

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 680 S. Fourth St.
 Check if different than previously reported. (ACC)
Louisville KY 40202

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

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

5. Covering Period 02 01 2010 through 02 28 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Hank Robinson

Signature of Treasurer Electronically Filed by Hank Robinson Date 03 15 2010

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Kindred Healthcare, Inc. PAC

Report Covering the Period: From:

M M	D D	Y Y Y Y
0 2	0 1	2 0 1 0

 To:

M M	D D	Y Y Y Y
0 2	2 8	2 0 1 0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date		
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y Y Y Y</td></tr><tr><td>2 0 1 0</td></tr></table>	Y Y Y Y	2 0 1 0		35053.91
Y Y Y Y				
2 0 1 0				
(b) Cash on Hand at Beginning of Reporting Period	40630.31			
(c) Total Receipts (from Line 19)	9396.40	18972.80		
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	50026.71	54026.71		
7. Total Disbursements (from Line 31)	2500.00	6500.00		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	47526.71	47526.71		
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			

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
Kindred Healthcare, Inc. PAC

Report Covering the Period: From: To:

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)	1804.60	2539.20
(ii) Unitemized	7591.80	16433.60
(iii) TOTAL (add Lines 11(a)(i) and (ii)	9396.40	18972.80
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	9396.40	18972.80
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	9396.40	18972.80
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	9396.40	18972.80

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500.00	2500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	4000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	2500.00	6500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2500.00	6500.00

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	9396.40	18972.80
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9396.40	18972.80
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 9
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.	Full Name (Last, First, Middle Initial) Edward L Kuntz		Date of Receipt MM / DD / YYYY 02 / 28 / 2010
	Mailing Address 8807 Stable Crest Boulevard		Transaction ID: PR1094183918894
	City Houston	State TX	Zip Code 77024
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chairman of the BOD	P/R Deduction (\$100.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

B.	Full Name (Last, First, Middle Initial) Sean R Muldoon		Date of Receipt MM / DD / YYYY 02 / 28 / 2010
	Mailing Address 239 Fairfax Avenue		Transaction ID: PR1094192218894
	City Louisville	State KY	Zip Code 40207
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP & Chief Med Off-HD	P/R Deduction (\$75.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

C.	Full Name (Last, First, Middle Initial) Joseph Landenwich		Date of Receipt MM / DD / YYYY 02 / 28 / 2010
	Mailing Address 2213 Wrocklage Ave.		Transaction ID: PR1094196318894
	City Louisville	State KY	Zip Code 40205
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 120.00
	Name of Employer Kindred Healthcare Inc.	Occupation SVPCrpLegalAffairs&CrpSec	P/R Deduction (\$60.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

SUBTOTAL of Receipts This Page (optional)	▶	470.00
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: (check only one)	PAGE 7 / 9
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) William M Altman	Date of Receipt MM / DD / YYYY 02 / 28 / 2010
	Mailing Address 9103 Lexington Lane	Transaction ID: PR1094198018894
	City State Zip Code Louisville KY 40241	Amount of Each Receipt this Period 384.60
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$192.30 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation SVPStrategy&PublicPolicy Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 769.20	

B.	Full Name (Last, First, Middle Initial) Traci Shelton	Date of Receipt MM / DD / YYYY 02 / 28 / 2010
	Mailing Address 2913 3rd. Street # 201	Transaction ID: PR1094200618894
	City State Zip Code Santa Monica CA 90405	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$175.00 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation Sr VP & COO-West Reg-HD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 700.00	

C.	Full Name (Last, First, Middle Initial) Steven Monaghan	Date of Receipt MM / DD / YYYY 02 / 28 / 2010
	Mailing Address 508 W. Melrose #7-A	Transaction ID: PR1094200718894
	City State Zip Code Chicago IL 60657	Amount of Each Receipt this Period 120.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$60.00 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation Exec VP-Cent Reg-HD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 240.00	

SUBTOTAL of Receipts This Page (optional)	854.60
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 8 / 9
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

<p>A. Full Name (Last, First, Middle Initial) Raymond J Sierpina</p> <p>Mailing Address 14 Westwind Road</p> <p>City State Zip Code Louisville KY 40207</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Kindred Healthcare Inc. Occupation VP Public Pol &GovtAffair</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 1 0</p> <p>Transaction ID: PR1094246618894</p> <p>Amount of Each Receipt this Period 150.00</p> <p>P/R Deduction (\$75.00 Bi-Weekly)</p>
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<p>B. Full Name (Last, First, Middle Initial) Thomas Wood</p> <p>Mailing Address 2949 Glascock Street</p> <p>City State Zip Code Oakland CA 94601</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Kindred Healthcare Inc. Occupation Sr Dist Dir Operations</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 260.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 1 0</p> <p>Transaction ID: PR1094247218894</p> <p>Amount of Each Receipt this Period 130.00</p> <p>P/R Deduction (\$65.00 Bi-Weekly)</p>
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<p>C. Full Name (Last, First, Middle Initial) Mary Jane Dailey</p> <p>Mailing Address 10411 Loving Trail Drive</p> <p>City State Zip Code Frisco TX 75035</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Kindred Healthcare, Inc. Occupation VP & CCO-East Reg-HD</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 400.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 1 0</p> <p>Transaction ID: PR1618127518894</p> <p>Amount of Each Receipt this Period 200.00</p> <p>P/R Deduction (\$100.00 Bi-Weekly)</p>
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SUBTOTAL of Receipts This Page (optional)	480.00
TOTAL This Period (last page this line number only)	1804.60

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 / 9

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.

Full Name (Last, First, Middle Initial)
Friends for Harry Reid

Transaction ID: 33334782

Date of Disbursement

Mailing Address PO Box 19163

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	1		2	0	1	0

City State Zip Code
Las Vegas NV 89132

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement
Contribution

011
Category/ Type

Candidate Name
Sen. Harry Reid

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NV District:

Contribution

SUBTOTAL of Disbursements This Page (optional) ►

2500.00

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

2500.00
