FEC FORM 3X	AND	ORT OF RE DISBURSE	EMENTS	ee	Office Use Onl	у
1. NAME OF COMMITTEE (in fu		C MAILING LABEL PE OR PRINT ₩	Example:If typing over the lines	, type		
Kindred Healthcare	, Inc. PAC					
ADDRESS (number and	street) 680 S	S. Fourth St.				
Check if differ than previousl reported. (ACC	/ Louis	ville			40202]-[]
2. FEC IDENTIFICAT	ION NUMBER	CITY	A	STATE	ZIPC	ode 🔺
C00242271				IEW N) OR	AMENDED (A)	
July 15 Quarterly October Quarterly January 3 Quarterly July 31 M Report(N Year Only	Ports: Report(Q1) Report(Q2) S Report(Q3) Report(YE) lid-Year on-election	Monthly Report Election Due On: Mar 2 Apr 20 c) 12-Day PRE-Election Report for the: Election Report for the: Election Report for the: Election	0 (M3) (M4) X Primary (12P Convention (12) on General (300)	12C) s	Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) eeneral (12G) pecial (12G) in the State	Special (30S)
5. Covering Period I certify that I have exam Type or Print Name of T Signature of Treasurer NOTE : Submission of f	ined this Report an reasurer <u>Han</u> Ele <u>ctronically Fil</u>	k Robinson		true, correct and co	07 17	2 0 0 9 J.S.C 437g.
Office Use Only					FEC FO (Rev. 12/	

Image# 29992472057 FEC Form 3X (Rev. 02/2003) Write or Type Committee Name Kindred Healthcare, Inc. PAC		SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	2 / 41
ł	Report Covering the Period: From:	M M D D Y	To:
_		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 2009 Y Y Y		33510.72
	(b) Cash on Hand at Begining of Reporting Period	55682.99	
	(c) Total Receipts (from Line 19)	14960.34	76162.71
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	70643.33	109673.43
7.	Total Disbursements (from Line 31)	40000.00	79030.10
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	30643.33	30643.33
9.	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	. 0.00	

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

Image# 29992472058		DETAILED SUMMARY PAGE OF RECEIPTS	
FEC Form 3X (Rev. 06/2004)		OF NECEIP 13	3 / 41
\	Vrite or Type Committee Name Kindred Healthcare, Inc. PAC		
F	Report Covering the Period: From:	M D D Y	M M D D Y
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	10717.34	33409.06
	(ii) Unitemized	4243.00	42753.65
	(iii) TOTAL (add Lines 11(a)(i) and (ii) J	14960.34	76162.71
	(b) Political Party Committees	0.00	0.00
	 (c) Other Political Committees (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)	14960.34	76162.71
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
	to Federal candidates and Other Political Committees	0.00	0.00
17.	Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18.	Transfers from Non-Federal and Levin Fund	ls	
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	14960.34	76162.71
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	14960.34	76162.71

Image# 29992472059

DETAILED SUMMARY PAGE

	COLUMN A	COLUMN B
II. DISBURSEMENTS	Total This Period	Calendar Year-to-Date
 Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) (i) Federal Share 	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	30.10
 (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) 	0.00	30.10
2. Transfers to Affiliated/Other Party Committees	0.00	0.00
3. Contributions to Federal Candidates/Committees and Other Political Committees	39000.00	76000.00
Independent Expenditure (use Schedule E) Coordinated Expanditures Made by Party	0.00	0.00
5. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6. Loan Repayments Made	0.00	0.00
 Loans Made Refunds of Contributions To: 	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds(add Lines 28(a), (b), and (c))	0.00	0.00
9. Other Disbursements	1000.00	3000.00
 Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity 		
(from Schedule H6) (i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1. Total Disbursements (add Lines 21(c), 22,	40000.00	79030.10
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	40000.00	79030.10
 Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) 		
from Line 31)	40000.00	79030.10

FE6AN026

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003) of Disbursements

5 / 41

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	14960.34	76162.71
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	14960.34	76162.71
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	30.10
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	30.10

FE6AN026

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 41 (check only one) X X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and s or for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person e name and address of any political committee to	n for the purpose of soliciting contributions
	Kindred Healthcare, Inc. PAC		
×.	Full Name (Last, First, Middle Initial) Paul J Diaz		Date of Receipt
	Mailing Address 204 Loganberry Court		0 6 / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 9
	City	State Zip Code	Transaction ID: 30623747
	Louisville	KY 40207	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	5000.00
	Name of Employer Kindred Healthcare, Inc	Occupation President and CEO	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify)	5000.00	
	Full Name (Last, First, Middle Initial) Teresa S Anderson		Date of Receipt
	Mailing Address 680 S. Fourth Street		M M / D D Y
	City	State Zip Code	Transaction ID: PR1094183717269
	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 Sr Dir Fin Sys Dev	
	Receipt For:	Aggregate Year-to-Date	
	Primary General Other (specify) Image: Constraint of the second seco	260.00	P/R Deduction (\$20.00 Bi- Weekly)
. –	Full Name (Last, First, Middle Initial) Edward L Kuntz		Date of Receipt
	Mailing Address 8807 Stable Crest Bo	ulevard	M M / D D / Y
	City	State Zip Code	Transaction ID: PR1094183917269
	Houston	TX 77024	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	200.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chairman of the BOD	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1300.00	P/R Deduction (\$100.00 Bi- Weekly)
_			

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 7/41 (check only one)
	ITEMIZED RECEIPTS		for each category of the	
			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
	Any information copied from such Reports and Si or for commercial purposes, other than using the			on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			
	Kindred Healthcare, Inc. PAC			
Α.	Full Name (Last, First, Middle Initial) David R Windhorst			Date of Receipt
	Mailing Address 2000 Spring Farms Ro	ad		M M / D D / Y
	City	State	Zip Code	Transaction ID: PR1094185017269
	Floyds Knobs	IN	47119	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer Kindred Healthcare Inc.	Occupatio	on ncial Sys Dev	
	Receipt For:	· ·		_
	Primary General	Aggregate	e Year-to-Date	P/R Deduction (\$40.00 Bi-
	Other (specify)	0 0	520.00	Weekly)
в.	Full Name (Last, First, Middle Initial) Lawrence I Wolf			Date of Receipt
	Mailing Address 4826 N Winthrop Ave #	#3S		M M / D D / Y Y Y Y 06 30 2009
	City	State	Zip Code	Transaction ID: PR1094185117269
	Chicago	IL	60640	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Cnslt	n Appl-Data Arch	-
	Receipt For:	1 1	e Year-to-Date V	_
	Primary General Other (specify) ▼		260.00	P/R Deduction (\$20.00 Bi- Weekly)
C.	Full Name (Last, First, Middle Initial) Katheryn J Markham			Date of Receipt
0.	Mailing Address 680 S. Fourth Street			0 6 3 0 2 0 0 9
	City	State	Zip Code	Transaction ID: PR1094185617269
	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.	Occupation VP IS PI	n anning&FieldSvcs	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		585.00	P/R Deduction (\$45.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)			210.00
	TOTAL This Period (last page this line number			
		,,		

SCHEDULE A (FEC Fo ITEMIZED RECEIPTS	for each ca	ate schedule(s) (classified (c	DR LINE NUMBER: PAGE 8 / 41 heck only one) 11a 11b 11c 12 13 14 15 16 17	
Any information copied from such R or for commercial purposes, other th	Any information copied from such Reports and Statements may not be sold or used by any person or for commercial purposes, other than using the name and address of any political committee to s			
NAME OF COMMITTEE (In Ful Kindred Healthcare, Inc. PA	,			
Full Name (Last, First, Middle Ini				
A. Catherine A Gooch	r Meadow Court		Date of Receipt	
City	State Zip Code		0 6 3 0 2 0 0 9 Transaction ID: PR1094185917269	
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 Dir Fin Sys Dev			
Receipt For:	Aggregate Year-to-Date	▼		
Primary General Other (specify) ▼		260.00	P/R Deduction (\$20.00 Bi- Weekly)	
Full Name (Last, First, Middle In Patrick J Gillenwater	tial)		Date of Receipt	
Mailing Address 402 Erin Dr	ive		0 6 / D D / Y Y Y Y 2 0 0 9	
City	State Zip Code		Transaction ID: PR1094186417269	
Jeffersonville	IN 47130		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			
Other (specify) ▼		227.50	P/R Deduction (\$17.50 Bi- Weekly)	
Full Name (Last, First, Middle In William B Seibert	tial)		Date of Receipt	
Mailing Address 4706 Wolfc	reek Pkwy		M M / D D / Y Y Y Y 06 30 2009	
City	State Zip Code		Transaction ID: PR1094187417269	
Louisville	KY 40241		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 Other (specify)	Aggregate Year-to-Date	200.00	P/R Deduction (\$30.00 Bi- Weekly)	
SUBTOTAL of Receipts This Page	e (optional)		135.00	
	e (optional)		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 9 / 41 (check only one) 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	Kindred Healthcare, Inc. PAC			
⊻ A.	Full Name (Last, First, Middle Initial) Deborah F Rickert			Date of Receipt
	Mailing Address 7003 Shallow Lake R	load		06 / D D / Y Y Y Y 06 30 2009
	City	State	Zip Code	Transaction ID: PR1094187717269
	Prospect	KY	40059	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 Dir Fir	ו ו Sys Dev	
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General Other (specify) ▼		325.00	P/R Deduction (\$25.00 Bi- Weekly)
– В.	Full Name (Last, First, Middle Initial) Charles Wardrip			Date of Receipt
	Mailing Address 2805 Chestnut Ridge	Place		0 6 / D D / Y Y Y Y 0 6 3 0 2 0 0 9
	City	State	Zip Code	Transaction ID: PR1094187917269
	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 VP IS Oc	n os & Telecomm	-
	Receipt For:	·	Year-to-Date V	
	Primary General Other (specify) ▼	0 0	650.00	P/R Deduction (\$50.00 Bi- Weekly)
- C.	Full Name (Last, First, Middle Initial) Stephen M Dobler			Date of Receipt
	Mailing Address 1106 Holly Springs D	Prive		M M / D D / Y Y Y Y 06 30 2009
	City	State	Zip Code	Transaction ID: PR1094188017269
	Louisville	KY	40242	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		90.00
	Name of Employer Kindred Healthcare Inc.		ance & Admin	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V 585.00	P/R Deduction (\$45.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)			240.00
┝	SUBTOTAL OF NECEIPIS THIS Page (optional)			
	TOTAL This Period (last page this line number	er only)		•

	SCHEDULE A (FEC Form 3X) ITEMIZED 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 / 41 (check only one)
	Any information copied nonin such reports and of or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC	name and address of any political committee to	solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Terry Carrico Mailing Address 3311 Cobblers Ct		Date of Receipt
	City New Albany	State Zip Code IN 47150	Transaction ID: PR1094188217269
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Clin Systems Dev	_
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$20.00 Bi- Weekly)
в.	Full Name (Last, First, Middle Initial) Steven J Paynter Mailing Address 680 S. Fourth Street		Date of Receipt
	City	State Zip Code	Transaction ID: PR1094188417269
	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 ▼ 260.00	P/R Deduction (\$20.00 Bi- Weekly)
- С.	Full Name (Last, First, Middle Initial) Martin Ardron	I	Date of Receipt
	Mailing Address 41 La Sierra Dr.		M M / D D / Y Y Y Y Y 06 30 2009
	City Phillips Ranch	State Zip Code CA 91766	Transaction ID: PR1094189117269
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
	Name of Employer Kindred Healthcare Inc.	Occupation Div VP Hosp Rehab-PRS	_
	Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 325.00	P/R Deduction (\$25.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	130.00
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 41 (check only one) 11 X 11a 11b 11c 12 13 14 15 16 17
	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		
A.	Full Name (Last, First, Middle Initial) Jan Turk Mailing Address 1314 Amelia St.		Date of Receipt
			06 30 2009
	City New Orleans	State Zip Code LA 70115	Transaction ID: PR1094190017269 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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$20.00 Bi- Weekly)
в.	Full Name (Last, First, Middle Initial) Larry Foster		Date of Receipt
	Mailing Address 5700 N. Winthrop Apartment # 5	State Zip Code	0 6 / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 9
	City Chicago	State Zip Code IL 60660	Transaction ID: PR1094190317269 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 325.00	P/R Deduction (\$25.00 Bi- Weekly)
C.	Full Name (Last, First, Middle Initial) Jack Shapiro		Date of Receipt
	Mailing Address 22591 Covington Drive		06 / D D / Y Y Y Y 06 30 2009
	City	State Zip Code	Transaction ID: PR1094190417269
	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. Receipt For:	Occupation Executive Director III	
	Primary General Other (specify) ▼	Aggregate Year-to-Date 650.00	P/R Deduction (\$50.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)	•	190.00
	TOTAL This Period (last page this line number of	only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each c Detailed S	rate schedule(s) ategory of the summary Page	FOR LINE NUMBER: PAGE 12 / 41 (check only one) 11c 12 X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold on name and address of any p	or used by any person political committee to s	for the purpose of soliciting contributions olicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
Α.	Full Name (Last, First, Middle Initial) Theodore Welding			Date of Receipt
	Mailing Address 2448 Middle River Dr.			06 30 YYYY 2009
	City	State Zip Code	Э	Transaction ID: PR1094191317269
	Ft. Lauderdale	FL 33305		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		
	Receipt For:	Aggregate Year-to-Date	. 🗸	-
	Primary General Other (specify) ▼		325.00	P/R Deduction (\$25.00 Bi- Weekly)
В.	Full Name (Last, First, Middle Initial) Sean R Muldoon			Date of Receipt
	Mailing Address 4949 Brownsboro Road	d #186		0 6 3 0 Y Y Y Y 0 9 0 9
	City	State Zip Code	9	Transaction ID: PR1094192217269
	Louisville	KY 40222		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP & Chief Med C	Off-HD	
	Receipt For: Primary General	Aggregate Year-to-Date	. 🗸	
	Other (specify) ▼		975.00	P/R Deduction (\$75.00 Bi- Weekly)
C.	Full Name (Last, First, Middle Initial) James L Lindberg			Date of Receipt
0.	Mailing Address 11119 Brook Stone Co	urt		06 30 2009
	City	State Zip Code	e	Transaction ID: PR1094192517269
	Louisville	KY 40223		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Adm Mgr Facilities-H		
	Receipt For: Primary General	Aggregate Year-to-Date	. •	
	Other (specify) ▼		260.00	P/R Deduction (\$20.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)		••••••	240.00
	TOTAL This Period (last page this line number of	only)	►	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 41 (check only one) 11a X 11a 13 14 15 16 17
	Any information copied from such Reports and Si or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
A.	Full Name (Last, First, Middle Initial) Susan Moss Mailing Address 161 Westwind Road		Date of Receipt
			06 30 2009
	City	State Zip Code	Transaction ID: PR1094193317269
	Louisville	KY 40207	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Crp Communications	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	260.00	P/R Deduction (\$20.00 Bi- Weekly)
в.	Full Name (Last, First, Middle Initial) Theresa M Graham		Date of Receipt
	Mailing Address 680 S. Fourth Street		M M / D D Y
	City	State Zip Code	Transaction ID: PR1094193517269
	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:	Aggregate Year-to-Date V	_
	Primary General Other (specify) ▼	325.00	P/R Deduction (\$25.00 Bi- Weekly)
C.	Full Name (Last, First, Middle Initial) Charles Michael Grannan		Date of Receipt
	Mailing Address 680 S. Fourth Street		0 6 / D D / Y Y Y Y 0 6 3 0 2 0 0 9
	City	State Zip Code	Transaction ID: PR1094193917269
	Louisville	KY 40202	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 Purchasing	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 455.00	P/R Deduction (\$35.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)		160.00
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page)	FOR LINE NUMBER: PAGE 14/41 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17		
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	ly not be sold or used by any p dress of any political committe	person ee to s	for the purpose of soliciting contributions olicit contributions from such committee.		
	Kindred Healthcare, Inc. PAC						
Α.	Full Name (Last, First, Middle Initial) Dennis J Hansen				Date of Receipt		
	Mailing Address 1791 Connor Station F	Road			M M / D D / Y Y Y Y 06 30 2009		
	City	State	Zip Code		Transaction ID: PR1094194117269		
	Simpsonville	KY	40067	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 Reim					
	Receipt For:	Aggregat	e Year-to-Date 🔻				
	Primary General Other (specify) ▼	0 0	455.00		P/R Deduction (\$35.00 Bi- Weekly)		
- B.	Full Name (Last, First, Middle Initial) Mary Suzanne Riedman				Date of Receipt		
	Mailing Address 6401 Orchid Hill Pl				M M / D D / Y Y Y Y 06 30 2009		
	City	State	Zip Code		Transaction ID: PR1094194217269		
	Louisville	KY	40207		Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C			40.00		
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP &	on General Counsel				
	Receipt For:	Aggregat	e Year-to-Date 🔻				
	Primary General Other (specify) ▼	0 0	260.00		P/R Deduction (\$20.00 Bi- Weekly)		
- C.	Full Name (Last, First, Middle Initial) Mary L Dennison	1			Date of Receipt		
	Mailing Address 680 S. Fourth Street				M M / D D / Y Y Y Y 06 30 2009		
	City	State	Zip Code		Transaction ID: PR1094194817269		
	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.	Name of Employer Occupation Kindred Healthcare Inc. Mgr Reimb					
	Receipt For:	Aggregat	e Year-to-Date 🔻				
	 Primary General Other (specify) ▼ 		260.00		P/R Deduction (\$20.00 Bi- Weekly)		
ſ	SUBTOTAL of Receipts This Page (optional)	L		•	150.00		
ŀ							
	TOTAL This Period (last page this line number	only)					

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule for each category of th Detailed Summary Pag	
ſ	Any information copied from such Reports and S or for commercial purposes, other than using the	y person for the purpose of soliciting contributions nittee to solicit contributions from such committee.	
	Kindred Healthcare, Inc. PAC		
ے A.	Full Name (Last, First, Middle Initial) Michael J Bean		Date of Receipt
	Mailing Address 8011 Kendrick Crossin	0 6 / 0 0 / Y Y Y Y 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
	City	State Zip Code	Transaction ID: PR1094195117269
	Louisville	KY 40291	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 Tax Planning	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	260.0	00 P/R Deduction (\$20.00 Bi- Weekly)
- В.	Full Name (Last, First, Middle Initial) Anne S Woods		Date of Receipt
	Mailing Address 7420 Falls Ridge Ct.	M M / D D / Y Y Y Y 0 6 30 2009	
	City	State Zip Code	Transaction ID: PR1094195417269
	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) ▼	468.0	00 P/R Deduction (\$36.00 Bi- Weekly)
- C.	Full Name (Last, First, Middle Initial) John Lucchese		Date of Receipt
	Mailing Address 14401 Broad Oak Plac	e	M M / D D / Y Y Y Y 06 30 2009
	City	State Zip Code	Transaction ID: PR1094195917269
	Louisville	KY 40245	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	76.94
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP & Corp Controller	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	500.	11 P/R Deduction (\$38.47 Bi- Weekly)
ſ	SUBTOTAL of Receipts This Page (optional)		188.94
┝			
	$\ensuremath{\textbf{TOTAL}}$ This Period (last page this line number	only)	

(SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 16/41	
	· · ·		Use separate schedule(s) for each category of the	(check only one)	
	TEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12	
г			, , ,		17
	Any information copied from such Reports and St or for commercial purposes, other than using the	atements ma name and ad	y not be sold or used by any pers dress of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.	
	Kindred Healthcare, Inc. PAC				
A.	Full Name (Last, First, Middle Initial) Joseph Landenwich			Date of Receipt	
	Mailing Address 2213 Wrocklage Ave.			M M / D D / Y Y Y Y 06 / 30 / 2009	
	City	State	Zip Code	Transaction ID: PR1094196317269	
	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.	Occupatio SVPCrpI	n LegalAffairs&CrpSec	_	
	Receipt For:		e Year-to-Date 🔻	7	
	Primary General Other (specify) ▼		780.00	P/R Deduction (\$60.00 Bi- Weekly)	
_	Full Name (Last, First, Middle Initial)				
В.	Arthur L Rothgerber			Date of Receipt	
	Mailing Address 680 S. Fourth Street			M M / D D / Y	
	City	State	Zip Code	Transaction ID: PR1094196417269	
	Louisville	KY	40202	Amount of Each Receipt this Period	_
	FEC ID number of contributing federal political committee.	C		38.00	
	Name of Employer Kindred Healthcare Inc.	Occupatio Sr VP Re	n eimbursement		
	Receipt For:	Aggregate	e Year-to-Date 🔻		
	Primary General		247.00	P/R Deduction (\$19.00 Bi-	
	Other (specify) v	0 0		Weekly)	
- с.	Full Name (Last, First, Middle Initial) Linda M O'Bryan			Date of Receipt	
	Mailing Address 680 S. Fourth Street			M M / D D / Y Y Y Y 06 30 2009	
	City	State	Zip Code	Transaction ID: PR1094196717269	
	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.	Occupatio VPPatier	n nt Care &Quality-H		
	Receipt For:	Aggregate	e Year-to-Date 🔻		
	Other (specify) ▼	0 0	260.00	P/R Deduction (\$20.00 Bi- Weekly)	
ſ	SUBTOTAL of Receipts This Page (optional)			198.00	7
┝	CODICIAL OF RECEIPTS THIS Fage (Optional)				ī.
	TOTAL This Period (last page this line number of	only)			

	SCHEDULE A (FEC Form 3X) ITEMIZED 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 17 / 41 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
	or for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
A.	Full Name (Last, First, Middle Initial) Mark A Laemnle			Date of Receipt
	Mailing Address 680 S. Fourth Street			0 6 / D D / Y Y Y Y 0 2 0 0 9
	City	State	Zip Code	Transaction ID: PR1094197117269
	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 F		
	Receipt For: Primary General	Aggregate	Year-to-Date 🔻	
	Other (specify) ▼		271.00	P/R Deduction (\$20.00 Bi- Weekly)
- B.	Full Name (Last, First, Middle Initial) Brian L Caudill			Date of Receipt
	Mailing Address 1647 Beechwood Aver	M M / D D / Y		
	City	State	Zip Code	Transaction ID: PR1094197317269
	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		
	Receipt For: Primary General	Aggregate	Year-to-Date 🔻	
	Other (specify) ▼		338.00	P/R Deduction (\$26.00 Bi- Weekly)
- C.	Full Name (Last, First, Middle Initial) Mary R Russell	1		Date of Receipt
	Mailing Address 680 S. Fourth Street			0 6 3 0 Y Y Y Y 0 6 3 0 2 0 0 9
	City	State	Zip Code	Transaction ID: PR1094197617269
	Louisville	KY	40202	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		44.00
	Name of Employer Kindred Healthcare Inc.		counting-HSD	
	Receipt For:	Aggregate	Year-to-Date 🔻	
	 Primary General Other (specify) ▼ 	0.0	286.00	P/R Deduction (\$22.00 Bi- Weekly)
ſ	SUBTOTAL of Receipts This Page (optional)	1		136.00
ŀ				-
	TOTAL This Period (last page this line number	r only)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 41 (check only one) 11c 12 X 11a 11b 11c 12 13 14 15 16 17		
	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 persor name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC				
A.	Full Name (Last, First, Middle Initial) William M Altman		Date of Receipt		
	Mailing Address 680 S. Fourth Street		06 / 0 0 / Y Y Y Y 0 0 0 / 30 / 2009		
	City	State Zip Code	Transaction ID: PR1094198017269		
		KY 40202	_ Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.		384.60		
	Name of Employer Kindred Healthcare Inc.	Occupation SVPStrategy&PublicPolicy			
	Receipt For:	Aggregate Year-to-Date 🔻			
	Primary General Other (specify) ▼	2499.90	P/R Deduction (\$192.30 Bi- Weekly)		
— В.	Full Name (Last, First, Middle Initial) Michael Comer		Date of Receipt		
	Mailing Address 12 Lewis	M M / D D / Y			
	City	State Zip Code	Transaction ID: PR1094200417269		
		CA 92620	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.		70.00		
	Name of Employer Kindred Healthcare Inc.	Occupation VP & CFO-West Reg-HD			
	Receipt For: Primary General	Aggregate Year-to-Date 🔻			
	Other (specify)	455.00	P/R Deduction (\$35.00 Bi- Weekly)		
– c.	Full Name (Last, First, Middle Initial) Traci Shelton		Date of Receipt		
	Mailing Address 2913 3rd. Street # 20	1	M M / D D / Y Y Y Y 06 30 2009		
	City	State Zip Code	Transaction ID: PR1094200617269		
	Santa Monica	CA 90405	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	300.00		
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP & COO-West Reg-HD			
	Receipt For: Primary General	Aggregate Year-to-Date ▼			
	Other (specify)	1950.00	P/R Deduction (\$150.00 Bi- Weekly)		
	SUBTOTAL of Receipts This Page (optional)	••••••••••••••••••••••••••••••••••••••	754.60		
F	TOTAL This Period (last page this line number of	only)			

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 41 (check only one)
	Any information copied from such Reports and Si or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	aname 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.
	\rangle Kindred Healthcare, Inc. PAC			
Α.	Full Name (Last, First, Middle Initial) Steven Monaghan			Date of Receipt
	Mailing Address 508 W. Melrose #7-A			06 / 0 0 / Y Y Y Y 06 30 2009
	City	State	Zip Code	Transaction ID: PR1094200717269
	Chicago	IL	60657	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		110.00
	Name of Employer Kindred Healthcare Inc.	Occupation Exec VP-0	Cent Reg-HD	
	Receipt For: Primary General	Aggregate	Year-to-Date V	
	Other (specify)	0 0	715.00	P/R Deduction (\$55.00 Bi- Weekly)
— В.	Full Name (Last, First, Middle Initial) John Miner			Date of Receipt
	Mailing Address 4730 Dunnie Drive			M · M / D · D Y Y · Y · Y Y Y · Y Y
	City	State FL	Zip Code	Transaction ID: PR1094202117269
	Tampa FEC ID number of contributing federal political committee.	C	33614	Amount of Each Receipt this Period 40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Fin		_
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify)	0 0	260.00	P/R Deduction (\$20.00 Bi- Weekly)
_ с.	Full Name (Last, First, Middle Initial) Pamela Marie Riter			Date of Receipt
	Mailing Address 300 Beach Dr. N.E. Unit 2301			06 30 Y Y Y Y 2009
	City	State	Zip Code	Transaction ID: PR1094202417269
	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 Exe	c Off III	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 325.00	P/R Deduction (\$25.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)	•		200.00
F	TOTAL This Period (last page this line number			

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 41 (check only one) 11c X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements may not be sold or used by any persor name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	Kindred Healthcare, Inc. PAC		
Α.	Full Name (Last, First, Middle Initial) Charles D Doten		Date of Receipt
	Mailing Address 7644 Harbour Blvd.		M M / D D Y
	City	State Zip Code	Transaction ID: PR1094203617269
	Miramar	FL 33023	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Exec Off II	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	260.00	P/R Deduction (\$20.00 Bi- Weekly)
В.	Full Name (Last, First, Middle Initial) Timothy L Simpson		Date of Receipt
	Mailing Address 140 Pioneer Trail		0 6 / D D / Y Y Y Y 0 2 0 0 9
	City	State Zip Code	Transaction ID: PR1094204317269
	Green Cove Springs	FL 32043	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 Director II	
	Receipt For:	Aggregate Year-to-Date 🔻	_
	Primary General Other (specify) ▼	260.00	P/R Deduction (\$20.00 Bi- Weekly)
C.	Full Name (Last, First, Middle Initial) James J Novak		Date of Receipt
	Mailing Address 9680 Ridgewalk Court		M M / D D / Y Y Y Y 06 30 2009
	City	State Zip Code	Transaction ID: PR1094205317269
	Davie	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) ▼	546.00	P/R Deduction (\$42.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)		164.00
	TOTAL This Period (last page this line number of		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 41 (check only one) X 11a 11b 11c 12 X 11a 11b 11c 12 13 14 15 16 17	
ļ	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may r	not be sold or used by any personant of any political committee to	on for the purpose of soliciting contributions	
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC				
Z A.	Full Name (Last, First, Middle Initial) Donna Kelsey			Date of Receipt	
	Mailing Address 2075 E. Tivoli Hills Dri	0 6 / ^D ^D / ^Y ^Y ^Y ^Y ^Y			
	City	State	Zip Code	Transaction ID: PR1094210117269	
	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.		ific Reg-HSD		
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 325.00	P/R Deduction (\$25.00 Bi- Weekly)	
– B.	Full Name (Last, First, Middle Initial) Anita Tillery			Date of Receipt	
	Mailing Address 3512 Raytee Drive			M M / D D / Y	
	City	State	Zip Code	Transaction ID: PR1094211017269	
	Chesapeake	VA	23323	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		40.00	
	Name of Employer Kindred Healthcare Inc.	Occupation Area Exect	utive Dir		
	Receipt For: Primary General Other (specify) ♥	Aggregate Y	∕ear-to-Date ▼ 260.00	P/R Deduction (\$20.00 Bi- Weekly)	
	Full Name (Last, First, Middle Initial) Lane M Bowen	1		Date of Receipt	
	Mailing Address 10868 South Prescott	Mailing Address 10868 South Prescott Drive			
	City	State	Zip Code	Transaction ID: PR1094213617269	
	Sandy	UT	84092	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		100.00	
	Name of Employer Kindred Healthcare Inc.		President-HSD		
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	∕ear-to-Date ▼ 650.00	P/R Deduction (\$50.00 Bi- Weekly)	
Γ	SUBTOTAL of Receipts This Page (optional)			190.00	
	TOTAL This Period (last page this line number	only)			

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Chology and and	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 41 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
N	Any information copied from such Reports and S or for commercial purposes, other than using the	or 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) Michael W Beal	Date of Receipt		
	Mailing Address 10 Glenwood Road			0 6 / D D / Y Y Y Y 0 6 3 0 2 0 0 9
	City	State	Zip Code	Transaction ID: PR1094214117269
	Windham	NH	03087	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-Eas	st Reg-HSD	
	Receipt For:	Aggregate	Year-to-Date V	_
	Primary General Other (specify)	0.0	260.00	P/R Deduction (\$20.00 Bi- Weekly)
– В.	Full Name (Last, First, Middle Initial) Mark S Pfeifer			Date of Receipt
	Mailing Address 11014 Brave Ct.			M M / D D / Y
	City	State	Zip Code	Transaction ID: PR1094218417269
	Indianapolis	IN	46236	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 Finar		
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	260.00	P/R Deduction (\$20.00 Bi- Weekly)
– C.	Full Name (Last, First, Middle Initial) Gloria J Miller			Date of Receipt
	Mailing Address 12309 Corvus Road			M M / D D / Y
	City	State	Zip Code	Transaction ID: PR1094222117269
	Raleigh	NC	27614	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 O	perations I	
	Receipt For: Primary General	Aggregate	Year-to-Date 🔻	
	Other (specify) ▼	0 0	260.00	P/R Deduction (\$20.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)		•	120.00
F	TOTAL This Period (last page this line number			

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)	E 23/41
•			Detailed Summary Page	X 11a 11b 11c 13 14 15	12 12 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the	on for the purpose of soliciting con	tributions		
	NAME OF COMMITTEE (In Full)				
	Kindred Healthcare, Inc. PAC				
	Full Name (Last, First, Middle Initial) Patricia Pruden Lennox			Date of Receipt	
	Mailing Address 11 Cider Mill Road			$\begin{array}{c} M & M \\ 0 & 6 \end{array} / \begin{array}{c} D & D \\ 3 & 0 \end{array} / \begin{array}{c} Y \\ \end{array}$	2009
	City	State	Zip Code	Transaction ID: PR10942	222817269
	Medway	MA	02053	Amount of Each Receipt thi	s Period
	FEC ID number of contributing federal political committee.	C			40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Reg VP Sal	es Devlp HSD		
	Receipt For:	Aggregate Ye	ear-to-Date V		
	Primary General Other (specify) ▼		260.00	P/R Deduction (\$20.00 E Weekly)	Bi-
-	Full Name (Last, First, Middle Initial) Stephen F. Stoess			Date of Receipt	
	Mailing Address 514 Locust Creek Blv	M M / D D / Y 06 30 /	2009 [°]		
	City	State	Zip Code	Transaction ID: PR10942	224617269
	Louisville	KY	40245	Amount of Each Receipt thi	s Period
	FEC ID number of contributing federal political committee.	C			46.80
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Teleo	communications		
	Receipt For:	Aggregate Ye	ear-to-Date 🔻		
	Primary General Other (specify) The second		304.20	P/R Deduction (\$23.40 E Weekly)	Bi-
	Full Name (Last, First, Middle Initial) Charles K. Currens			Date of Receipt	
	Mailing Address 7801 McCarthy Lane			M M / D D / Y 06 30	2009
	City	State	Zip Code	Transaction ID: PR10942	
	Louisville	KY	40222	Amount of Each Receipt thi	s 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:	Aggregate Ye	ear-to-Date 🔻		
	Primary General Other (specify) The second seco	0 0 0	260.00	P/R Deduction (\$20.00 E Weekly)	Bi-
Γ	SUBTOTAL of Receipts This Page (optional)				126.80
\vdash					
	TOTAL This Period (last page this line number	er only)			

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 41 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17		
	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 person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.		
	Kindred Healthcare, Inc. PAC				
Α.	Full Name (Last, First, Middle Initial) Gaylia Bond		Date of Receipt		
	Mailing Address 7015 Wooded Meadow	/ Rd	M M / D D / Y Y Y Y 06 30 2009		
	City	State Zip Code	Transaction ID: PR1094229717269		
	Louisville	KY 40241	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.		60.00		
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP Human Resources-HD			
	Receipt For:	Aggregate Year-to-Date ▼	_		
	Primary General Other (specify) ▼	390.00	P/R Deduction (\$30.00 Bi- Weekly)		
- В.	Full Name (Last, First, Middle Initial) Keith Krein		Date of Receipt		
	Mailing Address 3227 North 88th Street	M M / D D / Y Y Y Y 06 30 2009			
	City	State Zip Code	Transaction ID: PR1094229817269		
	Mesa	AZ 85207	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.		40.00		
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP & Chief Med Off-HSD			
	Receipt For: Primary General	Aggregate Year-to-Date 🔻			
	Other (specify)	260.00	P/R Deduction (\$20.00 Bi- Weekly)		
- c.	Full Name (Last, First, Middle Initial) Patricia M McGillan		Date of Receipt		
	Mailing Address 510 Altagate Rd		M M / D D / Y		
	City	State Zip Code	Transaction ID: PR1094229917269		
		KY 40206	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.		60.00		
	Name of Employer Kindred Healthcare Inc.	Occupation VP Pat Saf & Reg Compl-HD	_		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	P/R Deduction (\$30.00 Bi- Weekly)		
Γ			160.00		
╞	SUBTOTAL of Receipts This Page (optional)				
	TOTAL This Period (last page this line number	only) 🕨			

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 41 (check only one) X X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using t	I Statements may not be sold or used by any persor he name and address of any political committee to s	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) Barbara L Baylis		Date of Receipt
Mailing Address 7212 Deer Ridge Ro	ad	0 6 / 3 0 / Y Y Y Y 0 9
City	State Zip Code	Transaction ID: PR1094230017269
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 Sr VP Clin & Res Svcs-HSD	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	260.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Edward J Goddard		Date of Receipt
Mailing Address 32 Peters Lane		0 6 / D D / Y Y Y Y 2 0 0 9
City	State Zip Code	Transaction ID: PR1094233517269
Wrentham FEC ID number of contributing federal political committee.	MA 02093	Amount of Each Receipt this Period 40.00
Name of Employer Kindred Healthcare Inc.	Occupation VP Labor Relations	-
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	260.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Jeffrey F Luckett		Date of Receipt
Mailing Address 7701 Kendrick Cross	sing Lane	M M / D D / Y Y Y Y 06 30 2009
City	State Zip Code	Transaction ID: PR1094234417269
Louisville	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 Dir Internal Audit-IS	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 286.00	P/R Deduction (\$22.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)	·	124.00
TOTAL This Period (last page this line numb		

SCHEDULE A (FEG	CForm 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 26 / 41 (check only one)
ITEMIZED RECEIP	TS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from s or for commercial purposes, or	uch Reports and Statements ma ther than using the name and ad	⊥ 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 (Kindred Healthcare, In	,		
Full Name (Last, First, Mid A. Peter D Corless	dle Initial)		Date of Receipt
	Fourth Street		0 6 3 0 2 0 0 9
City	State	Zip Code	Transaction ID: PR1094235217269
Louisville	KY	40202	Amount of Each Receipt this Period
FEC ID number of contribution federal political committee.	uting C		40.00
Name of Employer Kindred Healthcare Inc.	Occupatio Sr VP HI	ⁿ R & Admin-HSD	
Receipt For:	00 0	e Year-to-Date 🔻	
Other (specify) ▼	neral	260.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Mid B. Tamila Johnson-White	dle Initial)		Date of Receipt
Mailing Address 2615 2	hale Smith Rd.		M · M / D · D / Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y · Y · Y · Y Y · Y · Y · Y Y · Y · Y · Y Y · Y · Y · Y · Y · Y Y · Y · Y · Y · Y · Y · Y · Y · Y · Y ·
City	State	Zip Code	Transaction ID: PR1094235417269
LaGrange	KY	40031	Amount of Each Receipt this Period
FEC ID number of contribution federal political committee.	C		40.00
Name of Employer Kindred Healthcare Inc.	Occupatio Dir Case	n Mgmt-HSD	
Receipt For:		e Year-to-Date 🔻	
Other (specify)	neral	260.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Mid Douglas Roth	dle Initial)		Date of Receipt
Mailing Address 9891 F	leytesbery		M · M / D · D / Y
City	State	Zip Code	Transaction ID: PR1094237317269
Sandy	UT	84092	Amount of Each Receipt this Period
FEC ID number of contributed federal political committee.	C		80.00
Name of Employer Kindred Healthcare Inc.		nce-Pacific RegHSD	
Receipt For:	Aggregate	e Year-to-Date 🔻	
Other (specify) ▼		520.00	P/R Deduction (\$40.00 Bi- Weekly)
SUBTOTAL of Receipts This	s Page (optional)		160.00
	je this line number only)		

ITEM	EDULE A (FEC Form 3X) IIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 41 (check only one) 11a X 11a 13 14 15 16
Any inf or for c	ormation copied from such Reports and Stat ommercial purposes, other than using the na	tements 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.
	ME OF COMMITTEE (In Full) Idred Healthcare, Inc. PAC		
A. Dou	Name (Last, First, Middle Initial) glas T Collins		Date of Receipt
Mail	ling Address 3703 River Bluff Road		0 6 / D D / Y Y Y Y 0 6 3 0 2 0 0 9
City		State Zip Code	Transaction ID: PR1094241217269
	ospect	KY 40059	Amount of Each Receipt this Period
	C ID number of contributing eral political committee.	C	40.00
Nan Kino	ne of Employer dred Healthcare Inc.	Occupation Dir Fin Sys-HSD	
Rec	eipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) v	260.00	P/R Deduction (\$20.00 Bi- Weekly)
	Name (Last, First, Middle Initial) da L Newberry-Ferguson		Date of Receipt
Mail	ling Address 11310 Haleco Lane		M M / D D / Y
City		State Zip Code	Transaction ID: PR1094241917269
	les Corners	WI 53130	Amount of Each Receipt this Period
	C ID number of contributing eral political committee.	C	40.00
Nan Kino	ne of Employer dred Healthcare Inc.	Occupation Chief Exec Off II	
Rec	ceipt For:	Aggregate Year-to-Date 🔻	_
	Primary General Other (specify)	260.00	P/R Deduction (\$20.00 Bi- Weekly)
	Name (Last, First, Middle Initial) ip L. Jones		Date of Receipt
Mail	ling Address 702 Helmsdale Place N.		M M / D D / Y Y Y Y Y <th< td=""></th<>
City		State Zip Code	Transaction ID: PR1094243517269
<u>Bre</u>	entwood	TN 37027	Amount of Each Receipt this Period
	C ID number of contributing eral political committee.	C	40.00
	ne of Employer dred Healthcare Inc.	Occupation Chief Fin Off I	
Rec	eipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify)	260.00	P/R Deduction (\$20.00 Bi- Weekly)
SUBT	OTAL of Receipts This Page (optional)		120.00
	L This Period (last page this line number or		

				FOR LINE NUMBER: PAGE 28/41
	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
	TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Summary Page	
	Any information copied from such Reports and Si or for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions oscillations oscillations from such committee.
	NAME OF COMMITTEE (In Full)			
	Kindred Healthcare, Inc. PAC			
A.	Full Name (Last, First, Middle Initial) Raymond J Sierpina			Date of Receipt
	Mailing Address 14 Westwind Road			M M / D D / Y
	City	State	Zip Code	Transaction ID: PR1094246617269
	Louisville	KY	40207	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		120.00
	Name of Employer Kindred Healthcare Inc.	Occupatio VP Publi	on ic Pol &GovtAffair	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		710.00	P/R Deduction (\$60.00 Bi- Weekly)
- B.	Full Name (Last, First, Middle Initial) Steven Tanner			Date of Receipt
	Mailing Address 6622 Rosebud Lane			M M / D D / Y
	City	State	Zip Code	Transaction ID: PR1094246817269
	Indianapolis	IN	46237	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executiv		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	260.00	P/R Deduction (\$20.00 Bi- Weekly)
– C.	Full Name (Last, First, Middle Initial) Thomas Wood			Date of Receipt
	Mailing Address 2949 Glascock Street			M M / D D Y
	City	State	Zip Code	Transaction ID: PR1094247217269
	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 D	on Dir Operations	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	845.00	P/R Deduction (\$65.00 Bi- Weekly)
ſ	SUBTOTAL of Receipts This Page (optional)		•	290.00
┝				
	TOTAL This Period (last page this line number	only)		

ę	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 29 / 41 (check only one)
I	TEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	ay not be sold or used by any per- ldress 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 A.	Full Name (Last, First, Middle Initial) Gwynn Rucker			Date of Receipt
	Mailing Address 15106 59th Place NE			M M / D D / Y
	City	State	Zip Code	Transaction ID: PR1094247817269
	Kenmore	WA	98028	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	on Operations I	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	325.00	P/R Deduction (\$25.00 Bi- Weekly)
– В.	Full Name (Last, First, Middle Initial) Sharon J Spittle			Date of Receipt
	Mailing Address 26 Estes Street			0 6 / 0 0 / Y Y Y Y 0 2 0 0 9
	City	State	Zip Code	Transaction ID: PR1094250017269
	Ipswich	MA	01938	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Kindred Healthcare Inc.	Occupatio Area Exe	on ecutive Dir	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		250.00	P/R Deduction (\$10.00 Wee- kly)
– C.	Full Name (Last, First, Middle Initial) Benjamin A Breier	1		Date of Receipt
	Mailing Address 5400 Farm Ridge Lan	е		M M / D D / Y Y Y Y Y 06 30 2009
	City	State	Zip Code	Transaction ID: PR1094250917269
	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 Exec VP	on ' & President-HD	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		260.00	P/R Deduction (\$20.00 Bi- Weekly)
Γ	SUBTOTAL of Receipts This Page (optional)			130.00
┝	contraction in the optional in the raye (optional)			
	TOTAL This Period (last page this line number	r only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 41 (check only one) X X 11a 11b 11c 12 13 14 15 16 17 n for the purpose of soliciting contributions
Ţ	or for commercial purposes, other than using the n NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC	ame and address of any political committee to	solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Steve Ross Mailing Address 35069 Roberts Lane		Date of Receipt
	City	State Zip Code	Transaction ID: PR1135252617269
	<u>St Helens</u>	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 Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$20.00 Wee- kly)
В.	Full Name (Last, First, Middle Initial) Josephine Litzenberger		Date of Receipt
	Mailing Address 11401 Dr. M.L.K. Jr. St Apt 1201		0 6 / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 9
	City St Petersburg	State Zip Code FL 33716	Transaction ID: PR1135286917269 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 Managed Care	
	Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 234.00	P/R Deduction (\$18.00 Bi- Weekly)
с.	Full Name (Last, First, Middle Initial) Rachael L Parker Mailing Address 70 Birch Ridge Rd		Date of Receipt
			06 30 2009
	City	State Zip Code VT 05494	Transaction ID: PR1150411117269
	Westford FEC ID number of contributing federal political committee.	VT 05494	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 ▼ 250.00	P/R Deduction (\$10.00 Wee- kly)
	SUBTOTAL of Receipts This Page (optional)	·····	116.00
ľ	TOTAL This Period (last page this line number or	-	

Mailing Address 9902 Palace Green Way City State Zip Code Vienna VA 22181 FEC ID number of contributing federal political committee. C Amount of Each Receipt this Period Name of Employer Kindred Healthcare Inc. Occupation Sr VP Fin-HSD P/R Deduction (\$50.00 Bi- Weekly) Receipt For: Occupation Dive P/R Deduction (\$50.00 Bi- Weekly) City State Zip Code IL 60124 Transaction ID: PR1281185317269 Amount of Each Receipt this Period To 0 / 2 0 0 9 City State Zip Code IL 60124 Transaction ID: PR1281185317269 Amount of Each Receipt this Period To 0 / 2 0 0 9 City State Zip Code Elgin IL 60124 FEC ID number of contributing federal political committee. Occupation VP Clin Ops-CentralRegHSD Aggregate Year-to-Date V Aggregate Year-to-Date V P/R Deduction (\$20.00 Bi- Weekly) P/R Deduction (\$20.00 Bi- Weekly)		SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 41 (check only one) 11a X 11a 13 14 15 16 17
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) Russel D ragherd Maling Address 9902 Palace Green Way City State VA 22181 FEC ID number of contributing federal policial committee. City Name of Employer Kinded Healthcare Inc. Sr VP Fin-HSD Receipt For: Other (specify Tor: Other (specify Tor: City State Zip Code View Initial Date of Receipt Pill Name (Last, First, Middle Initial) Doma Stocynski Balang Address Site Zip Code Full Name (Last, First, Middle Initial) Date of Receipt Maling Address Site Zip Code Eligin IL Bala of C Piln Date of contributing federal political committee. Piln Ops-CentralRegHSD Aggregate Year-to-Date Piln Name (Last, First, Middle Initial) Pill Name (Last, First, M		Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not not not statements may n	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.
A. Hussell D Regland Date of Receipt Mailing Address 9902 Palace Green Way 0.6 3.0 / 2.0.9 City State Zip Code Viana VA 2181 FEC ID number of contributing redera political committee. Occupation Sr VP Fin-HSD Amount of Each Receipt this Period Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$50.00 Bi- Weekly) Bailing Address 399 Fountain Drive 650.00 City State Zip Code Vancet feeling Mailing Address 399 Fountain Drive City State Zip Code Mailing Address 399 Fountain Drive Date of Receipt City State Zip Code FEC ID number of contributing rederal political committee. C Aggregate Year-to-Date ▼ Primary General Occupation VP Clin Ops-CentralRegHSD P/R Deduction (\$20.00 Bi- Weekly) Name of Employer Kinded HealthCare Inc. P/R Deduction (\$20.00 Bi- Weekly) P/R Deduction (\$20.00 Bi- Weekly) City State Zip Code Transaction ID: PH133437017269 Amount of Each Receipt Ibis Period State Zip Code					
City State Zp Code VA 22181 FEC ID number of contributing C referal policial committee C Name of Employer Occupation Structure Occupation VP Fin-HSD Aggregate Year-to-Date V VP Gin State Zp Code Elgin IL 60124 FEC ID number of contributing C Transaction ID: PR1281185317269 Aggregate Year-to-Date V Occupation VP Clin Ops-CentralRegHSD Aggregate Year-to-Date V P/R Deduction (\$20.00 Bi-Weekly) State Zp Code City State <t< th=""><th>⊻ A.</th><th></th><th></th><th></th><th>Date of Receipt</th></t<>	⊻ A.				Date of Receipt
Vienna VA 22181 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C 100.00 Name of Employer Kindred Healthcal committee. Occupation Sr VP Fin-HSD Precipt For: Cocupation 100.00 Receipt For: Chart (specify) ▼ Aggregate Year-to-Date ▼ P/R Deduction (\$50.00 Bi- Weekly) B. Date of Receipt Other (specify) ▼ Date of Receipt Cocupation Date of Receipt Cocupation Mailing Address 399 Fountain Drive C C C City State Zip Code Transaction D: PR1281185317269 Amount of Each Receipt for: Field and feathcal committee. Occupation VP Clin Ops-CentralRegHSD Amount of Each Receipt files Period Receipt For: Primary General City State Zip Code P/R Deduction (\$20.00 Bi- Weekly) City State Zip Code City State Zip Code Mailing Address 200 Franck Avenue City State Zip Code City State Zip Code City State Zip Code Name of Employer Kindred Healthcal committee City State Zip Code City State <t< th=""><td></td><td>Mailing Address 9902 Palace Green W</td><td>Vay</td><td></td><td></td></t<>		Mailing Address 9902 Palace Green W	Vay		
FEC ID number of contributing federal political committee. 0<		•		•	Transaction ID: PR1267998117269
federal political committee. Image: political committee. Image: political committee. Name of Employer Kindred HealthCare Inc. Sr VP Fin-HSD Aggregate Year-to-Date ▼ P/R Deduction (\$50.00 Bi- Weekly) 3. Dona Srozynski Date of Receipt Mailing Address 399 Fountain Drive Image: political committee. Image: political committee. City State Zip Code Primary General Occupation Nume of Employer Kindred HealthCare Inc. Occupation VP Cin Ops-CentralRegHSD Anount of Each Receipt this Period Preceipt For: Occupation Primary General Other (specify) ▼ Occupation VP Cin Ops-CentralRegHSD P/R Deduction (\$20.00 Bi- Weekly) Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Date of Receipt State Zip Code Kindred HealthCare Inc. VP Cin Ops Resk Mgmt Primary General Other (specify) ▼ Occupation State Zip Code Kindred HealthCare Inc. State		Vienna	VA	22181	Amount of Each Receipt this Period
Receipt For: Aggregate Year-to-Date P/R Deduction (\$50.00 Bi-Weekly) 3. Doma Sroczyski Date of Receipt Mailing Address 399 Fountain Drive C Date of Receipt City State Zip Code Elgin IL 60124 Primary General C Name of Employer C Aggregate Year-to-Date Receipt For: Occupation VP Clin Ops-CentralRegHSD Primary General Occupation VP Clin Ops-CentralRegHSD P/R Deduction (\$20.00 Bi-Weekly) Receipt For: Occupation VP Clin Ops-CentralRegHSD Mailing Address 200 Franck Avenue Z60.00 City State Zip Code Mailing Address 200 Franck Avenue Transaction ID: PR133437017269 City State Zip Code Lusiville KY 40206 Amount of Each Receipt this Period PEC ID number of contributing federal political committee. So of 2 0 0 9 Transaction ID: PR1333437017269 Mailing Address 200 Franck Avenue C Amount of Each Receipt this Period FEC ID number of contributing federal political c			C		100.00
Primary General Other (specify) ▼ 650.00 3. Full Name (Last, First, Middle Initial) Donna Sroczynski Date of Receipt Mailing Address 399 Fountain Drive City State Elgin IL 60124 FRCE/ID PFC ID number of contributing C receipt For: Occupation Primary General Other (specify) ▼ C Primary General Other (specify) ▼ C Primary General City State Zip Code Aggregate Year-to-Date Primary General Other (specify) ▼ P/R Deduction (\$20.00 Bi-Weekly) Primary General Other (specify) ▼ P/R Deduction (\$20.00 Bi-Weekly) Primary General Other (specify) ▼ Date of Receipt Mailing Address 200 Franck Avenue City State Zip Code Louisville KY 40206 Receipt For: State Zip Code <t< th=""><td></td><td>Name of Employer Kindred Healthcare Inc.</td><td></td><td>ISD</td><td></td></t<>		Name of Employer Kindred Healthcare Inc.		ISD	
Other (specify) ▼ 650.00 Whetevolution (\$50.00 b) 3. Full Name (Last, First, Middle Initial) Dona Srozynski Date of Receipt Mailing Address 399 Fountain Drive Date of Receipt City State Zip Code Elgin IL 60124 Prescription C Transaction ID: PR1281185317269 Amount of Each Receipt Interview 40.00 Primary General Other (specify) ▼ Occupation VP Clin Ops-CentralRegHSD Receipt For: Ops-CentralRegHSD Mailing Address 200 Franck Avenue City State Zip Code Mailing Address 200 Franck Avenue Date of Receipt Mailing Address 200 Franck Avenue Transaction ID: PR1333437017269 Name of Employer Kry 40206 Amount of Each Receipt Ithis Period FEC ID number of contributing federal political committee. Occupation Sr Dir Ops Risk Mgmt Aggregate Year-to-Date ▼ Mailing Address ference Occupation Sr Dir Ops Risk Mgmt Aggregate Year-to-Date ▼ P/R Deduction (\$16.00 Bi-Weekly)			Aggregate Y	ear-to-Date 🔻	
3. Donna Sroczynski Date of Receipt Mailing Address 399 Fountain Drive Image: Constraint of the second seco				650.00	P/R Deduction (\$50.00 Bi- Weekly)
City State Zip Code Elgin IL 60124 FEC ID number of contributing rederal political committee. C Name of Employer Kindred Healthcare Inc. Occupation VP Clin Ops-CentralRegHSD Receipt For: Aggregate Year-to-Date Primary General Other (specify) ▼ Aggregate Year-to-Date Full Name (Last, First, Middle Initial) Rita D Simmons P/R Deduction (\$20.00 Bi- Weekly) C Aggregate Year-to-Date Mailing Address 200 Franck Avenue City State Louisville KY 40206 FEC ID number of contributing rederal political committee. Q State Zip Code Louisville KY 40.00	– B.				Date of Receipt
Elgin IL 60124 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 P/R Deduction (\$20.00 Bi- Weekly) Receipt For: Primary General Other (specify) ▼ Occupation VP Clin Ops-CentralRegHSD P/R Deduction (\$20.00 Bi- Weekly) C Aggregate Year-to-Date ▼ P/R Deduction (\$20.00 Bi- Weekly) C Rita D Simmons Date of Receipt Mailing Address 200 Franck Avenue Mailing Address 200 Franck Avenue City State Zip Code Transaction ID: PR1333437017269 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. Sr Dir Ops Risk Mgmt P/R Deduction (\$16.00 Bi- Weekly) Receipt For: Primary General Other (specify) ▼ 208.00 P/R Deduction (\$16.00 Bi- Weekly)		Mailing Address 399 Fountain Drive			
FEC ID number of contributing federal political committee. C 40.00 Name of Employer Kindred Healthcare Inc. Occupation VP Clin Ops-CentralRegHSD P/R Deduction (\$20.00 Bi-Weekly) Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$20.00 Bi-Weekly) Cliv State Zip Code Louisville KY 40206 Transaction ID: PR1333437017269 Amount of Each Receipt for: Occupation State Cliv State Zip Code Louisville KY 40206 Transaction ID: PR1333437017269 Amount of Each Receipt this Period 32.00 FEC ID number of contributing federal political committee. Occupation Sr Dir Ops Risk Mgmt Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$16.00 Bi-Weekly) Name of Employer Aggregate Year-to-Date ▼ P/R Deduction (\$16.00 Bi-Weekly)		-		Zip Code	Transaction ID: PR1281185317269
federal political committee. C 40.00 Name of Employer Kindred Healthcare Inc. Occupation VP Clin Ops-CentralRegHSD P/R Deduction (\$20.00 Bi- Weekly) Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ P/R Deduction (\$20.00 Bi- Weekly) Full Name (Last, First, Middle Initial) Rita D Simmons Mailing Address 200 Franck Avenue Date of Receipt City State Zip Code KY 40206 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Ops Risk Mgmt Receipt For: Primary General Other (specify) ▼ Occupation Sr Dir Ops Risk Mgmt Aggregate Year-to-Date ▼ P/R Deduction (\$16.00 Bi- Weekly)		Elgin	<u> </u>	60124	Amount of Each Receipt this Period
Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$20.00 Bi-Weekly) Cher (specify) ▼ 260.00 P/R Deduction (\$20.00 Bi-Weekly) Cher (specify) ▼ 260.00 Date of Receipt Mailing Address 200 Franck Avenue 260.00 Transaction ID: PR1333437017269 City State Zip Code Transaction ID: PR1333437017269 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. Sr Dir Ops Risk Mgmt Aggregate Year-to-Date ▼ Primary General Occupation Sr Dir Ops Risk Mgmt P/R Deduction (\$16.00 Bi-Weekly)			C		40.00
Primary General Other (specify) ▼ 260.00 Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address 200 Franck Avenue City State Zip Code Louisville KY 40206 FEC ID number of contributing federal political committee. Occupation Name of Employer Occupation Sr Dir Ops Risk Mgmt Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 208.00		Name of Employer Kindred Healthcare Inc.		s-CentralRegHSD	
Other (specify) ▼ 260.00 If if Deduction (\$20.00 bit Weekly) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address 200 Franck Avenue 0 6 0 0 City State Zip Code Transaction ID: PR1333437017269 Louisville KY 40206 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Occupation 32.00 Name of Employer Kindred Healthcare Inc. Sr Dir Ops Risk Mgmt Aggregate Year-to-Date ▼ Primary General 208.00 P/R Deduction (\$16.00 Bit Weekly)			Aggregate Y	ear-to-Date 🔻	
C. Rita D Simmons Date of Receipt Mailing Address 200 Franck Avenue 0 6 3 0 2 0 0 9 City State Zip Code Transaction ID: PR1333437017269 Louisville KY 40206 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C Amount of Each Receipt this Period Name of Employer Kindred Healthcare Inc. Sr Dir Ops Risk Mgmt 32.00 Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$16.00 Bi-Weekly) Other (specify) ▼ 208.00 172.00				260.00	P/R Deduction (\$20.00 Bi- Weekly)
City State Zip Code Transaction ID: PR1333437017269 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 32.00 Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$16.00 Bi-Weekly) Other (specify) ▼ 208.00 P/R Deduction (\$16.00 Bi-Weekly)	– C.		I		Date of Receipt
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 32.00 Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$16.00 Bi-Weekly) Other (specify) ▼ 208.00 P/R Deduction (\$16.00 Bi-Weekly)		Mailing Address 200 Franck Avenue			
FEC ID number of contributing federal political committee. 32.00 Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Ops Risk Mgmt Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼				•	
federal political committee. 0ccupation Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Ops Risk Mgmt Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 208.00			KY	40206	Amount of Each Receipt this Period
Kindred Healthčare Inc. Sr Dir Ops Risk Mgmt Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 208.00			C		32.00
Primary General Other (specify) ▼ 208.00 P/R Deduction (\$16.00 Bi- Weekly)		Name of Employer Kindred Healthcare Inc.		Risk Mgmt	
Other (specify) ▼ 208.00 Weekly)			Aggregate Y	ear-to-Date 🔻	
SUBTOTAL of Receipts This Page (optional)				208.00	Weekly)
	Γ	SUBTOTAL of Receipts This Page (optional)	-		172.00
TOTAL This Period (last page this line number only)	╞				

	ons from such committee.
Kindred Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) Ross A Johnson Mailing Address 5221 Moccasin Trail City State Zip Code Louisville KY 40207 FEC ID number of contributing Image: Contributing	^b 3 0 ['] 2 0 0 9 n ID: PR1359729017269 Each Receipt this Period
A. Ross A Johnson Date of Rem Mailing Address 5221 Moccasin Trail ^M M M O 6 ^M O 6 ^M Transactio City State Zip Code Louisville KY 40207 FEC ID number of contributing	^b 3 0 ['] 2 0 0 9 n ID: PR1359729017269 Each Receipt this Period
City State Zip Code Transactio Louisville KY 40207 Amount of	3 0 2 0 0 9 n ID: PR1359729017269 Each Receipt this Period
Louisville KY 40207 Amount of FEC ID number of contributing	Each Receipt this Period
FEC ID number of contributing	
	50.00
Name of Employer Occupation Kindred Healthcare Inc. VP Recruiting-PRS	
Receipt For: Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼ 325.00	tion (\$25.00 Bi-
Full Name (Last, First, Middle Initial) Date of Red B. Pamela A. Justice Date of Red	ceipt
Mailing Address 680 S. Fourth Street	30 / Y Y Y Y 2009
	n ID: PR1408953217269
	Each Receipt this Period
FEC ID number of contributing federal political committee.	40.00
Name of Employer Occupation Kindred Healthcare Inc. Dir Fin Sys Dev	
Receipt For: Aggregate Year-to-Date ▼ Primary General	
Other (specify) ▼ 260.00 P/R Deduction	tion (\$20.00 Bi-
Full Name (Last, First, Middle Initial) Deborah A Foushee Date of Red	ceipt
Mailing Address 1106 Indiana Ave.	30 2009
City State Zip Code Transactio	n ID: PR1425258817269
New Albany IN 47150 Amount of	Each Receipt this Period
FEC ID number of contributing federal political committee.	32.00
Name of Employer Kindred Healthcare Inc. State Dir of Risk Mgmt	
Receipt For: Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼ 208.00	tion (\$16.00 Bi-
SUBTOTAL of Receipts This Page (optional)	122.00
TOTAL This Period (last page this line number only)	

ITEN	EDULE A (FEC Form 3X) IIZED RECEIPTS	Use separate sc for each categor Detailed Summa atements may not be sold or used	hedule(s) y of the iry Page	FOR LINE NUMBER: PAGE 33 / 41 (check only one) X X 11a 13 14 15 16 17 or the purpose of soliciting contributions
	ME OF COMMITTEE (In Full) ndred Healthcare, Inc. PAC	name and address of any political	committee to so	
A. <u>The</u>	Name (Last, First, Middle Initial) mas Sullivan iling Address 467 Mendon Road			Date of Receipt
				06 30 2009
City No	/ rthbridge	State Zip Code MA 01534		Transaction ID: PR1493281117269 Amount of Each Receipt this Period
FEG	C ID number of contributing eral political committee.	C	•	40.00
Nar Kin	ne of Employer dred Healthcare	Occupation Area Executive Dir		
Rec	ceipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date V	250.00	P/R Deduction (\$10.00 Wee- kly)
3. Kat	Name (Last, First, Middle Initial) herine W Gilchrist			Date of Receipt
IVIA	ling Address 1668 Victory Court			06 / 0 0 / Y Y Y Y 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
City		State Zip Code		Transaction ID: PR1524244417269
FEG	ospect C ID number of contributing eral political committee.	KY 40059 C	и П	Amount of Each Receipt this Period 40.00
	ne of Employer dred Healthcare Inc.	Occupation Sr VP Finance-PRS		
Rec	ceipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date V	260.00	P/R Deduction (\$20.00 Bi- Weekly)
	l Name (Last, First, Middle Initial) orge H Schaefer			Date of Receipt
Mai	ling Address 645 Ulverston Dr.			M M / D D / Y
City		State Zip Code		Transaction ID: PR1541444317269
	lumbus	OH 43230		Amount of Each Receipt this Period
fede	C ID number of contributing eral political committee.	C		40.00
	ne of Employer dred Healthcare Inc.	Occupation VP Sales & Marketing-HS	D	
Hec	ceipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date V	260.00	P/R Deduction (\$20.00 Bi- Weekly)
SUBT	OTAL of Receipts This Page (optional)			120.00

Ċ	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 34/41
	· · · ·		Use separate schedule(s) for each category of the	(check only one)
I	TEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	Kindred Healthcare, Inc. PAC			
A.	Full Name (Last, First, Middle Initial) David Culbreth			Date of Receipt
	Mailing Address 2823 Regatta Drive			M M / D D / Y
	City	State	Zip Code	Transaction ID: PR1559851817269
	Oakland	CA	94601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Kindred Healthcare Inc.	Occupatio Executiv		_
	Receipt For:		e Year-to-Date 🔻	
	Primary General	33 - 3		P/R Deduction (\$20.00 Bi-
	Other (specify)	0 0	260.00	Weekly)
– В.	Full Name (Last, First, Middle Initial) Linda Larson			Date of Receipt
	Mailing Address 30021 51st Court S			M M / D D / Y Y Y Y 06 30 2009
	City	State	Zip Code	Transaction ID: PR1559851917269
	Auburn	WA	98001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Kindred Healthcare Inc.	Occupatio Executiv		
	Receipt For:		e Year-to-Date 🔻	_
	Primary General	, iggi ogu		P/R Deduction (\$20.00 Wee-
	Other (specify)	0 0	260.00	kly)
– c.	Full Name (Last, First, Middle Initial) Mary Jane Dailey			Date of Receipt
	Mailing Address 10411 Loving Trail Driv	ve		
	City	State	Zip Code	Transaction ID: PR1618127517269
	Frisco	ТХ	75035	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Kindred Healthcare, Inc.	Occupatio VP & CC	on CO-East Reg-HD	_
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		1300.00	P/R Deduction (\$100.00 Bi- Weekly)
Γ				280.00
L	SUBTOTAL of Receipts This Page (optional)			-
	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 41 (check only one)
	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 perso name and address of any political committee to	n for the purpose of soliciting contributions
	Kindred Healthcare, Inc. PAC		
Α.	Full Name (Last, First, Middle Initial) Michael Lawson		Date of Receipt
	Mailing Address 670 La Contenta Drive		06 / ^D 0 0 / ^Y 2 0 0 9
	City	State Zip Code	Transaction ID: PR1618128717269
	Valley Springs	CA 95252	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	70.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Exec Off III	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	455.00	P/R Deduction (\$35.00 Bi- Weekly)
- B.	Full Name (Last, First, Middle Initial) Darrin Hull		Date of Receipt
	Mailing Address 277 Bark River Court		0 6 / D D / Y Y Y Y 0 6 3 0 2 0 0 9
	City	State Zip Code	Transaction ID: PR1622380117269
	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.	Occupation Dist Dir Operations II	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	260.00	P/R Deduction (\$20.00 Bi- Weekly)
- C.	Full Name (Last, First, Middle Initial) Karen O Moore	1	Date of Receipt
	Mailing Address 40 Main Street 1st FLoor		M · M / D · D / Y · Y · Y · Y Y 0 6 3 0 2 0 0 9 2
	City	State Zip Code	Transaction ID: PR1622380317269
	Shelburne Falls	MA 01370	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Exec Off III	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	260.00	P/R Deduction (\$10.00 Wee- kly)
ſ	SUBTOTAL of Receipts This Page (optional)		150.00
			10717.04
	TOTAL This Period (last page this line number	only)	10717.34

CHEDULE B (FEC Form 3X)		rate schedule(s)					R:		Р	AGE	36 / 4	1
TEMIZED DISBURSEMENTS	for each c	category of the Summary Page			21b 27	22 28a		23 28b	24 280	R	25 29	П
ny Information copied from such Reports and Sta					person f	or the pu	rpose	e of so	coliciting of	contrib	outions	
r for commercial purposes, other than using the r NAME OF COMMITTEE (In Full)	name and addres	s of any political	COL	imitt	ee to so	icit contr	ibutic	ons m	om such	comn	nittee	
Kindred Healthcare, Inc. PAC												
Full Name (Last, First, Middle Initial) Stabenow For US Senate						Trans Date o		sburse		1931		
Mailing Address PO Box 4945						0 ^M 6	M /	0	^D 3	Ý Ž	0 ð 9	Y
City East Lansing	State MI	Zip Code 48826				Amou	nt of	Each	Disburs	-		-
Purpose of Disbursement Contribution Candidate Name			C	011 ateg		L.				10	00.00	
Sen. Debbie Stabenow				Тур	e							
Office Sought: House Disb X Senate President State: MI District:	ursement For: Primary Other (spec	2012 X General cify) ▼				Contri	buti	on				
Full Name (Last, First, Middle Initial)						Trans	actic	n ID:	3008	2105		
Kirkpatrick For Arizona						Date o	of Dis	sburse	ement	2105		
Mailing Address P.O. Box 993						0 ^M 6	M /	^D 0	^D 3	Ý 2	0 ð 9	Y
City Prescott	State AZ	Zip Code 86302				Amou	nt of	Each	Disburs			-
Purpose of Disbursement Contribution				011	1	L.				10	00.00	
Candidate Name Rep. Ann Kirkpatrick				ateg Type								
Office Sought: X House Disb Senate President State: AZ District: 01	ursement For: X Primary Other (spec	2010 General cify) ▼				Contri	buti	on				
Full Name (Last, First, Middle Initial)									3008	2113		
Harry Teague For Congress						Date o				V V	V	X
Mailing Address PO Box 5153						0 ^M 6	M /	^D 0	^D 3	Ź	0 0 9	Ť
City Hobbs	State NM	Zip Code 88241				Amou	nt of	Each	Disburs	-		
Purpose of Disbursement Contribution				011		L.				10	00.00	
Candidate Name Harry Teague				ateg Type	,							
Office Sought: X House Disbu Senate President State: NM District: 02	ursement For: X Primary Other (spec	2010 General cify) ▼				Contri	buti	on				
SUBTOTAL of Disbursements This Page (option	nal)			<u> </u>	•					350	00.00	
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FEC Schedule B (Form 3X) (Revised 02/2003)

CHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE (check on	NUMBER:	PAGE 37/41				
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23	24 25 28c 29				
ny Information copied from such Reports and Stater r for commercial purposes, other than using the nam								
NAME OF COMMITTEE (In Full)								
Kindred Healthcare, Inc. PAC								
Full Name (Last, First, Middle Initial) Driehaus For Congress			Transaction ID: 30 Date of Disbursemen					
Mailing Address 650 Fox Trails Way			$0^{M} 6^{M}$ / $0^{D} 0^{D} 3$	Ý ŽOÖ9				
City Cincinnati	StateZip CodeOH45233		Amount of Each Dist					
Purpose of Disbursement Contribution		011		1000.00				
Candidate Name Steven Driehaus		Category/ Type						
5 X	eement For: 2010 ⟨ Primary General Other (specify) ▼		Contribution					
Full Name (Last, First, Middle Initial) Griffith For Congress			Transaction ID: 30 Date of Disbursemen					
Mailing Address P.O. Box 2916			06 ^M /03	Ý ŽOÖ9 [°]				
City Huntsville	State Zip Code AL 35804		Amount of Each Dist					
Purpose of Disbursement		011		1000.00				
Candidate Name Rep. R Parker Griffith		Category/ Type						
3 X	eement For: 2010 ⟨ Primary General Other (specify) ▼							
Full Name (Last, First, Middle Initial) Dina Titus For Congress			Transaction ID: 3(
Mailing Address P.O. Box 50614			Date of Disbursemen	¹ ² ² ⁰ ⁰ ⁹				
Suite C5								
City Henderson	State Zip Code NV 89016		Amount of Each Dist					
Purpose of Disbursement Contribution		011		1000.00				
Candidate Name Dina Titus		Category/ Type						
5 X	ement For: 2010 Primary General Other (specify) ▼		Contribution					
SUBTOTAL of Disbursements This Page (optional))	>		3000.00				
TOTAL This Period (last page this line number only								
6AN026	,	·····	FEC Schedule B (Form 3X) (Revised				

C Schedule B (Form 3X) (Revised 02/2003)

CHEDULE B (FEC Form 3X)	Use separate schedule(s)			R LINE eck onl	NUMBE			PAGE 38 / 41						
EMIZED DISBURSEMENTS	ED DISBURSEMENTS for each category of the Detailed Summary Page				22 28a	Х	23 28b	F	24 28c		25 29	\square		
y Information copied from such Reports and Staten for commercial purposes, other than using the nam	nents may not be sold or used	by a	any p	person to ac	or the pu	rpos	e of s	olic	iting co	ntrib	outions	;		
NAME OF COMMITTEE (In Full)	e and address of any political (,011				buti			SUCITC		IIIIEE			
Kindred Healthcare, Inc. PAC														
Full Name (Last, First, Middle Initial) Peters For Congress					Transaction ID: 30082121 Date of Disbursement									
Mailing Address PO Box 226					0 ^M 6	M	D C	3	/ Y	ž	o ò s) Y		
City Bloomfield Hills	StateZip CodeMI48303				Amou	nt of	Each	n Dis	sburse	-				
Purpose of Disbursement Contribution			011		L.					100	00.00)		
Candidate Name Gary Peters			atego Type	-										
3 X	ement For: 2010 Primary General Other (specify) ▼				Contribution									
Full Name (Last, First, Middle Initial) National Republican Congressional Comm	littee				Date	of Di	sburs	eme	30082 ent	122				
Mailing Address 320 First Street SE					0 [™] 6	M	D C	3	/ Y	ž	o ò s) ^Y		
City Washington	StateZip CodeDC20003				Amou	nt of	Each	n Dis	sburse	0				
Purpose of Disbursement Contribution			011		L.					500	00.00)		
Candidate Name National Republican Congressional Comm			atego Type											
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify) ▼				Contri	but	ion							
Full Name (Last, First, Middle Initial) National Republican Senatorial Committee)				Date o	of Di	sburs	eme	30082 ent					
Mailing Address 425 Second Street, NE					0 ^M 6	M	D C	3	/ Y	ž	o ò s) [`]		
Washington	State Zip Code DC 20002				Amou	nt of	Each	n Dis	sburse	-		_		
Purpose of Disbursement Contribution			011	· · · · · ·	L.					500	00.00)		
Candidate Name National Republican Senatorial Committee			atego Type											
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify) ▼				Contri	but	ion							
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CHEDULE B (FEC Form 3X)	Use separate schedule(s)				-		NUMBE	R:		PAGE 39 / 41							
TEMIZED DISBURSEMENTS	for each of Detailed S	F		check 21b 27	ŕ	one) 22 28a	X	23 28b	F	24 28c	\square	25 29	П				
ny Information copied from such Reports and Stater					ly pers		r the pu		se of s		iting co		outions				
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NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC																	
Full Name (Last, First, Middle Initial) Bennet For Colorado							Date	of D	isburs	em	30082 [.] ent	196					
Mailing Address 1900 Grant Street Suite 1170							0 ^M 6	М	[′] °	ວ ວິ	/ Y	ž	0 ð 9	Y			
City Denver	State CO	Zip Code 80203					Amou	nt o	f Each	ו Di	sburser	-		-			
Purpose of Disbursement Contribution				0	11	11						400	00.00				
Candidate Name Michael F. Bennet			Ca	at	egory/ ype												
3	ement For: Primary Other (spe	2010 General cify) ▼					Contribution										
Full Name (Last, First, Middle Initial) Republican Party of Kentucky - Federal A	ccount						Trans Date of				300822 ent	223					
Mailing Address P.O. Box 1068							0 ^M 6	М	[/] D	ວ ວິ	/ Y	ž	0 ð 9	Y			
City Frankfort	State KY	Zip Code 40602					Amount of Each Disbursement this 2500.0										
Purpose of Disbursement Contribution			Г	0	11	11						250	00.00				
Candidate Name				at	egory/ ype												
Office Sought: House Disburs Senate President State: District:	ement For: Primary Other (spe	General cify)					Contribution										
Full Name (Last, First, Middle Initial) Ben Cardin for Senate							Trans Date o				30227(ent	022					
Mailing Address P.O. Box 21093							0 ^M 6	М	/ 1	1 0	/ Y	ž	0 ð 9	Y			
City Catonsville	State MD	Zip Code 21228					Amou	nt o	f Each	ו Di	sburser	-		-			
Purpose of Disbursement Contribution			Г	ſ	11	1	L.					500	00.00				
Candidate Name Sen. Ben Cardin				at	egory/ ype												
3	ement For: Primary Other (spe	2012 General cify) ▼					Contribution										
SUBTOTAL of Disbursements This Page (optional)					.				•		1	150	00.00				
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C Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE (check only		PAGE 40 / 41				
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 28a 28b	24 25 28c 29				
Any Information copied from such Reports and Stater or for commercial purposes, other than using the nam								
NAME OF COMMITTEE (In Full)	is and address of any political col							
Kindred Healthcare, Inc. PAC								
Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Cor		Transaction ID: 3 Date of Disburseme						
Mailing Address 430 South Capitol Stree 2nd Floor	t, SE		0 ^M 0 ^M 1 ^D	Ý ŽOÖ9				
City Washington	State Zip Code DC 20003		Amount of Each Dis	sbursement this Perio				
Purpose of Disbursement Contribution Candidate Name		011		6000.00				
Democratic Congressional Campaign Cor	nmittee	Category/ Type						
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼		Contribution					
Full Name (Last, First, Middle Initial)			Transaction ID: 3	80317100				
Earl Pomeroy For Congress			Date of Disburseme					
Mailing Address P.O. Box 9336			0 ^M 6 ^M / ^D 1 ^D 7	Ý Ž0Ŏ9Ŭ				
City Fargo	StateZip CodeND58106		Amount of Each Dis	sbursement this Perio				
Purpose of Disbursement Contribution Candidate Name		011	3000					
Rep. Earl Pomeroy		Category/ Type						
	ement For: 2010 Primary General Other (specify) ▼		Contribution					
Full Name (Last, First, Middle Initial)			Transaction ID: 3	80458997				
Congressman Waxman Campaign Comm	littee		Date of Disburseme	ent				
Mailing Address 6380 Wilshire Blvd. #16	12		0 ^M 6 ^M / ^D 2 ^A	Ý Ž0Ŏ9Ŭ				
City Los Angeles	State Zip Code CA 90048		Amount of Each Dis	bursement this Perio				
Purpose of Disbursement Contribution		011		1000.00				
Candidate Name Rep. Henry Waxman		Category/ Type						
	ement For: 2010 Primary General Other (specify) ▼		Contribution					
SUBTOTAL of Disbursements This Page (optional)		►		10000.00				
TOTAL This Period (last page this line number only			· · · · ·	39000.00				
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FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS					Use sepa for each	-			E NUMBER: PAGE 41 Ily one)							/ 41			
			DUNJEWIEN	15			ummary Page		21		22 28a	\square	23 28b		24 28c	x	25 29		26 30b
			d from such Reports poses, other than usir																
	1 \	IAME OF COMM (indred Health)	IITTEE (In Full) care, Inc. PAC																
Α.	k	full Name (Last, F Kentucky Demo Jailing Address	First, Middle Initial) ocratic Party P.O. Box 694									of D	isburs		03198 nt / Y		0 [°] 0 9	Y	
		City Frankfort			State KY	Zip Co 4060					Amo	unt o	f Each	Dis	burser			erio	b
	C	Purpose of Disbur Contribution	rsement					Q	11		L.					100	00.00		
	C	andidate Name							egory. ype	/									
	C	Office Sought:	House Senate President	Disburser	ment For: Primary Other (spe		General				Cont	ribut	tion						
	S	State:	District:																

SUBTOTAL of Disbursements This Page (optional)	•	1000.00
TOTAL This Period (last page this line number only)	►	1000.00
FE6AN026		FEC Schedule B (Form 3X) (Revised 02/2003)