	P/R Deduction (\$20.00 Bi-Weekly)
_	Full Name (Last, First, Middle Initial) Diane L. Otteman		Date of Receipt
	Mailing Address 40 East Cedar Apt. #21A		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: PR1300206418109
	Chicago FEC ID number of contributing	IL 60611	Amount of Each Receipt this Period
	federal political committee.	C	30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Exec Off II	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	330.0	P/R Deduction (\$15.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Jane Mathews		Date of Receipt
	Mailing Address 464 E. Cynthia Way		10 31 2009
	City	State Zip Code	Transaction ID: PR1300207318109
	North Salt Lake	UT 84054	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Reg Dir HR-HSD	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  220.0	P/R Deduction (\$10.00 Bi-Weekly)
	SUBTOTAL of Receipts This Page (optional) .	1	90.00

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 65 / 80 (check only one)    X   11a
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any per e name and address of any political committee	son for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	, , , , , , , , , , , , , , , , , , ,	
Kindred Healthcare, Inc. PAC		
Full Name (Last, First, Middle Initial) Rita D Simmons		Date of Receipt
Mailing Address 200 Franck Avenue		10 31 7 2009
City	State Zip Code	Transaction ID: PR1333437018109
Louisville	KY 40206	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	32.00
Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Ops Risk Mgmt	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	352.00	P/R Deduction (\$16.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Bobby G. Muse Jr.		Date of Receipt
Mailing Address 4514 Oak Pointe Driv	е	10 31 YYYYY
City	State Zip Code	Transaction ID: PR1333437118109
Louisville	KY 40245	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Kindred Healthcare Inc.	Occupation Dir Rec Mgmt & Bus Contin	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	220.00	P/R Deduction (\$10.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Mark D. Johnson		Date of Receipt
Mailing Address 3011 Springcrest Driv	ve	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: PR1336786718109
Louisville	KY 40241	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer Kindred Healthcare Inc.	Occupation Mgr Desktop Supp	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	330.00	P/R Deduction (\$15.00 Bi- Weekly)
CURTOTAL of Posside This Poss (self-self)		82.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 66 / 80 (check only one)  X 11a 11b 11c 12 13 14 15 16
A	ny information copied from such Reports and a r for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  Kindred Healthcare, Inc. PAC			
. <u>/</u>	Full Name (Last, First, Middle Initial) Ann Bumb			Date of Receipt
	Mailing Address 9301 S. Mitthoeffer Ro	oad		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Indianapolis	State IN	Zip Code 46259	Transaction ID: PR1336786918109  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Quali		
	Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 330.00	P/R Deduction (\$15.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Patrick Herm			Date of Receipt
	Mailing Address 1910 Woodfield Road	l		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1336787118109
	Louisville FEC ID number of contributing	C	40220	Amount of Each Receipt this Period  30.00
	federal political committee.  Name of Employer	Occupatio	n	_
	Kindred Healthcare Inc		ncial Ana	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		330.00	P/R Deduction (\$15.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Lisa J Schmidt			Date of Receipt
	Mailing Address 680 S. Fourth Street			10 31 2009
	City	State	Zip Code	Transaction ID: PR1346288218109
	Louisville	KY	40202	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Mgr Fin S		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 220.00	P/R Deduction (\$10.00 Bi- Weekly)
Γ	SUBTOTAL of Receipts This Page (optional) .	•		80.00

ITEMIZED RECEIPTS	,	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)    X   11a
Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		, , ,	
Full Name (Last, First, Middle Initial) Julieta C Morton			Date of Receipt
Mailing Address 5105 Deerchase Tr			M M / D D / Y Y Y Y
City	State	Zip Code	1 0 3 1 2 0 0 9 Transaction ID: PR1355829318109
Wake Forest	NC	27587	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer Kindred Healthcare Inc.	Occupatio Rehab M		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 220.00	P/R Deduction (\$10.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Ross A Johnson			Date of Receipt
Mailing Address 5221 Moccasin Trail			10 31 2009
City	State	Zip Code	Transaction ID: PR1359729018109
Louisville	KY	40207	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer Kindred Healthcare Inc.	Occupatio VP Recru	n uiting-PRS	
Receipt For:		e Year-to-Date ▼	
Primary General  Other (specify) ▼		550.00	P/R Deduction (\$25.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Steven M Ager			Date of Receipt
Mailing Address 310 McCready Aven	ue		10 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: PR1394176918109
Louisville	KY	40206	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer Kindred Healthcare Inc.	Occupatio VP Busi	n ness Dev-HSD	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		220.00	P/R Deduction (\$10.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)			100.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 68 / 80 (check only one)  X 11a 11b 11c 12 13 14 15 16
4	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any persename and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  Kindred Healthcare, Inc. PAC		
	Full Name (Last, First, Middle Initial) James C Hansen		Date of Receipt
	Mailing Address 1944 South 275 East		10 31 7 2009
	City <u>Clearfield</u>	State Zip Code UT 84015	Transaction ID: PR1394177118109  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Reg Mgr Operation Reimb	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	P/R Deduction (\$15.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mary D Van De Kamp		Date of Receipt
	Mailing Address 251 Arbor Lane	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State Zip Code	Transaction ID: PR1408953118109
	Green Bay FEC ID number of contributing federal political committee.	WI 54301	Amount of Each Receipt this Period  30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP Clinical Ops-PRS	
	Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼  330.00	P/R Deduction (\$15.00 Bi-Weekly)
_	Full Name (Last, First, Middle Initial) Pamela A. Justice		Date of Receipt
	Mailing Address 5912 Mercury Dr		10 31 2009
	City	State Zip Code	Transaction ID: PR1408953218109
	Louisville  FEC ID number of contributing federal political committee.	KY 40291	Amount of Each Receipt this Period 40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Fin Sys Dev	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	P/R Deduction (\$20.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)	1	100.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 69 / 80 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
A	ny information copied from such Reports and S r for commercial purposes, other than using the	statements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  Kindred Healthcare, Inc. PAC		
	Full Name (Last, First, Middle Initial) Meta Bonfadini		Date of Receipt
	Mailing Address 2717 Henderson Rd		10 31 2009
	City	State Zip Code	Transaction ID: PR1408954018109
	Redding FEC ID number of contributing federal political committee.	CA 96002	Amount of Each Receipt this Period  20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Nursing II	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	220.00	P/R Deduction (\$10.00 Weekly)
_	Full Name (Last, First, Middle Initial) William R. Fox		Date of Receipt
	Mailing Address 223 Impala Trace		10 31 2009
	City	State Zip Code	Transaction ID: PR1421451018109
	San Antonio	TX 78258	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive Director II	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  330.00	P/R Deduction (\$15.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Deborah A Foushee		Date of Receipt
	Mailing Address 1106 Indiana Ave.		10 31 2009
	City New Albany	State Zip Code IN 47150	Transaction ID: PR1425258818109
	FEC ID number of contributing federal political committee.	C 47150	Amount of Each Receipt this Period  32.00
	Name of Employer Kindred Healthcare Inc.	Occupation State Dir of Risk Mgmt	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 352.00	P/R Deduction (\$16.00 Bi-Weekly)
	SUBTOTAL of Receipts This Page (optional)		82.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 70 / 80 (check only one)  X 11a 11b 11c 12 13 14 15 16
4	Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements may not be sold or used by any persename and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  Kindred Healthcare, Inc. PAC		
	Full Name (Last, First, Middle Initial) Thomas Sullivan		Date of Receipt
	Mailing Address 467 Mendon Road		10 31 7 2009
	City <u>Northbridge</u>	State Zip Code MA 01534	Transaction ID: PR1493281118109  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer Kindred Healthcare	Occupation Area Executive Dir	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 430.00	P/R Deduction (\$10.00 Wee-kly)
_	Full Name (Last, First, Middle Initial) David Hicks		Date of Receipt
	Mailing Address 5403 Rosalind Ave.		10 31 7 2009
	City	State Zip Code	Transaction ID: PR1503295718109
	El Cerrito  FEC ID number of contributing federal political committee.	CA 94530	Amount of Each Receipt this Period  20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir III	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	P/R Deduction (\$10.00 Bi-Weekly)
_	Full Name (Last, First, Middle Initial) Katherine W Gilchrist	L	Date of Receipt
	Mailing Address 1668 Victory Court		10 31 2009
	City	State Zip Code	Transaction ID: PR1524244418109
	Prospect  FEC ID number of contributing federal political committee.	KY 40059	Amount of Each Receipt this Period 40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP Finance-PRS	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	P/R Deduction (\$20.00 Bi- Weekly)
Γ	SUBTOTAL of Receipts This Page (optional) .		100.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 71 / 80 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
4	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any perse name and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  Kindred Healthcare, Inc. PAC		
	Full Name (Last, First, Middle Initial) Juanita D Blevens		Date of Receipt
	Mailing Address 1712 Penile Road		10 31 7 2009
	City Louisville	State Zip Code KY 40272	Transaction ID: PR1541444218109  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Casualty Insurance	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	P/R Deduction (\$10.00 Bi-Weekly)
-	Full Name (Last, First, Middle Initial) George H Schaefer		Date of Receipt
	Mailing Address 645 Ulverston Dr.		10 31 2009
	City	State Zip Code	Transaction ID: PR1541444318109
	Columbus  FEC ID number of contributing federal political committee.	OH 43230	Amount of Each Receipt this Period 40.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Sales & Marketing-HSD	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Linda Larson		Date of Receipt
	Mailing Address 30021 51st Court S		10 31 2009
	City	State Zip Code	Transaction ID: PR1559851918109
	Auburn  FEC ID number of contributing federal political committee.	WA 98001	Amount of Each Receipt this Period 40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir II	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	P/R Deduction (\$20.00 Wee-kly)
	SUBTOTAL of Receipts This Page (optional) .	1	100.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 72 / 80 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
A 0	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may rename and addre	not be sold or used by any persess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  Kindred Healthcare, Inc. PAC			
	Full Name (Last, First, Middle Initial) Suzanne J Petrimoulx			Date of Receipt
	Mailing Address 23499 Greenleaf Blvd.			10 31 2009
	City <u>Elkhart</u>	State IN	Zip Code 46514	Transaction ID: PR1570565018109  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir HF	 3	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 330.00	P/R Deduction (\$15.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Cassandra Rocke			Date of Receipt
	Mailing Address 13449 Marion Street			10 31 2009
	City	State	Zip Code	Transaction ID: PR1582894118109
	Thornton	CO	80241	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir Op	perations I	
	Receipt For:	Aggregate Y	/ear-to-Date ▼	
	Primary General Other (specify) ▼	0 0	220.00	P/R Deduction (\$10.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ken Moyer	1		Date of Receipt
	Mailing Address 1400 Wellsbench Rd			10 31 YYYYY 2009
	City	State	Zip Code	Transaction ID: PR1582894218109
	Orofino	ID	83544	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Area Mgr I		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 220.00	P/R Deduction (\$10.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)			70.00

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 73 / 80 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any pers the name and address of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)		
Kindred Healthcare, Inc. PAC		
Full Name (Last, First, Middle Initial) Christopher Murphy		Date of Receipt
Mailing Address 14213 Willow Grove		10 31 2009
City	State Zip Code	Transaction ID: PR1582894518109
Louisville	KY 40245	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer Kindred Healthcare Inc.	Occupation Sr VP-Central Reg-HSD	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	340.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Mark Guth		Date of Receipt
Mailing Address 28746 Little Big Horn	Drive	10 31 YYYYY 10 31 2009
City	State Zip Code	Transaction ID: PR1604601518109
Evergreen	CO 80439	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer Kindred Healthcare Inc.	Occupation Reg Dir Sales & MktingHSD	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	330.00	P/R Deduction (\$15.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Marilyn Weaver		Date of Receipt
Mailing Address 1700 Penile Rd		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: PR1618127218109
Valley Station	KY 40272-2180	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Kindred Healthcare	Occupation Adm Mgr Leased Prop	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	220.00	P/R Deduction (\$10.00 Bi- Weekly)
NIDTOTAL (Consider This Days (collissed)		90.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 74 / 80 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any per e name and address of any political committee	son for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)		
Kindred Healthcare, Inc. PAC		
Full Name (Last, First, Middle Initial) Mary Jane Dailey		Date of Receipt
Mailing Address 10411 Loving Trail Dr		10 31 7 2009
City	State Zip Code	Transaction ID: PR1618127518109
Frisco	TX 75035	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer Kindred Healthcare, Inc.	Occupation VP & CCO-East Reg-HD	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2200.00	P/R Deduction (\$100.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Curtis Powell	1	Date of Receipt
Mailing Address 18955 Pachappa Roa	d	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: PR1618128018109
Apple Valley	CA 92307	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	45.00
Name of Employer Kindred Healthcare Inc.	Occupation Asst Administrator III	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	330.00	P/R Deduction (\$15.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Linda E Bowen	I	Date of Receipt
Mailing Address 650 Garden Road		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: PR1618128518109
Zanesville	OH 43701-1325	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Kindred Healthcare	Occupation Sr Dir Clin Srvcs-H&HH	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	220.00	P/R Deduction (\$10.00 Bi- Weekly)
CURTOTAL (Provide This Prov (coling))		265.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 75 / 80 (check only one)    X   11a
A C	ny information copied from such Reports and r for commercial purposes, other than using th	Statements may i e name and addr	not be sold or used by any persess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  Kindred Healthcare, Inc. PAC			
	Full Name (Last, First, Middle Initial) Michael Lawson			Date of Receipt
	Mailing Address 670 La Contenta Drive			10 31 7 2009
	City Valley Springs	State CA	Zip Code 95252	Transaction ID: PR1618128718109  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	JOEGE	105.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Exec	c Off III	
	Receipt For:  Primary General  Other (specify) ▼	_	/ear-to-Date ▼ 770.00	P/R Deduction (\$35.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) James A Martino			Date of Receipt
	Mailing Address 7 Adams Court			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1618128818109
	Amesbury  FEC ID number of contributing federal political committee.	C	01913-1001	Amount of Each Receipt this Period  15.00
	Name of Employer Kindred Healthcare	Occupation Executive	Dir II	
	Receipt For:	Aggregate \	rear-to-Date ▼	
	Primary General Other (specify) ▼		210.00	P/R Deduction (\$5.00 Week-ly)
_	Full Name (Last, First, Middle Initial) Jeanna R. Conder			Date of Receipt
	Mailing Address 707 Quisenberry Lane	e		10 31 2009
	City	State	Zip Code	Transaction ID: PR1618128918109
	Winchester	KY	40391-8066	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Kindred Healthcare		n Cnslt-PRS	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate \	/ear-to-Date ▼ 220.00	P/R Deduction (\$10.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional).	•		140.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 76 / 80 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Sta or for commercial purposes, other than using the r	atements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
A.	Full Name (Last, First, Middle Initial) John Williams			Date of Receipt
	Mailing Address 7400 So. State St. #420	)8		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State UT	Zip Code	Transaction ID: PR1618129018109
	Midvale  FEC ID number of contributing federal political committee.	C	84047	Amount of Each Receipt this Period  20.00
	Name of Employer Kindred Healthcare	Occupatio		
	Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 220.00	P/R Deduction (\$10.00 Bi-Weekly)
- В.	Full Name (Last, First, Middle Initial) Kevin Prisco			Date of Receipt
	Mailing Address 253 Laurel Brook Drive			10 31 2009
	City	State	Zip Code	Transaction ID: PR1622380018109
	Guilford	CT	06437-1914	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Kindred Healthcare	Occupatio Dist Dir (	n Operations I	
	Receipt For:	Aggregate	e Year-to-Date	
	Primary General Other (specify) ▼		220.00	P/R Deduction (\$10.00 Bi- Weekly)
- С.	Full Name (Last, First, Middle Initial) Darrin Hull			Date of Receipt
	Mailing Address 277 Bark River Court			10 31 2009
	City	State	Zip Code	Transaction ID: PR1622380118109
	Delafield	WI	53018	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Kindred Healthcare Inc.	Occupatio Dist Dir 0	n Operations II	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		440.00	P/R Deduction (\$20.00 Bi- Weekly)
ſ	SUBTOTAL of Receipts This Page (optional)			80.00
}			<u> </u>	
- 1	TOTAL This Period (last page this line number o	шу)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 77 / 80 (check only one)    X
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC	tatements may name and add	not be sold or used by any person ress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Susan D. Rose			Date of Receipt
Mailing Address 3402 Acacia Avenue			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: PR1622380218109
Shepherdsville FEC ID number of contributing federal political committee.	C	40165	Amount of Each Receipt this Period  30.00
Name of Employer Kindred Healthcare Inc.	Occupation Dir Intern		_
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 330.00	P/R Deduction (\$15.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) Karen O Moore			Date of Receipt
Mailing Address 40 Main Street 1st FLoor			10 31 7 2009
City Shelburne Falls	State MA	Zip Code 01370	Transaction ID: PR1622380318109
FEC ID number of contributing federal political committee.	C	01370	Amount of Each Receipt this Period  50.00
Name of Employer Kindred Healthcare Inc.	Occupation Chief Exe		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 440.00	P/R Deduction (\$10.00 Wee-kly)
Full Name (Last, First, Middle Initial) Robert Groezinger			Date of Receipt
Mailing Address 25537 Jane Street			10 31 7 2009
City	State	Zip Code	Transaction ID: PR1668092318109
San Bernardino	CA	92404	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer Kindred Healthcare Inc.	Occupation Area Mgr	Maint	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	P/R Deduction (\$15.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)			110.00

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\ \	NAME OF COM	MITTEE (In Full)	<u></u>							
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N	Mailing Address	120 Maryland A	Avenue, NE					10 / 2	2 2 Y Y 2	0 0 9
	City Washington		Sta D		Zip Code 20002			Amount of Each		-
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	City Seymour		Sta IN		Zip Code 47274			Amount of Each	n Disbursemen	t this Perio
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F	Candidate Name			ent For: rimary Other (spe	2010 General			Contribution		
F	Candidate Name Rep. Baron Hi Office Sought: State: IN Full Name (Last,	X House Senate President	X P	rimary	General		,	Transaction ID Date of Disburs	ement	
F C	Candidate Name Rep. Baron Hi Office Sought: State: IN Full Name (Last,	X House Senate President District: 09 First, Middle Initial)	X P	rimary	General			Transaction ID Date of Disburs	ement	0 y 9 y
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FF CO	Candidate Name Rep. Baron Hi Diffice Sought:  State: IN Full Name (Last, Committee To Mailing Address  City Cheshire Purpose of Disbu Contribution Candidate Name Rep. Christoph	X House Senate President District: 09 First, Middle Initial) Elect Chris Murph P.O. Box 127  ursement	y Str	rimary Other (spe	General ecify) ▼  Zip Code 06410	Туре		Transaction ID Date of Disburs	ement 2 9 / Y Y 2 n Disbursement	0 0 9 Y
S S S S S S S S S S S S S S S S S S S	Candidate Name Rep. Baron Hi Office Sought:  State: IN Full Name (Last, Committee To Mailing Address City Cheshire Purpose of Disbuctontribution Candidate Name	X House Senate President District: 09  First, Middle Initial) Elect Chris Murph P.O. Box 127	y Sta C	rimary Other (spe	General ecify) ▼  Zip Code 06410  2010  General	Type  011 Categor		Transaction ID Date of Disburs	ement 2 9 / Y Y 2 n Disbursement	0 0 9 Y

ITEMIZED DISBURSEMENTS	Use separate schedule(s)  FOR LINE NUMBER:  PAGE 7	9 / 80
NAME OF COMMITTEE (in Full) Kindred Healthcare, Inc. PAC  Full Name (Last, First, Middle Initial) McNerney For Congress  Mailing Address 6520 Village Parkway Second Floor  City Dublin Candidate Name Rep. Jerry McNerney  Office Sought: State: CA Disbursement Contribution  City Disbursement Contribution  Candidate Name Rep. Jerry McNerney  Office Sought: State: CA District: 11 Full Name (Last, First, Middle Initial) Zack Space For Congress Committee  Mailing Address  Transaction ID: 3208983 Date of Disbursement Category/ Type  Category/ Type  Contribution  Contribution  Transaction ID: 3208983 Date of Disbursement Category/ Type  Contribution  Contribution  Transaction ID: 3208983 Date of Disbursement Category/ Type  Contribution  Contribution  Transaction ID: 3208983 Date of Disbursement Category/ Type  Contribution  Contribution  Candidate Name Rep. Zachary Space  Office Sought: X House Disbursement For: X Primary General Disbursement Category/ Type  Contribution  Candidate Name Mailing Address PO Box 220 State House Station  City Mailing Address PO Box 220 State House Station  City Boston MA  O2133  Purpose of Disbursement Conditibution  Candidate Name Martha Coakley Marcha Coakley Mar	Detailed Summary Page 21b 22 X 23 24 2	25
NAME OF COMMITTEE (in Full) Kindred Healthcare, Inc. PAC  Full Name (Last, First, Middle Initial) McNerney For Congress  Mailing Address 6520 Village Parkway Second Floor  City Dublin State Zip Code CA 94568  Purpose of Disbursement Contribution Candidate Name Rep. Jerry McNerney  Office Sought:  Versident City Mailing Address 726 Sixteenth Street NE  City Massillon Candidate Name Rep. Zachary Space  Office Sought:  Versident Contribution  Candidate Name Rep. Zeroade Massillon Candidate Name Rep. Zeroade Massillon Candidate Name Rep. Zachary Space  Office Sought:  Versident Contribution  Candidate Name Rep. Zachary Space  Office Sought:  Versident Contribution  Candidate Name Rep. Zachary Space  Office Sought:  Versident Category/ Type  Contribution  Candidate Name Rep. Zachary Space  Office Sought:  Versident Category/ Type  Contribution  Candidate Name Rep. Zachary Space  Office Sought:  Versident Category/ Type  Contribution  Candidate Name Rep. Zachary Space  Office Sought:  Versident Category/ Type  Contribution  Candidate Name Martha Coakley For Senate Committee  Mailing Address PO Box 220 State House Station  City State City City City City City City City City		
McNerney For Congress  Mailing Address 6520 Village Parkway Second Floor  City State Zip Code CA 94568  Purpose of Disbursement Contribution  Candidate Name Rep. Jerry McNerney  Office Sought: X House President President Stenet NE  City Senate President Street NE  City State Zip Code Other (specify) ▼  Contribution  Contribution  Contribution  Transaction ID: 3208983 Date of Disbursement To Disbursement For: 2010  X Primary General President Street NE  City State Zip Code OH 44646  City State Zip Code OH 44646  Purpose of Disbursement Contribution  Candidate Name Rep. Zachary Space  Office Sought: X House Senate President Street NE  Full Name (Last, First, Middle Initial)  Sanate President Street NE  Contribution  Contribution  Contribution  Transaction ID: 3208983 Date of Disbursement For: 2010  Candidate Name Rep. Zachary Space  Office Sought: X House President Disbursement For: 2010  Senate President District: 18  Full Name (Last, First, Middle Initial)  Martha Coakley For Senate Committee  Mailing Address PO Box 220 State House Station  City State Zip Code MA 02133  Purpose of Disbursement  Contribution  City State Zip Code MA 02133  Purpose of Disbursement  Contribution  City State Zip Code MA 02133  Purpose of Disbursement  Contribution  Condidate Name Martha Coakley For Senate Opinium Martha Coakley For Senate Committee  Mailing Address PO Box 220 State House Station  City State Zip Code MA 02133  Purpose of Disbursement Contribution  Candidate Name Martha Coakley For Senate Opinium President State Stat		
Mailing Address   6520 Village Parkway   10   29   15   15   15   15   15   15   15   1	Transaction ID: 32089833 Date of Disbursement	
Dublin CA 94568  Purpose of Disbursement Contribution  Candidate Name Rep. Jerry McNerney  Office Sought:	10 M / D D / Y 20	0 9 °
Contribution Candidate Name Rep. Jerry McNerney  Office Sought:	CA 94568	
Rep. Jerry McNerney  Office Sought:		0.00
State: CA District: 11  Full Name (Last, First, Middle Initial) Zack Space For Congress Committee  Mailing Address 726 Sixteenth Street NE  City State Zip Code OH 44646 Purpose of Disbursement Contribution Candidate Name Rep. Zachary Space  Office Sought: X House Senate President Street NE  Full Name (Last, First, Middle Initial) State: OH District: 18  Full Name (Last, First, Middle Initial) Martha Coakley For Senate Committee  Mailing Address PO Box 220 State House Station  City State Zip Code Ad4646  Contribution  City State Zip Code OH Category/ Type  Contribution  Transaction ID: 3208984 Date of Disbursement To: 2010  Contribution  Transaction ID: 3208984 Date of Disbursement To: 2010  Candidate Name Address PO Box 220 State House Station  City State Zip Code Disbursement To: 2010  City State Disbursement	Туре	
Transaction ID: 3208983  Zack Space For Congress Committee  Mailing Address 726 Sixteenth Street NE  City State Zip Code OH 44646  Purpose of Disbursement Contribution  Candidate Name Rep. Zachary Space  Office Sought: X House Priesident Street NE  Disbursement For: 2010 Contribution  State: OH District: 18  Full Name (Last, First, Middle Initial)  Martha Coakley For Senate Committee  Mailing Address PO Box 220 State House Station  Transaction ID: 3208983  Date of Disbursement  1 0 11 Category/ Type  Contribution  Contribution  Transaction ID: 3208984  Date of Disbursement  1 0 11 Category/ Type  Amount of Each Disbursement  Contribution  Amount of Each Disbursement  1 0 11 Category/ Type  Amount of Each Disbursement  1 0 11 Category/ Type  Office Sought: Purpose of Disbursement  Outpurpose of Disbursement  Contribution  Candidate Name Martha Coakley  Other (specify) ▼  Amount of Each Disbursement  1 0 11 Category/ Type  Other (specify) Type	Primary General Contribution	
City State Zip Code Massillon OH 44646  Purpose of Disbursement Contribution  Candidate Name Rep. Zachary Space  Office Sought: X House Senate President State: OH District: 18  Full Name (Last, First, Middle Initial) Martha Coakley For Senate Committee  Mailing Address PO Box 220 State House Station  City State Zip Code MA 02133  Purpose of Disbursement Contribution  Category/ Type  Contribution  Transaction ID: 3208984  Date of Disbursement  Amount of Each Disbursement  Contribution  Transaction ID: 3208984  Date of Disbursement  Amount of Each Disbursement  Contribution  Amount of Each Disbursement  Date of Disbursement  Amount of Each Disbursement  Category/ Y Amount of Each Disbursement  Date of Disbursement  Amount of Each Disbursement  Amount of Each Disbursement  Date of Disbursement  Amount of Each Disbursement  Category/ Type  Disbursement For: 2010  Amount of Each Disbursement  Amount of Each Disbursement  Category/ Type  Disbursement For: 2010	Transaction ID: 32089838 Date of Disbursement	
Massillon OH 44646  Purpose of Disbursement Contribution Candidate Name Rep. Zachary Space Office Sought:	10 M / D D / Y Z O	0 9 °
Contribution  Candidate Name Rep. Zachary Space  Office Sought:		his Perio
Rep. Zachary Space  Office Sought: X House Senate President State: OH District: 18  Full Name (Last, First, Middle Initial) Martha Coakley For Senate Committee  Mailing Address PO Box 220 State House Station  City State Zip Code Boston  Purpose of Disbursement MA 02133  Purpose of Disbursement Contribution  Candidate Name Martha Coakley  Office Sought: House Disbursement For: 2010  Contribution  Contribution  Contribution  Contribution  Office Sought: House Disbursement For: 2010  Contribution  Contribution  Office Sought: House Disbursement For: 2010	011	0.00
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Martha Coakley For Senate Committee  Mailing Address PO Box 220 State House Station  City State Zip Code Boston MA 02133  Purpose of Disbursement Contribution Candidate Name Martha Coakley  Disbursement For: 2010	Primary General Contribution	
City State Zip Code Boston MA 02133  Purpose of Disbursement Contribution 011  Candidate Name Martha Coakley Type  Office Sought: House Disbursement For: 2010		
Boston MA 02133  Purpose of Disbursement Contribution 011 Candidate Name Category/ Martha Coakley Type	Station Station	0 9
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Martha Coakley  Office Sought: Dichurcement For: 2010		).00
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X Senate X Primary General Contribution  President Other (specify) ▼	Primary General Contribution	
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	I lea canarata echadula(e) I i T	R LINE NUMBER: PAGE 80 / 80 eck only one)  21b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name	, , , ,	' '
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
Full Name (Last, First, Middle Initial)  Martha Coakley For Senate Committee  Mailing Address PO Box 220 State House	Station	Transaction ID: 32089844  Date of Disbursement  10
7	State Zip Code MA 02133	Amount of Each Disbursement this Period 1000.00
Candidate Name Martha Coakley	Catego Type	•
Office Sought:  House  X Senate  President  State: MA  District:	ment For: 2010 Primary X General Other (specify)	Contribution

SUBTOTAL of Disbursements This Page (optional)	•	1000.00
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