

# 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 12 01 2007 through 12 31 2007

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 01 17 2008

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									
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**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
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		119586.29
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	48762.21									
(c) Total Receipts (from Line 19) .....	10922.34	154762.26								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	59684.55	274348.55								
7. Total Disbursements (from Line 31) .....	11000.00	225664.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	48684.55	48684.55								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
Kindred Healthcare, Inc. PAC

Report Covering the Period: From: 

M	M
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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	9370.34	84150.86
(i) Itemized (use Schedule A) .....	1552.00	70611.40
(ii) Unitemized .....	10922.34	154762.26
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	10922.34	154762.26
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)) .....	10922.34	154762.26
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	10922.34	154762.26

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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	64.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	64.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11000.00	218500.00
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	7100.00
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))..	11000.00	225664.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11000.00	225664.00

**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 .....	10922.34	154762.26
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	10922.34	154762.26
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	64.00
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	64.00

**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 / 85
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Teresa S Anderson	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 7115 Coachwood Drive	<b>Transaction ID:</b> PR1094183712594
	City State Zip Code Georgetown IN 47122	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Fin Sys Dev Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Richard E Chapman	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 680 S. Fourth Street	<b>Transaction ID:</b> PR1094183812594
	City State Zip Code Louisville KY 40202	Amount of Each Receipt this Period 146.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$73.00 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation Exec VP Chief Adm&InfoOff Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1883.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Edward L Kuntz	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 8807 Stable Crest Boulevard	<b>Transaction ID:</b> PR1094183912594
	City State Zip Code Houston TX 77024	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$100.00 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation Executive Chairman Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>386.00</b>
<b>TOTAL</b> 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 / 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) David R Windhorst	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 2000 Spring Farms Road	<b>Transaction ID:</b> PR1094185012594
	City State Zip Code Floyds Knobs IN 47119	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$40.00 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation VP Financial Sys Dev Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1040.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Lawrence I Wolf	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 4826 N Winthrop Ave #3S	<b>Transaction ID:</b> PR1094185112594
	City State Zip Code Chicago IL 60640	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$20.00 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation Sr Cnslt Appl-Data Arch Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mary Jane Frappier-Neff	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 2883 Bellwind Circle	<b>Transaction ID:</b> PR1094185212594
	City State Zip Code Rockledge FL 32955	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$10.00 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Reg IS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Katheryn J Markham		Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 680 S. Fourth Street		<b>Transaction ID:</b> PR1094185612594
	City Louisville	State KY	Zip Code 40202
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 90.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP IS Planning&FieldSvcs	P/R Deduction (\$45.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1130.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Dan McReynolds		Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 7620 Beech Spring Court		<b>Transaction ID:</b> PR1094185712594
	City Louisville	State KY	Zip Code 40241
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir DataWarehouseSvcs	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Catherine A Gooch		Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 680 S. Fourth Street		<b>Transaction ID:</b> PR1094185912594
	City Louisville	State KY	Zip Code 40202
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Fin Sys Dev	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00		

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Patrick J Gillenwater	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 680 S. Fourth Street	<b>Transaction ID:</b> PR1094186412594
	City State Zip Code Louisville KY 40202	Amount of Each Receipt this Period 35.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$17.50 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation Adm Dir IS Admin Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 455.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mona Euler	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 12568 Sandstone Run	<b>Transaction ID:</b> PR1094186712594
	City State Zip Code Carmel IN 46033	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$10.00 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation Executive Dir Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) William B Seibert	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 4706 Wolfcreek Pkwy	<b>Transaction ID:</b> PR1094187412594
	City State Zip Code Louisville KY 40241	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$30.00 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Fin Sys Dev Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 780.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>115.00</b>
<b>TOTAL</b> 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 10 / 85  
(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><b>A.</b> Full Name (Last, First, Middle Initial) Deborah F Rickert</p> <p>Mailing Address 680 S. Fourth Street</p> <p>City State Zip Code Louisville KY 40202</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: Kindred Healthcare Inc. Occupation: Sr Dir Fin Sys Dev</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">560.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span></p> <p><b>Transaction ID:</b> PR1094187712594</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">50.00</span></p> <p>P/R Deduction (\$25.00 Bi-Weekly)</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Charles Wardrip</p> <p>Mailing Address 2805 Chestnut Ridge Place</p> <p>City State Zip Code Louisville KY 40245</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: Kindred Healthcare Inc. Occupation: VP IS Ops &amp; Telecomm</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">970.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span></p> <p><b>Transaction ID:</b> PR1094187912594</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">100.00</span></p> <p>P/R Deduction (\$50.00 Bi-Weekly)</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Stephen M Dobler</p> <p>Mailing Address 680 S. Fourth Street</p> <p>City State Zip Code Louisville KY 40202</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: Kindred Healthcare Inc. Occupation: VP IS Finance &amp; Admin</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">1170.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span></p> <p><b>Transaction ID:</b> PR1094188012594</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">90.00</span></p> <p>P/R Deduction (\$45.00 Bi-Weekly)</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">240.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 85  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
Kindred Healthcare, Inc. PAC

**A.**

Full Name (Last, First, Middle Initial)  
Terry Carrico

Mailing Address 680 S. Fourth Street

City State Zip Code  
Louisville KY 40202

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Clin Systems Dev

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt [M M] / [D D] / [Y Y Y Y Y Y]

**Transaction ID:** PR1094188212594

Amount of Each Receipt this Period 40.00

P/R Deduction (\$20.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
Steven J Paynter

Mailing Address 680 S. Fourth Street

City State Zip Code  
Louisville KY 40202

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Sr Cnslt Tech Arch

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt [M M] / [D D] / [Y Y Y Y Y Y]

**Transaction ID:** PR1094188412594

Amount of Each Receipt this Period 40.00

P/R Deduction (\$20.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
Kimberly Ann Beach

Mailing Address 680 S. Fourth Street

City State Zip Code  
Louisville KY 40202

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation VP Operation Sys-HSD

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt [M M] / [D D] / [Y Y Y Y Y Y]

**Transaction ID:** PR1094188612594

Amount of Each Receipt this Period 20.00

P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **100.00**

**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 12 / 85  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
William R Rhodes

Mailing Address 11303 Vista Greens Drive

City State Zip Code  
Louisville KY 40241

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Tech Cnslt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt [M M] / [D D] / [Y Y Y Y Y Y]

**Transaction ID:** PR1094188912594

Amount of Each Receipt this Period 20.00

P/R Deduction (\$10.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Martin Ardron

Mailing Address 41 La Sierra Dr.

City State Zip Code  
Phillips Ranch CA 91766

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Reg Dir Hosp Rehab-PRS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt [M M] / [D D] / [Y Y Y Y Y Y]

**Transaction ID:** PR1094189112594

Amount of Each Receipt this Period 50.00

P/R Deduction (\$25.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Michael Metzger

Mailing Address 129 Foley Rd

City State Zip Code  
West Point VA 23181

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Chief Fin Off III

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt [M M] / [D D] / [Y Y Y Y Y Y]

**Transaction ID:** PR1094189312594

Amount of Each Receipt this Period 30.00

P/R Deduction (\$15.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 100.00

**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 13 / 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Linn Billingsley		Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address P.O. Box 122		<b>Transaction ID:</b> PR1094189812594
	City Blue Diamond	State NV	Zip Code 89004
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Jan Turk		Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 1314 Amelia St.		<b>Transaction ID:</b> PR1094190012594
	City New Orleans	State LA	Zip Code 70115
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Exec Off II	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Larry Foster		Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 5700 N. Winthrop Apartment # 5		<b>Transaction ID:</b> PR1094190312594
	City Chicago	State IL	Zip Code 60660
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Exec Off III	P/R Deduction (\$25.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 610.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 85	
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Jack Shapiro	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 22591 Covington Drive	<b>Transaction ID:</b> PR1094190412594
	City State Zip Code Deer Park IL 60010	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$40.00 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation Executive Dir Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 970.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Adrienne Lyons	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 1220 North Oak Park Avenue	<b>Transaction ID:</b> PR1094190512594
	City State Zip Code Oak Park IL 60302	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$10.00 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation Grp SrDir Clinical Ops-HD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Linda Tiemens	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 9812 NW 2nd. Court	<b>Transaction ID:</b> PR1094190712594
	City State Zip Code Ft. Lauderdale FL 33324	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$30.00 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation Sr VP & COO-East Group-HD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 780.00	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 85  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
Kindred Healthcare, Inc. PAC

**A.**

Full Name (Last, First, Middle Initial)  
Linda Mcquade

Mailing Address 4712 Sw 24 Ave

City Ft Lauderdale State FL Zip Code 33312

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Mgr Health Info Mgmt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt [M M] / [D D] / [Y Y Y Y Y]

**Transaction ID:** PR1094191012594

Amount of Each Receipt this Period 20.00

P/R Deduction (\$10.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
Theodore Welding

Mailing Address 2448 Middle River Dr.

City Ft. Lauderdale State FL Zip Code 33305

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Executive Dir

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt [M M] / [D D] / [Y Y Y Y Y]

**Transaction ID:** PR1094191312594

Amount of Each Receipt this Period 50.00

P/R Deduction (\$25.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
Linda McGunnigle

Mailing Address 680 S. Fourth Street

City Louisville State KY Zip Code 40202

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Adm Mgr Reg Loss Prevent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt [M M] / [D D] / [Y Y Y Y Y]

**Transaction ID:** PR1094191612594

Amount of Each Receipt this Period 20.00

P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 90.00

**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 16 / 85  
(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

**A.** Full Name (Last, First, Middle Initial)  
Frank Battafarano

Mailing Address 680 S. Fourth Street

City State Zip Code  
Louisville KY 40202

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Exec VP & President-HD

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt [M M] / [D D] / [Y Y Y Y Y Y]

**Transaction ID:** PR1094191912594

Amount of Each Receipt this Period 100.00

P/R Deduction (\$50.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Sean R Muldoon

Mailing Address 5800 Brittany Valley Road

City State Zip Code  
Louisville KY 40222

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Sr VP & Chief Med Off-HD

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1475.00

Date of Receipt [M M] / [D D] / [Y Y Y Y Y Y]

**Transaction ID:** PR1094192212594

Amount of Each Receipt this Period 150.00

P/R Deduction (\$75.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
James L Lindberg

Mailing Address 11119 Brook Stone Court

City State Zip Code  
Louisville KY 40223

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Adm Mgr Facilities-HD

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt [M M] / [D D] / [Y Y Y Y Y Y]

**Transaction ID:** PR1094192512594

Amount of Each Receipt this Period 40.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 290.00

**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: <span style="float: right;">PAGE 17 / 85</span>
	(check only one)
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Deborah R Doddridge	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 312 Hill Street NW	<b>Transaction ID:</b> PR1094193012594
	City State Zip Code Depauw IN 47115	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$15.00 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation Dir Procure Sys & Capital	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Joel W Day	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 2017 Spring Farms Drive	<b>Transaction ID:</b> PR1094193112594
	City State Zip Code Floyd Knobs IN 47119	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$15.00 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation VP & Controller-HD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Susan Moss	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 161 Westwind Road	<b>Transaction ID:</b> PR1094193312594
	City State Zip Code Louisville KY 40207	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$20.00 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation VP Crp Communications	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>100.00</b>
<b>TOTAL</b> 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 18 / 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Theresa M Graham	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 1203 Falls Creek Landing	<b>Transaction ID:</b> PR1094193512594
	City State Zip Code New Ablany IN 47150	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$25.00 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation VP Compliance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 610.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Michael C Lozier	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 7028 Westridge Forest Court	<b>Transaction ID:</b> PR1094193712594
	City State Zip Code Lanesville IN 47136	Amount of Each Receipt this Period 24.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$12.00 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation Dir Purch Contract Admin	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 276.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Charles Michael Grannan	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 7109 Cannonade Court	<b>Transaction ID:</b> PR1094193912594
	City State Zip Code Prospect KY 40059	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$30.00 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation VP Purchasing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 772.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>134.00</b>
<b>TOTAL</b> 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 19 / 85
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dennis J Hansen		Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 1791 Connor Station Road		<b>Transaction ID:</b> PR1094194112594
	City Simpsonville	State KY	Zip Code 40067
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 70.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Reimb-HSD	P/R Deduction (\$35.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 910.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Mary Suzanne Riedman		Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 680 S. Fourth Street		<b>Transaction ID:</b> PR1094194212594
	City Louisville	State KY	Zip Code 40202
	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 VP & General Counsel	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Susan P Riedl		Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 8914 Lippincott Road		<b>Transaction ID:</b> PR1094194412594
	City Louisville	State KY	Zip Code 40222
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir HSD Reimb	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

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

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

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

FOR LINE NUMBER: PAGE 20 / 85  
(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><b>A.</b> Full Name (Last, First, Middle Initial) Mary L Dennison</p> <p>Mailing Address 4678 Mount Eden Road</p> <p>City State Zip Code Shelbyville KY 40065</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Kindred Healthcare Inc. Occupation Mgr Reimb</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">455.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span></p> <p><b>Transaction ID:</b> PR1094194812594</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">35.00</span></p> <p>P/R Deduction (\$17.50 Bi-Weekly)</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Michael J Bean</p> <p>Mailing Address 8011 Kendrick Crossing Lane</p> <p>City State Zip Code Louisville KY 40291</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Kindred Healthcare Inc. Occupation VP Tax Planning</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">520.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span></p> <p><b>Transaction ID:</b> PR1094195112594</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">40.00</span></p> <p>P/R Deduction (\$20.00 Bi-Weekly)</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Peggy Black</p> <p>Mailing Address 1607 Helmridge Court</p> <p>City State Zip Code Louisville KY 40222</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Kindred Healthcare Inc. Occupation Exec Asst to Chair &amp; BOD</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">260.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span></p> <p><b>Transaction ID:</b> PR1094195312594</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">20.00</span></p> <p>P/R Deduction (\$10.00 Bi-Weekly)</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">95.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 85  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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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)  
Anne S Woods

Mailing Address 680 S. Fourth Street

City State Zip Code  
Louisville KY 40202

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation VP Internal Audit

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 897.00

Date of Receipt [M M] / [D D] / [Y Y Y Y Y Y]

**Transaction ID:** PR1094195412594

Amount of Each Receipt this Period 72.00

P/R Deduction (\$36.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
Stephanie J Warren

Mailing Address 680 S. Fourth Street

City State Zip Code  
Louisville KY 40202

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Facility Mgmt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt [M M] / [D D] / [Y Y Y Y Y Y]

**Transaction ID:** PR1094195712594

Amount of Each Receipt this Period 30.00

P/R Deduction (\$15.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
John Lucchese

Mailing Address 680 S. Fourth Street

City State Zip Code  
Louisville KY 40202

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Sr VP & Corp Controller

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 901.76

Date of Receipt [M M] / [D D] / [Y Y Y Y Y Y]

**Transaction ID:** PR1094195912594

Amount of Each Receipt this Period 76.94

P/R Deduction (\$38.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **178.94**

**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 22 / 85  
(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

**A.** Full Name (Last, First, Middle Initial)  
Rose M Michels  
Mailing Address 680 S. Fourth Street  
City State Zip Code  
Louisville KY 40202  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Tax Compliance  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00  
Date of Receipt [M M] / [D D] / [Y Y Y Y Y]  
**Transaction ID:** PR1094196012594  
Amount of Each Receipt this Period 30.00  
P/R Deduction (\$15.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Richard A Lechleiter  
Mailing Address 680 S. Fourth Street  
City State Zip Code  
Louisville KY 40202  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Exec VP & CFO  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1950.00  
Date of Receipt [M M] / [D D] / [Y Y Y Y Y]  
**Transaction ID:** PR1094196212594  
Amount of Each Receipt this Period 150.00  
P/R Deduction (\$75.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Joseph Landenwich  
Mailing Address 680 S. Fourth Street  
City State Zip Code  
Louisville KY 40202  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation SVPCrpLegalAffairs&CrpSec  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1560.00  
Date of Receipt [M M] / [D D] / [Y Y Y Y Y]  
**Transaction ID:** PR1094196312594  
Amount of Each Receipt this Period 120.00  
P/R Deduction (\$60.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 300.00  
**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 23 / 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Arthur L Rothgerber		Date of Receipt
	Mailing Address 680 S. Fourth Street		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	Louisville	KY	40202
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR1094196412594
Name of Employer Kindred Healthcare Inc.		Occupation Sr VP Reimbursement	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 494.00	38.00
			P/R Deduction (\$19.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Charles E Leanhart		Date of Receipt
	Mailing Address 1200 Twin Willows Lane		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	Louisville	KY	40214
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR1094196612594
Name of Employer Kindred Healthcare Inc.		Occupation Sr Dir Accts Payable	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 535.00	50.00
			P/R Deduction (\$25.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Linda M O'Bryan		Date of Receipt
	Mailing Address 1001 Willow Creek Court		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	Louisville	KY	40245
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR1094196712594
Name of Employer Kindred Healthcare Inc.		Occupation Sr Dir PatientCare&QualHD	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 390.00	30.00
			P/R Deduction (\$15.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>118.00</b>
<b>TOTAL</b> 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 24 / 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Karen R Blain	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 9708 Northridge Dr	<b>Transaction ID:</b> PR1094197012594
	City State Zip Code Louisville KY 40272	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$10.00 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation Mgr Patient Accting-HSD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mark A Laemmle	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 2224 Highland Springs Place	<b>Transaction ID:</b> PR1094197112594
	City State Zip Code Louisville KY 40245	Amount of Each Receipt this Period 62.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$31.00 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation VP Crp Finance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 806.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Douglas Curnutte	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 680 S. Fourth Street	<b>Transaction ID:</b> PR1094197212594
	City State Zip Code Louisville KY 40202	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$15.00 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation VP Fac & Real Estate Dev Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>112.00</b>
<b>TOTAL</b> 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 25 / 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Brian L Caudill	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 1647 Beechwood Avenue	<b>Transaction ID:</b> PR1094197312594
	City State Zip Code Louisville KY 40204	Amount of Each Receipt this Period 52.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Kindred Healthcare Inc. Occupation Sr Dir HD Reimb Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 676.00	P/R Deduction (\$26.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Mary R Russell	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 680 S. Fourth Street	<b>Transaction ID:</b> PR1094197612594
	City State Zip Code Louisville KY 40202	Amount of Each Receipt this Period 44.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Accounting-HSD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 572.00	P/R Deduction (\$22.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) William M Altman	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 680 S. Fourth Street	<b>Transaction ID:</b> PR1094198012594
	City State Zip Code Louisville KY 40202	Amount of Each Receipt this Period 384.60
	FEC ID number of contributing federal political committee. C	
	Name of Employer Kindred Healthcare Inc. Occupation SVPCmplGovtProg&IntAudit Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2466.10	P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>480.60</b>
<b>TOTAL</b> 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 26 / 85  
(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

**A.** Full Name (Last, First, Middle Initial)  
Scott M Juetten

Mailing Address 680 S. Fourth Street

City State Zip Code  
Louisville KY 40202

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation VP & Controller-HSD

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  /  /

**Transaction ID:** PR1094198112594

Amount of Each Receipt this Period 20.00

P/R Deduction (\$10.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Vicki Chaffins

Mailing Address 680 S. Fourth Street

City State Zip Code  
Louisville KY 40202

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Mgr Accting-Fixed Assets

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  /  /

**Transaction ID:** PR1094198212594

Amount of Each Receipt this Period 20.00

P/R Deduction (\$10.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Bobby V Bas

Mailing Address 2084 Wind River Road

City State Zip Code  
El Cajon CA 92019

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Radiology Tech

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 405.00

Date of Receipt  /  /

**Transaction ID:** PR1094198312594

Amount of Each Receipt this Period 30.00

P/R Deduction (\$15.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 70.00

**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 27 / 85
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Nancy Wilson		Date of Receipt
	Mailing Address 38 La Sierra Drive		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	Phillips Ranch	CA	91766
	FEC ID number of contributing federal political committee.		<b>C</b> <input type="text"/>
Name of Employer Kindred Healthcare Inc.		Occupation Sr CFO I	<b>Transaction ID:</b> PR1094199212594
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 270.00	Amount of Each Receipt this Period <input type="text"/> 20.00
			P/R Deduction (\$10.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Steven J Fuller		Date of Receipt
	Mailing Address 6025 Bridge Garden Rd		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	Knoxville	TN	37912
	FEC ID number of contributing federal political committee.		<b>C</b> <input type="text"/>
Name of Employer Kindred Healthcare Inc.		Occupation Dist Dir Clin Ops	<b>Transaction ID:</b> PR1094199712594
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 260.00	Amount of Each Receipt this Period <input type="text"/> 20.00
			P/R Deduction (\$10.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Joseph Wainscott		Date of Receipt
	Mailing Address 8918 Serpent Circle		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	Indianapolis	IN	46236
	FEC ID number of contributing federal political committee.		<b>C</b> <input type="text"/>
Name of Employer Kindred Healthcare Inc.		Occupation VP Finance-Central RegHSD	<b>Transaction ID:</b> PR1094199812594
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 410.00	Amount of Each Receipt this Period <input type="text"/> 50.00
			P/R Deduction (\$25.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 90.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 85  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
Kindred Healthcare, Inc. PAC

**A.**

Full Name (Last, First, Middle Initial)  
Martha S Rhoads

Mailing Address 137 N. Cherry Street

City Greenville State KY Zip Code 42345

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Dist Dir Clin Ops

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt [M M] / [D D] / [Y Y Y Y Y]

**Transaction ID:** PR1094200012594

Amount of Each Receipt this Period 20.00

P/R Deduction (\$10.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
J. Harold Walker

Mailing Address 429 Freedom Trail

City Sparta State TN Zip Code 38583

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Dist Dir Operations II

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt [M M] / [D D] / [Y Y Y Y Y]

**Transaction ID:** PR1094200112594

Amount of Each Receipt this Period 30.00

P/R Deduction (\$15.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
Michael Comer

Mailing Address 12 Lewis

City Irvine State CA Zip Code 92620

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation VP & CFO-West Group-HD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 910.00

Date of Receipt [M M] / [D D] / [Y Y Y Y Y]

**Transaction ID:** PR1094200412594

Amount of Each Receipt this Period 70.00

P/R Deduction (\$35.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 120.00

**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 29 / 85  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial) Billy Wilcox		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 10000 N. Eldridge Pkwy # 438		<b>Transaction ID:</b> PR1094200512594
City Houston	State TX	Zip Code 77065
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer Kindred Healthcare Inc.	Occupation Sr CFO I	P/R Deduction (\$15.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 405.00	

**B.**

Full Name (Last, First, Middle Initial) Traci Shelton		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 2800 Nelson Way Apt. 506		<b>Transaction ID:</b> PR1094200612594
City Santa Monica	State CA	Zip Code 90405
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 240.00
Name of Employer Kindred Healthcare Inc.	Occupation Sr VP & COO-West Group-HD	P/R Deduction (\$120.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3040.00	

**C.**

Full Name (Last, First, Middle Initial) Steven Monaghan		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 508 W. Melrose #7-A		<b>Transaction ID:</b> PR1094200712594
City Chicago	State IL	Zip Code 60657
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 170.00
Name of Employer Kindred Healthcare Inc.	Occupation Exec VP-West Grp-HD	P/R Deduction (\$85.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2210.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>440.00</b>
<b>TOTAL</b> 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 30 / 85
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Laura Wills		Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 5364 S Bellerieve Lane		<b>Transaction ID:</b> PR1094200912594
	City Imperial	State MO	Zip Code 63052
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Cynthia Smith		Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 9N668 Bowes Bend Dr		<b>Transaction ID:</b> PR1094201012594
	City Elgin	State IL	Zip Code 60124
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Exec Off II	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Susan B Myers		Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 959 Whetstone Way		<b>Transaction ID:</b> PR1094201512594
	City Louisville	State KY	Zip Code 40223
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Clin Ops-CentralRegHSD	P/R Deduction (\$15.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	70.00
<b>TOTAL</b> 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 31 / 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) James Ransone	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 11644 Sw 53Th. Place	<b>Transaction ID:</b> PR1094201612594
	City State Zip Code Cooper City FL 33330	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$10.00 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation Chief Clinical Off III Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) John Miner	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 4730 Dunnie Drive	<b>Transaction ID:</b> PR1094202112594
	City State Zip Code Tampa FL 33614	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$20.00 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation Chief Fin Off III Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Pamela Marie Riter	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 5224 Hampton Beach Place	<b>Transaction ID:</b> PR1094202412594
	City State Zip Code Tampa FL 33609	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$25.00 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation Chief Exec Off III Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>110.00</b>
<b>TOTAL</b> 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 32 / 85  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	
							<input type="checkbox"/>	17

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

**A.**

Full Name (Last, First, Middle Initial)  
Mary Craig

Mailing Address 18602 Camellia Estates Lane

City State Zip Code  
Cypress TX 77429

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Chief Exec Off III

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR1094202612594

Amount of Each Receipt this Period 30.00

P/R Deduction (\$15.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
Julie Feasel

Mailing Address 6211 Iroquios Ct.

City State Zip Code  
Odessa FL 33556

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Reg Dir Hosp Rehab-PRS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR1094203012594

Amount of Each Receipt this Period 30.00

P/R Deduction (\$15.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
Charles D Doten

Mailing Address 7644 Harbour Blvd.

City State Zip Code  
Miramar FL 33023

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Chief Exec Off II

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR1094203612594

Amount of Each Receipt this Period 40.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 100.00

**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 33 / 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Carol Cregan	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 2649 Ne 26Th Avenue	<b>Transaction ID:</b> PR1094203712594
	City Ft Lauderdale State FL Zip Code 33306	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$10.00 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation Grp Sr Dir Bus Dev-HD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) James Malady	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 954 Lindfield Dr.	<b>Transaction ID:</b> PR1094204112594
	City Library State PA Zip Code 15129	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$10.00 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation Dir Plant Ops	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Timothy L Simpson	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 140 Pioneer Trail	<b>Transaction ID:</b> PR1094204312594
	City Green Cove Springs State FL Zip Code 32043	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$20.00 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation Executive Dir	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	80.00
<b>TOTAL</b> 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 34 / 85  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
Kindred Healthcare, Inc. PAC

**A.**

Full Name (Last, First, Middle Initial)  
James D Thigpen

Mailing Address 355 Woolsey Brooks

City Fayetteville State GA Zip Code 30214

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Dir Plant Ops

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 405.00

Date of Receipt  /  /

**Transaction ID:** PR1094204612594

Amount of Each Receipt this Period 30.00

P/R Deduction (\$15.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
Sharon A Barnard

Mailing Address 1937 Sr 16 West

City Green Cove Spgs State FL Zip Code 32043

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Chief Clinical Off III

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  /  /

**Transaction ID:** PR1094204812594

Amount of Each Receipt this Period 20.00

P/R Deduction (\$10.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
E. Jane Jackson

Mailing Address 43171 Buttermere Terrace

City Ashburn State VA Zip Code 20147

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Dir Bus Implement-HD

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  /  /

**Transaction ID:** PR1094205112594

Amount of Each Receipt this Period 20.00

P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **70.00**

**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 35 / 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) James J Novak	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 9680 Ridgewalk Court	<b>Transaction ID:</b> PR1094205312594
	City State Zip Code Davie FL 33328	Amount of Each Receipt this Period 84.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$42.00 Bi-Weekly)
	Name of Employer: Kindred Healthcare Inc.   Occupation: Exec VP-East Grp-HD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1092.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Sally I Hoffmann	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 13713 Rothman Tate Place	<b>Transaction ID:</b> PR1094205712594
	City State Zip Code Riverview FL 33579	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$15.00 Bi-Weekly)
	Name of Employer: Kindred Healthcare Inc.   Occupation: Chief Exec Off III Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Christopher A Clements	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 3111 North Ocean Drive #1007	<b>Transaction ID:</b> PR1094206212594
	City State Zip Code Hollywood FL 33019	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$10.00 Bi-Weekly)
	Name of Employer: Kindred Healthcare Inc.   Occupation: Administrator III Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>134.00</b>
<b>TOTAL</b> 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 36 / 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Susan M Fortin		Date of Receipt
	Mailing Address 48 Half Moon Terrace		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Colchester	VT	05446
	FEC ID number of contributing federal political committee.		<b>C</b> <input type="text"/>
Name of Employer Kindred Healthcare Inc.		Occupation Dir Nursing II	<b>Transaction ID:</b> PR1094208012594
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 265.00	Amount of Each Receipt this Period <input type="text"/> 25.00
			P/R Deduction (\$5.00 Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Elizabeth D Dubois		Date of Receipt
	Mailing Address 21 Harriman Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Hudson	MA	01749
	FEC ID number of contributing federal political committee.		<b>C</b> <input type="text"/>
Name of Employer Kindred Healthcare Inc.		Occupation Reg Mgr Field Accting	<b>Transaction ID:</b> PR1094209412594
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 260.00	Amount of Each Receipt this Period <input type="text"/> 20.00
			P/R Deduction (\$10.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Scott West		Date of Receipt
	Mailing Address 13 Edward Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Milton	VT	05468
	FEC ID number of contributing federal political committee.		<b>C</b> <input type="text"/>
Name of Employer Kindred Healthcare Inc.		Occupation Executive Dir II	<b>Transaction ID:</b> PR1094209912594
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 265.00	Amount of Each Receipt this Period <input type="text"/> 25.00
			P/R Deduction (\$5.00 Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 70.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 37 / 85  
(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

**A.** Full Name (Last, First, Middle Initial)  
Donna Kelsey

Mailing Address 2075 E. Tivoli Hills Drive

City State Zip Code  
Draper UT 84020

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Sr VP-Pacific Reg-HSD

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt [M M] / [D D] / [Y Y Y Y Y Y]

**Transaction ID:** PR1094210112594

Amount of Each Receipt this Period 50.00

P/R Deduction (\$25.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Katherine Davis

Mailing Address 8419 Oxford Woods Court

City State Zip Code  
Louisville KY 40222

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Reg Dir Case Mgmt-HSD

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt [M M] / [D D] / [Y Y Y Y Y Y]

**Transaction ID:** PR1094210212594

Amount of Each Receipt this Period 30.00

P/R Deduction (\$15.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Marsha Miles

Mailing Address 2221 Admiral Circle

City State Zip Code  
Virginia Beach VA 23451

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Registered Dietitian

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt [M M] / [D D] / [Y Y Y Y Y Y]

**Transaction ID:** PR1094210312594

Amount of Each Receipt this Period 20.00

P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 100.00

**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 38 / 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Anita Tillery		Date of Receipt MM / DD / YYYY
	Mailing Address 2531 Rock Creek Drive		<b>Transaction ID:</b> PR1094211012594
	City Chesapeake	State VA	Zip Code 23325
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Area Executive Dir	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Christina Schramm		Date of Receipt MM / DD / YYYY
	Mailing Address 166 Columbia Ave		<b>Transaction ID:</b> PR1094211912594
	City Chillicothe	State OH	Zip Code 45601
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir II	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Tom Cunningham		Date of Receipt MM / DD / YYYY
	Mailing Address 6705 Merwin Ave		<b>Transaction ID:</b> PR1094212112594
	City Cincinnati	State OH	Zip Code 45227
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
	Name of Employer Lebanon Country Manor	Occupation Executive Dir II	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>80.00</b>
<b>TOTAL</b> 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 39 / 85

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)  
Anthony D Lacke

Mailing Address 95 Caesar Chelor Dr

City State Zip Code  
Wrentham MA 02093

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Kindred Healthcare Inc. Executive Dir I

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 265.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1094212412594

Amount of Each Receipt this Period

25.00

P/R Deduction (\$5.00 Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
Donna M Nackers

Mailing Address 1760 Waters Ferry Drive

City State Zip Code  
Lawrenceville GA 30043

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Kindred Healthcare Inc. Reg Mgr Operation Reimb

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 390.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1094212512594

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
Joseph F Weglarz

Mailing Address 35 Farrington Ave

City State Zip Code  
Gloucester MA 01930

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Kindred Healthcare Inc. VP Finance-East Reg-HSD

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1094212612594

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**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 40 / 85  
(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

**A.** Full Name (Last, First, Middle Initial)  
Celeste M Bentley

Mailing Address 4 Stuart Drive

City State Zip Code  
Barrington NH 03825

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Dir Reimb-HSD

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt  /  /

**Transaction ID:** PR1094213312594

Amount of Each Receipt this Period 30.00

P/R Deduction (\$15.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Debra Forman

Mailing Address 11009 Walnut Creek

City State Zip Code  
Knoxville TN 37932

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Reg Mgr Field Accting

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  /  /

**Transaction ID:** PR1094213412594

Amount of Each Receipt this Period 20.00

P/R Deduction (\$10.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Lane M Bowen

Mailing Address 680 South Fourth Ave

City State Zip Code  
Louisville KY 40202

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Exec VP & President-HSD

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt  /  /

**Transaction ID:** PR1094213612594

Amount of Each Receipt this Period 100.00

P/R Deduction (\$50.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **150.00**

**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 41 / 85  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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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)  
Laurie A Roberto

Mailing Address 217 Main Street

City Lynnfield State MA Zip Code 01940

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Area Executive Dir

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 265.00

Date of Receipt  /  /

**Transaction ID:** PR1094213912594

Amount of Each Receipt this Period 25.00

P/R Deduction (\$5.00 Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
Michael W Beal

Mailing Address 10 Glenwood Road

City Windham State NH Zip Code 03087

FEC ID number of contributing federal political committee. **C**

Name of Employer Northeast Region Occupation Sr VP-East Reg-HSD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt  /  /

**Transaction ID:** PR1094214112594

Amount of Each Receipt this Period 40.00

P/R Deduction (\$20.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
John Getts

Mailing Address 150 Evergreen Circle

City Henniker State NH Zip Code 03242

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Area Executive Dir

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 265.00

Date of Receipt  /  /

**Transaction ID:** PR1094214612594

Amount of Each Receipt this Period 25.00

P/R Deduction (\$5.00 Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **90.00**

**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 42 / 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) James Holcomb	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 317 30Th Avenue N.E.	<b>Transaction ID:</b> PR1094215112594
	City State Zip Code Great Falls MT 59404	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$10.00 Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation Executive Dir III	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Kelly G Snowball	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 4468 Forest Green Drive	<b>Transaction ID:</b> PR1094215712594
	City State Zip Code Ogden UT 84403	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$10.00 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation Executive Dir II	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Susan A Kesterson	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 2334 Heritage Dr	<b>Transaction ID:</b> PR1094216212594
	City State Zip Code Corona CA 92882	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$15.00 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation Reg Financial Ana	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	70.00
<b>TOTAL</b> 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 43 / 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Sylvia Burton	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 433 S. Plantation	<b>Transaction ID:</b> PR1094217612594
	City State Zip Code Cookeville TN 38506	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Kindred Healthcare Inc. Occupation Executive Dir III Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 405.00	P/R Deduction (\$15.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Mark S Pfeifer	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 11014 Brave Ct.	<b>Transaction ID:</b> PR1094218412594
	City State Zip Code Indianapolis IN 46236	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Kindred Healthcare Inc. Occupation Reg Financial Ana Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Donna Susan Dickerson	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 5283 Pryor Road	<b>Transaction ID:</b> PR1094220712594
	City State Zip Code Maryville TN 37804	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Kindred Healthcare Inc. Occupation Area Executive Dir Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	70.00
<b>TOTAL</b> 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 44 / 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Keith A Mandrell		Date of Receipt
	Mailing Address 8813 Mallow Drive		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	Knoxville	TN	37922
	FEC ID number of contributing federal political committee.		<b>C</b> <input type="text"/>
Name of Employer Kindred Healthcare Inc.		Occupation Executive Dir I	<b>Transaction ID:</b> PR1094221212594
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 260.00	Amount of Each Receipt this Period <input type="text"/> 20.00
			P/R Deduction (\$10.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Anna Ruth Birdwell		Date of Receipt
	Mailing Address 5450 Grundy Quarles Hwy		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	Bloomington Sprin	TN	38545
	FEC ID number of contributing federal political committee.		<b>C</b> <input type="text"/>
Name of Employer Kindred Healthcare Inc.		Occupation Dir Nursing III	<b>Transaction ID:</b> PR1094221312594
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 270.00	Amount of Each Receipt this Period <input type="text"/> 20.00
			P/R Deduction (\$10.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Norine Cross		Date of Receipt
	Mailing Address 204 Highland Trail		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	Chapel Hill	NC	27516
	FEC ID number of contributing federal political committee.		<b>C</b> <input type="text"/>
Name of Employer Kindred Healthcare Inc.		Occupation Reg Dir Rehab-PRS	<b>Transaction ID:</b> PR1094221712594
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 520.00	Amount of Each Receipt this Period <input type="text"/> 40.00
			P/R Deduction (\$20.00 Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 80.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 85  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
Kindred Healthcare, Inc. PAC

**A.**

Full Name (Last, First, Middle Initial)  
James Tucker

Mailing Address P O Box 223

City Carthage State TN Zip Code 37030

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Executive Dir II

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**Transaction ID:** PR1094222012594

Amount of Each Receipt this Period  
 20.00

P/R Deduction (\$10.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
Gloria J Miller

Mailing Address 100 Revere Crossing Ln.  
Apt. 107

City Cary State NC Zip Code 27519

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Dist Dir Operations I

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**Transaction ID:** PR1094222112594

Amount of Each Receipt this Period  
 40.00

P/R Deduction (\$20.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
Patricia Pruden Lennox

Mailing Address 11 Cider Mill Road

City Medway State MA Zip Code 02053

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Reg Dir Sales & MkningHSD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**Transaction ID:** PR1094222812594

Amount of Each Receipt this Period  
 40.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 100.00

**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 46 / 85  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
Kindred Healthcare, Inc. PAC

**A.**

Full Name (Last, First, Middle Initial)  
James N. Rogers

Mailing Address 1002 Stonehouse Ridge Road

City State Zip Code  
Bardstown KY 40004

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Dir Clin Sys Dev

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR1094224312594

Amount of Each Receipt this Period 20.00

P/R Deduction (\$10.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
Ronald D Long

Mailing Address 680 S. Fourth Street

City State Zip Code  
Louisville KY 40202

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Adm Dir Contract Admin

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR1094224512594

Amount of Each Receipt this Period 30.00

P/R Deduction (\$15.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
Stephen F. Stoess

Mailing Address 680 S. Fourth Street

City State Zip Code  
Louisville KY 40202

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Telecommunications

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 608.40

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR1094224612594

Amount of Each Receipt this Period 46.80

P/R Deduction (\$23.40 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 96.80

**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 47 / 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) James E. Bell		Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 680 S. Fourth Street		<b>Transaction ID:</b> PR1094225012594
	City Louisville	State KY	Zip Code 40202
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Div Reimb-HD	P/R Deduction (\$15.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Randy E Johnson		Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 5208 Grandlake		<b>Transaction ID:</b> PR1094225612594
	City Bellaire	State TX	Zip Code 77401
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Exec Off III	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Paul R. Eiseman		Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 680 S. Fourth Street		<b>Transaction ID:</b> PR1094225812594
	City Louisville	State KY	Zip Code 40202
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Bus Dev & Phys Rel-HD	P/R Deduction (\$15.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	80.00
<b>TOTAL</b> 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 48 / 85  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
Kindred Healthcare, Inc. PAC

**A.**

Full Name (Last, First, Middle Initial)  
Catharine C Young

Mailing Address 680 S. Fourth Street

City State Zip Code  
Louisville KY 40202

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Sr Dir & Litigat Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt  /  /

**Transaction ID:** PR1094228012594

Amount of Each Receipt this Period 30.00

P/R Deduction (\$15.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
Mary W Miller

Mailing Address 3611 Glenfield Court

City State Zip Code  
Louisville KY 40241

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Reg Quality Spec

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  /  /

**Transaction ID:** PR1094228412594

Amount of Each Receipt this Period 20.00

P/R Deduction (\$10.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
Sharon Theresa McGuyer

Mailing Address 22441 15Th Ave. So.

City State Zip Code  
Des Moines WA 98198

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Dir Nursing II

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  /  /

**Transaction ID:** PR1094229012594

Amount of Each Receipt this Period 20.00

P/R Deduction (\$10.00 Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **70.00**

**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 49 / 85  
(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

**A.** Full Name (Last, First, Middle Initial)  
Charles K. Currans  
Mailing Address 680 S. Fourth Street  
City State Zip Code  
Louisville KY 40202  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Dir IS Prod Svcs  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00  
Date of Receipt [M M] / [D D] / [Y Y Y Y Y]  
**Transaction ID:** PR1094229112594  
Amount of Each Receipt this Period 40.00  
P/R Deduction (\$20.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Gaylia Bond  
Mailing Address 7015 Wooded Meadow Rd  
City State Zip Code  
Louisville KY 40241  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Sr VP Human Resources-HD  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 780.00  
Date of Receipt [M M] / [D D] / [Y Y Y Y Y]  
**Transaction ID:** PR1094229712594  
Amount of Each Receipt this Period 60.00  
P/R Deduction (\$30.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Keith Krein  
Mailing Address 680 S. Fourth Street  
City State Zip Code  
Louisville KY 40202  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Sr VP & Chief Med Off-HSD  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00  
Date of Receipt [M M] / [D D] / [Y Y Y Y Y]  
**Transaction ID:** PR1094229812594  
Amount of Each Receipt this Period 40.00  
P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 140.00  
**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 50 / 85
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Patricia M McGillan		Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 510 Altagate Rd		<b>Transaction ID:</b> PR1094229912594
	City Louisville	State KY	Zip Code 40206
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 60.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Pat Saf & Reg Compl-HD	P/R Deduction (\$30.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Barbara L Baylis		Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 680 S. Fourth Street		<b>Transaction ID:</b> PR1094230012594
	City Louisville	State KY	Zip Code 40202
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP Clin & Res Svcs-HSD	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Richard H Starke		Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 680 S. Fourth Avenue		<b>Transaction ID:</b> PR1094231512594
	City Louisville	State KY	Zip Code 40202
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP Rehab Svcs-PRS	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 85
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Thomas M Skirven	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address Hc 67 Box 1301	<b>Transaction ID:</b> PR1094231712594
	City Enfield State ME Zip Code 04493	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Kindred Healthcare Inc. Occupation Executive Dir II Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 265.00	P/R Deduction (\$5.00 Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Pete Kalmey	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 1516 East Las Olas Blvd	<b>Transaction ID:</b> PR1094232012594
	City Ft. Lauderdale State FL Zip Code 33301	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Kindred Healthcare Inc. Occupation VP & CFO-East Group-HD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Mary J Yesue	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address P. O. Box 921	<b>Transaction ID:</b> PR1094232112594
	City York Harbor State ME Zip Code 03911	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Kindred Healthcare Inc. Occupation Dist Dir Clin Ops Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00	P/R Deduction (\$15.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>75.00</b>
<b>TOTAL</b> 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 52 / 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Janet L Worcester	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 24 Saratoga Avenue	<b>Transaction ID:</b> PR1094232212594
	City State Zip Code Bangor ME 04401	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation Dist Dir Clin Ops Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Audrey Johndro	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 7 Alan Circle	<b>Transaction ID:</b> PR1094232312594
	City State Zip Code Londonderry NH 03053	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation Reg Dir Field Accting-HSD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Bonnie Deyo	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 259 Sweetwater	<b>Transaction ID:</b> PR1094233312594
	City State Zip Code Lander WY 82520	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation Executive Dir I Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	60.00
<b>TOTAL</b> 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 53 / 85  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
Kindred Healthcare, Inc. PAC

**A.**

Full Name (Last, First, Middle Initial)  
Edward J Goddard

Mailing Address P.O. Box 138

City State Zip Code  
Wrentham MA 02093

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Labor Rel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  /  /

**Transaction ID:** PR1094233512594

Amount of Each Receipt this Period 40.00

P/R Deduction (\$20.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
Cynthia Swisher

Mailing Address 20152 Marie Court

City State Zip Code  
Noblesville IN 46062

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Occupation Dist Dir Sales Dev

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  /  /

**Transaction ID:** PR1094233612594

Amount of Each Receipt this Period 20.00

P/R Deduction (\$10.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
Jacqueline Lanter

Mailing Address 2355 W Noble Heights Drive

City State Zip Code  
Tucson AZ 85742

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Executive Dir II

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt  /  /

**Transaction ID:** PR1094234312594

Amount of Each Receipt this Period 30.00

P/R Deduction (\$15.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **90.00**

**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 54 / 85  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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

**A.**

Full Name (Last, First, Middle Initial)  
Jeffrey F Lockett

Mailing Address 680 S. Fourth Street

City State Zip Code  
Louisville KY 40202

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Dir Internal Audit-IS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 530.00

Date of Receipt  /  /

**Transaction ID:** PR1094234412594

Amount of Each Receipt this Period 44.00

P/R Deduction (\$22.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
Janet Biedron

Mailing Address 226 3rd Street

City State Zip Code  
Dunellen NJ 08812

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Chief Exec Off I

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  /  /

**Transaction ID:** PR1094234612594

Amount of Each Receipt this Period 20.00

P/R Deduction (\$10.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
Kathy Skaggs

Mailing Address 3900 Pine Lake Ct

City State Zip Code  
Owensboro KY 42303

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Executive Dir II

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  /  /

**Transaction ID:** PR1094234912594

Amount of Each Receipt this Period 20.00

P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **84.00**

**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 55 / 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Peter D Corless		Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 680 S. Fourth Street		<b>Transaction ID:</b> PR1094235212594
	City Louisville	State KY	Zip Code 40202
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP HR & Admin-HSD	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Tamila Johnson-White		Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 2615 Zhale Smith Rd.		<b>Transaction ID:</b> PR1094235412594
	City LaGrange	State KY	Zip Code 40031
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Case Mgmt-HSD	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Lester Bohnert		Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 2259 N. Pennsylvania Street		<b>Transaction ID:</b> PR1094235712594
	City Indianapolis	State IN	Zip Code 46205
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir Operations I	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>100.00</b>
<b>TOTAL</b> 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 56 / 85  
(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

**A.** Full Name (Last, First, Middle Initial)  
Barbara Beagle

Mailing Address 157 Bramble Oak Drive

City State Zip Code  
Woodstock GA 30188

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Reg Mgr Field Accting

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  /  /

**Transaction ID:** PR1094235912594

Amount of Each Receipt this Period 20.00

P/R Deduction (\$10.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Georgia Poole

Mailing Address 49 Walnut Hill Road

City State Zip Code  
Shapleigh ME 04076

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Dir Nursing I

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 265.00

Date of Receipt  /  /

**Transaction ID:** PR1094236212594

Amount of Each Receipt this Period 25.00

P/R Deduction (\$5.00 Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Douglas Roth

Mailing Address 9891 Heytesbery

City State Zip Code  
Sandy UT 84092

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation VP Finance-Pacific RegHSD

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1040.00

Date of Receipt  /  /

**Transaction ID:** PR1094237312594

Amount of Each Receipt this Period 80.00

P/R Deduction (\$40.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **125.00**

**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 57 / 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Barbara Johnson		Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 8923 Bluff Lane		<b>Transaction ID:</b> PR1094238312594
	City Fair Oaks	State CA	Zip Code 95628
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir Case Mgmt	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Henry F. Telfeian		Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 1247 Alvarado Road		<b>Transaction ID:</b> PR1094239812594
	City Berkeley	State CA	Zip Code 94705
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Labor Rel Counsel	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Frank E. Perkins		Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 2101 Cherrywood Drive		<b>Transaction ID:</b> PR1094240312594
	City LaGrange	State KY	Zip Code 40031
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Finance-PRS	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	80.00
<b>TOTAL</b> 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 58 / 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Randall Fuller	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 3021 Forest Lake	<b>Transaction ID:</b> PR1094240712594
	City State Zip Code Las Vegas NV 89117	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$10.00 Weekly)
	Name of Employer: Kindred Healthcare Inc. Occupation: Executive Dir I Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Douglas T Collins	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 680 S. Fourth Street	<b>Transaction ID:</b> PR1094241212594
	City State Zip Code Louisville KY 40202	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$20.00 Bi-Weekly)
	Name of Employer: Kindred Healthcare Inc. Occupation: Dir Fin Sys-HSD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Linda L Newberry-Ferguson	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 11310 Haleco Lane	<b>Transaction ID:</b> PR1094241912594
	City State Zip Code Hales Corners WI 53130	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$50.00 Bi-Weekly)
	Name of Employer: Kindred Healthcare Inc. Occupation: Chief Exec Off II Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1300.00	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 59 / 85  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

**A.**

Full Name (Last, First, Middle Initial)  
Amanda G Estes

Mailing Address 680 S. Fourth Street

City State Zip Code  
Louisville KY 40202

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Mgr Internal Audit

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR1094242312594

Amount of Each Receipt this Period 20.00

P/R Deduction (\$10.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
Susan Cote

Mailing Address 24 Adams Court

City State Zip Code  
Brewer ME 04412

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Reg Mgr Field Accting

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR1094242412594

Amount of Each Receipt this Period 20.00

P/R Deduction (\$10.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
Melissa A. McGee

Mailing Address 1514 32nd Avenue

City State Zip Code  
San Francisco CA 94122

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Executive Dir III

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR1094242512594

Amount of Each Receipt this Period 20.00

P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 60.00

**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 60 / 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Gregory C. Miller		Date of Receipt
	Mailing Address 8000 Allielough Court		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	Prospect	KY	40059
	FEC ID number of contributing federal political committee.		<b>C</b> <input type="text"/>
Name of Employer Kindred Healthcare Inc.		Occupation Sr VP Dev & Fin Plan	<b>Transaction ID:</b> PR1094242812594
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 1040.00	<input type="text"/> 80.00
			P/R Deduction (\$40.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Elvin D. Alsaybar		Date of Receipt
	Mailing Address 742 White Rock Trail		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	Suwanee	GA	30074
	FEC ID number of contributing federal political committee.		<b>C</b> <input type="text"/>
Name of Employer Kindred Healthcare Inc.		Occupation Reg Dir Field Accting-HSD	<b>Transaction ID:</b> PR1094242912594
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 260.00	<input type="text"/> 20.00
			P/R Deduction (\$10.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Diana Hanyak		Date of Receipt
	Mailing Address 17057 Rosebud Dr.		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	Yorba Linda	CA	92886
	FEC ID number of contributing federal political committee.		<b>C</b> <input type="text"/>
Name of Employer Kindred Healthcare Inc.		Occupation Administrator II	<b>Transaction ID:</b> PR1094243412594
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 405.00	<input type="text"/> 30.00
			P/R Deduction (\$15.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 130.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 / 85  
(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

**A.** Full Name (Last, First, Middle Initial)  
Philip L. Jones

Mailing Address 702 Helmsdale Place N.

City State Zip Code  
Brentwood TN 37027

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Chief Fin Off I

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt [M M] / [D D] / [Y Y Y Y Y Y]

**Transaction ID:** PR1094243512594

Amount of Each Receipt this Period 40.00

P/R Deduction (\$20.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Myrna Calatan-Danggol

Mailing Address 6931 San Julia Circle

City State Zip Code  
Buena Park CA 90620

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Dir Nursing II

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt [M M] / [D D] / [Y Y Y Y Y Y]

**Transaction ID:** PR1094244512594

Amount of Each Receipt this Period 20.00

P/R Deduction (\$10.00 Weekly)

**C.** Full Name (Last, First, Middle Initial)  
James Lee

Mailing Address 880 Meridian Bay Lane Apt#318

City State Zip Code  
Foster City CA 94404

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Executive Dir II

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt [M M] / [D D] / [Y Y Y Y Y Y]

**Transaction ID:** PR1094245412594

Amount of Each Receipt this Period 20.00

P/R Deduction (\$10.00 Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 80.00

**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 62 / 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Jerome J. Yarnish		Date of Receipt
	Mailing Address 1986 Wrenfield Lane		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	Oviedo	FL	32765
	FEC ID number of contributing federal political committee.		<b>C</b> <input type="text"/>
Name of Employer Kindred Healthcare Inc.		Occupation VP Business Dev-PRS	<b>Transaction ID:</b> PR1094245612594
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 390.00	Amount of Each Receipt this Period <input type="text"/> 30.00
			P/R Deduction (\$15.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Sandra J Whitley		Date of Receipt
	Mailing Address 680 S. Fourth Street		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	Louisville	KY	40202
	FEC ID number of contributing federal political committee.		<b>C</b> <input type="text"/>
Name of Employer Kindred Healthcare Inc.		Occupation Mgr Reimb	<b>Transaction ID:</b> PR1094245812594
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 260.00	Amount of Each Receipt this Period <input type="text"/> 20.00
			P/R Deduction (\$10.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Raymond J Sierpina		Date of Receipt
	Mailing Address 14 Westwind Road		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	Louisville	KY	40207
	FEC ID number of contributing federal political committee.		<b>C</b> <input type="text"/>
Name of Employer Kindred Healthcare Inc.		Occupation Sr Dir Government Program	<b>Transaction ID:</b> PR1094246612594
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 1040.00	Amount of Each Receipt this Period <input type="text"/> 80.00
			P/R Deduction (\$40.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 130.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 63 / 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Steven Tanner		Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 6622 Rosebud Lane		<b>Transaction ID:</b> PR1094246812594
	City Indianapolis	State IN	Zip Code 46237
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir III	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Paula Brown		Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 907 St. Eric		<b>Transaction ID:</b> PR1094247012594
	City Mansfield	State TX	Zip Code 76063
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Administrator I	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Mark A Bush		Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 6208 Tiara Court		<b>Transaction ID:</b> PR1094247112594
	City Louisville	State KY	Zip Code 40219
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Reg Financial Ana	P/R Deduction (\$15.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	90.00
<b>TOTAL</b> 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 64 / 85  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
Kindred Healthcare, Inc. PAC

**A.**

Full Name (Last, First, Middle Initial) Thomas Wood		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 2949 Glascock Street		<b>Transaction ID:</b> PR1094247212594
City Oakland	State CA	Zip Code 94601
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 130.00
Name of Employer Kindred Healthcare Inc.	Occupation Sr Dist Dir Operations	P/R Deduction (\$65.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1690.00	

**B.**

Full Name (Last, First, Middle Initial) Gwynn Rucker		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 15106 59th Place NE		<b>Transaction ID:</b> PR1094247812594
City Kenmore	State WA	Zip Code 98028
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir Operations I	P/R Deduction (\$25.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

**C.**

Full Name (Last, First, Middle Initial) Loretta Crane		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 11685 Casper Road		<b>Transaction ID:</b> PR1094248512594
City Sandy	State UT	Zip Code 84092
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir Clin Ops	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	200.00
<b>TOTAL</b> 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 65 / 85
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Jacquelyn Elise Hofmann		Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 9741 E. Monte Vista Montanas		<b>Transaction ID:</b> PR1094249112594
	City Tucson	State AZ	Zip Code 85749
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Nursing II	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Kristie A Frock		Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address RR 6 Box 20 Redcoat Road		<b>Transaction ID:</b> PR1094249512594
	City Nevada	State MO	Zip Code 64772
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Quality Compl Cnslt-HSD	P/R Deduction (\$15.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Larry J Green		Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 680 S. Fourth Street		<b>Transaction ID:</b> PR1094249812594
	City Louisville	State KY	Zip Code 40202
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 36.00
	Name of Employer Kindred Healthcare Inc.	Occupation Adm Dir Planning & Dev	P/R Deduction (\$18.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 468.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>86.00</b>
<b>TOTAL</b> 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 66 / 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Sharon Spittle		Date of Receipt
	Mailing Address 26 Estes Street		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City Ipswich	State MA	Zip Code 01938
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR1094250012594
	Amount of Each Receipt this Period 50.00		
Name of Employer Kindred Healthcare Inc.		Occupation Executive Dir I	P/R Deduction (\$10.00 Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 670.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mary Kathleen Owens		Date of Receipt
	Mailing Address 12774 Whisper Wind Place		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City Draper	State UT	Zip Code 84020
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR1094250412594
	Amount of Each Receipt this Period 20.00		
Name of Employer Kindred Healthcare Inc.		Occupation VP Clin Ops-Pac Reg-HSD	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Benjamin A Breier		Date of Receipt
	Mailing Address 5400 Farm Ridge Lane		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City Prospect	State KY	Zip Code 40059
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR1094250912594
	Amount of Each Receipt this Period 40.00		
Name of Employer Kindred Healthcare Inc.		Occupation President-PRS	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 520.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>110.00</b>
<b>TOTAL</b> 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 67 / 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Peter J Adamo	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 9143 W Rancho Park Circle	<b>Transaction ID:</b> PR1105504512594
	City Rancho Cucamonga State CA Zip Code 91730	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$10.00 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation Chief Exec Off III	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Kathleen C Paradowski	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address P.O. Box 1332	<b>Transaction ID:</b> PR1135243812594
	City Crestwood State KY Zip Code 40014	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$10.00 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation Clin Informaticist Cnslt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Debra Degroot-Toth	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 705 Deer Trace	<b>Transaction ID:</b> PR1135244512594
	City Bloomington State IN Zip Code 47401	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$10.00 Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation Rehab Mgr-OT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>60.00</b>
<b>TOTAL</b> 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 68 / 85  
(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

**A.** Full Name (Last, First, Middle Initial)  
Steve Ross

Mailing Address 35069 Roberts Lane

City State Zip Code  
St Helens OR 97051

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Executive Dir I

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt [M M] / [D D] / [Y Y Y Y Y]

**Transaction ID:** PR1135252612594

Amount of Each Receipt this Period 40.00

P/R Deduction (\$20.00 Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Ronald G. Cadwell

Mailing Address 3829 Belmont Ave.

City State Zip Code  
San Diego CA 92116

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Executive Dir II

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt [M M] / [D D] / [Y Y Y Y Y]

**Transaction ID:** PR1135280712594

Amount of Each Receipt this Period 20.00

P/R Deduction (\$10.00 Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Josephine Litzemberger

Mailing Address 11401 Dr. M.L.K. Jr. Street N.  
Apt 1201

City State Zip Code  
St Petersburg FL 33716

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Grp SrDir Managed Care-HD

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 468.00

Date of Receipt [M M] / [D D] / [Y Y Y Y Y]

**Transaction ID:** PR1135286912594

Amount of Each Receipt this Period 36.00

P/R Deduction (\$18.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 96.00

**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 69 / 85  
(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

**A.** Full Name (Last, First, Middle Initial)  
Genevieve Philogene

Mailing Address 1788 NW 85th Drive

City State Zip Code  
Coral Springs FL 33071

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Dir Resp Therapy

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  /  /

**Transaction ID:** PR1135287312594

Amount of Each Receipt this Period 20.00

P/R Deduction (\$10.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Brian Rougeux

Mailing Address 39 Saint Raphael

City State Zip Code  
Laguna Niguel CA 92677

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Dist Dir Operations I

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  /  /

**Transaction ID:** PR1135287412594

Amount of Each Receipt this Period 20.00

P/R Deduction (\$10.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Martha Heubach

Mailing Address 8000 Redbud Creek Dr.

City State Zip Code  
Edmond OK 73034

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Administrator I

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt  /  /

**Transaction ID:** PR1135288912594

Amount of Each Receipt this Period 40.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 80.00

**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 70 / 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) David Boyd	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 1910 N Rampart	<b>Transaction ID:</b> PR1150399912594
	City State Zip Code New Orleans LA 70116	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Kindred Healthcare Inc. Occupation Dir Plant Ops Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Gregory T Hayden	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 680 S. Fourth Street	<b>Transaction ID:</b> PR1150400112594
	City State Zip Code Louisville KY 40202	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Kindred Healthcare Inc. Occupation Dir State Tax Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00	P/R Deduction (\$15.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Julie A Viers	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 9508 Corinthian Dr	<b>Transaction ID:</b> PR1150400512594
	City State Zip Code Louisville KY 40299	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Fin Reporting Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	70.00
<b>TOTAL</b> 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 71 / 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Joan Strohm	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 19520 French Lace Drive	<b>Transaction ID:</b> PR1150401412594
	City Lutz      State FL      Zip Code 33558	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$15.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc.	Occupation Chief Clinical Off III	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Rachael L Parker	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 70 Birch Ridge Rd	<b>Transaction ID:</b> PR1150411112594
	City Westford      State VT      Zip Code 05494	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$10.00 Weekly)
Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir II	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Michael Speidel	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 476 Pluto Court	<b>Transaction ID:</b> PR1150411812594
	City Littleton      State CO      Zip Code 80124	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$15.00 Weekly)
Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir I	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>85.00</b>
<b>TOTAL</b> 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 72 / 85  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Barbara Hutchison

Mailing Address 3750 Fujiyama Way

City State Zip Code  
Redding CA 96001

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Executive Dir II

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  /  /

**Transaction ID:** PR1158557812594

Amount of Each Receipt this Period 20.00

P/R Deduction (\$10.00 Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Pamela M Bresee

Mailing Address 4155 SW 192nd Avenue

City State Zip Code  
Aloha OR 97007

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Reg Financial Ana

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt  /  /

**Transaction ID:** PR1227852412594

Amount of Each Receipt this Period 30.00

P/R Deduction (\$15.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Nolan L Hoffer

Mailing Address 757 W Hartack

City State Zip Code  
Meridian ID 83642

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Executive Dir II

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  /  /

**Transaction ID:** PR1227853412594

Amount of Each Receipt this Period 20.00

P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 70.00

**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 73 / 85
	<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)  
Grant Gloor

Mailing Address 587 Old Waverly Way

City Eagle Point State OR Zip Code 97524

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Executive Dir II

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt  /  /

**Transaction ID:** PR1227854812594

Amount of Each Receipt this Period 40.00

P/R Deduction (\$20.00 Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Larry Livengood

Mailing Address 1219 Pilot Lane

City Galveston State TX Zip Code 77554

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Area Dir HR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  /  /

**Transaction ID:** PR1267996712594

Amount of Each Receipt this Period 20.00

P/R Deduction (\$10.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Joseph Matthew Romshek

Mailing Address 16714 Patrick Avenue

City Omaha State NE Zip Code 68116

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Executive Dir II

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  /  /

**Transaction ID:** PR1267997412594

Amount of Each Receipt this Period 20.00

P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 80.00

**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 74 / 85  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
Kindred Healthcare, Inc. PAC

**A.**

Full Name (Last, First, Middle Initial)  
Ellen K Taylor-White

Mailing Address 680 S. Fourth Street

City State Zip Code  
Louisville KY 40202

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Adm Mgr Reg Loss Prevent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR1267997812594

Amount of Each Receipt this Period 20.00

P/R Deduction (\$10.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
Brenda Daigger

Mailing Address 174 Huntington Crossing Dr.

City State Zip Code  
St. Peters MO 63376

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Clin Liaison-Collab Mkt-N

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR1267998012594

Amount of Each Receipt this Period 20.00

P/R Deduction (\$10.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
Russell D Ragland

Mailing Address 9902 Palace Green Way

City State Zip Code  
Vienna VA 22181

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Sr VP Fin-HSD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR1267998112594

Amount of Each Receipt this Period 100.00

P/R Deduction (\$50.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 140.00

**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 75 / 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Catherine Nurmela	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 1409 W. Elmdale	<b>Transaction ID:</b> PR1267998412594
	City State Zip Code Chicago IL 60660	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$15.00 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation Chief Clinical Off II Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Gary S. Effinger	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 680 S. Fourth Street	<b>Transaction ID:</b> PR1281184912594
	City State Zip Code Louisville KY 40202	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation Dir Fac Mgmt-HD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Donna Sroczynski	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 399 Fountain Drive	<b>Transaction ID:</b> PR1281185312594
	City State Zip Code Elgin IL 60124	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation Sr Dist Dir Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	90.00
<b>TOTAL</b> 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 76 / 85  
(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

**A.** Full Name (Last, First, Middle Initial)  
Diane L. Otteman

Mailing Address 40 East Cedar  
Apt. #21A

City Chicago State IL Zip Code 60611

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Chief Exec Off II

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt [M M] / [D D] / [Y Y Y Y Y Y]

**Transaction ID:** PR1300206412594

Amount of Each Receipt this Period 30.00

P/R Deduction (\$15.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Jane Mathews

Mailing Address 464 E. Cynthia Way

City North Salt Lake State UT Zip Code 84054

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Reg Dir HR-HSD

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt [M M] / [D D] / [Y Y Y Y Y Y]

**Transaction ID:** PR1300207312594

Amount of Each Receipt this Period 20.00

P/R Deduction (\$10.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Rita D Simmons

Mailing Address 680 S. Fourth Street

City Louisville State KY Zip Code 40202

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) ▼

Aggregate Year-to-Date ▼ 488.00

Date of Receipt [M M] / [D D] / [Y Y Y Y Y Y]

**Transaction ID:** PR1333437012594

Amount of Each Receipt this Period 32.00

P/R Deduction (\$16.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **82.00**

**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: <span style="float: right;">PAGE 77 / 85</span>
	(check only one)
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Bobby G. Muse Jr.	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 680 S. Fourth Street	<b>Transaction ID:</b> PR1333437112594
	City State Zip Code Louisville KY 40202	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$10.00 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation Dir Rec Mgmt & Bus Contin	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mark D. Johnson	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 680 S. Fourth Street	<b>Transaction ID:</b> PR1336786712594
	City State Zip Code Louisville KY 40202	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$15.00 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation Mgr Desktop Supp	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Charlotte K Nelson	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 98 Cumberland Gate	<b>Transaction ID:</b> PR1336786812594
	City State Zip Code Smyrnan GA 30080	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$10.00 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation Dist Dir Operations I	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>70.00</b>
<b>TOTAL</b> 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 78 / 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Ann Bumb		Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 9301 S. Mitthoeffer Road		<b>Transaction ID:</b> PR1336786912594
	City Indianapolis	State IN	Zip Code 46259
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Quality Mgmt	P/R Deduction (\$15.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Patrick Herm		Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 680 S. Fourth Street		<b>Transaction ID:</b> PR1336787112594
	City Louisville	State KY	Zip Code 40202
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
	Name of Employer Kindred Healthcare Inc	Occupation Adm Mgr Fin Rptng	P/R Deduction (\$15.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Lisa J Schmidt		Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 680 S. Fourth Street		<b>Transaction ID:</b> PR1346288212594
	City Louisville	State KY	Zip Code 40202
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Mgr Patient Acctng Sys	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	80.00
<b>TOTAL</b> 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 79 / 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Julieta C Morton	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 5105 Deerpurchase Tr	<b>Transaction ID:</b> PR1355829312594
	City State Zip Code Wake Forest NC 27587	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Kindred Healthcare Inc. Occupation Rehab Mgr-PT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Ross A Johnson	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 680 S. Fourth Avenue	<b>Transaction ID:</b> PR1359729012594
	City State Zip Code Louisville KY 40202	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Kindred Healthcare Inc. Occupation VP Recruiting-PRS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00	P/R Deduction (\$25.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Donella Vandermay	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 1968 Mac Arthur Place	<b>Transaction ID:</b> PR1359729412594
	City State Zip Code Oxnard CA 93033	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Kindred Healthcare Inc. Occupation Dir Nursing I Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	P/R Deduction (\$20.00 Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	90.00
<b>TOTAL</b> 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 80 / 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Steven M Ager	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 310 McCready Avenue	<b>Transaction ID:</b> PR1394176912594
	City State Zip Code Louisville KY 40206	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$10.00 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation VP Corp Dev Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Jane A Moore	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 10413 Barnsdale Drive	<b>Transaction ID:</b> PR1394177012594
	City State Zip Code Boise ID 83704	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$10.00 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation Dir Nursing II Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) James C Hansen	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 1944 South 275 East	<b>Transaction ID:</b> PR1394177112594
	City State Zip Code Clearfield UT 84015	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$15.00 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation Reg Mgr Operation Reimb Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 345.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>70.00</b>
<b>TOTAL</b> 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 81 / 85  
(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

**A.** Full Name (Last, First, Middle Initial)  
Deborah L Wildt

Mailing Address 680 S. Fourth Street

City State Zip Code  
Louisville KY 40202-2407

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Adm Dir Fin Rptng

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  /  /

**Transaction ID:** PR1408953012594

Amount of Each Receipt this Period 10.00

P/R Deduction (\$5.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Mary D Van De Kamp

Mailing Address 251 Arbor Lane

City State Zip Code  
Green Bay WI 54301

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation VP Clinical Rehab-PRS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  /  /

**Transaction ID:** PR1408953112594

Amount of Each Receipt this Period 30.00

P/R Deduction (\$15.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Pamela A. Justice

Mailing Address 680 S. Fourth Street

City State Zip Code  
Louisville KY 40202

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Dir Fin Sys Dev

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt  /  /

**Transaction ID:** PR1408953212594

Amount of Each Receipt this Period 40.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 80.00

**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 82 / 85  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial) Timothy Bugin		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 2030 Trillium Court		<b>Transaction ID:</b> PR1408953512594
City Canonsburg	State PA	Zip Code 15317
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Kindred Healthcare Inc.	Occupation Administrator I	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

**B.**

Full Name (Last, First, Middle Initial) Meta Bonfadini		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 2717 Henderson Rd		<b>Transaction ID:</b> PR1408954012594
City Redding	State CA	Zip Code 96002
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Kindred Healthcare Inc.	Occupation Dir Nursing II	P/R Deduction (\$10.00 Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

**C.**

Full Name (Last, First, Middle Initial) Sheila Nelson-Seybold		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address N7782 Highway 49		<b>Transaction ID:</b> PR1421450312594
City Iola	State WI	Zip Code 54945
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir Operations I	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>100.00</b>
<b>TOTAL</b> 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 83 / 85

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)

Sharon Noro

Mailing Address 24 Third St

City State Zip Code  
Aspinwall PA 15215

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Kindred Healthcare Inc. Executive Dir

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1421460312594

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Deborah A Foushee

Mailing Address 1106 Indiana Ave.

City State Zip Code  
New Albany IN 47150

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Kindred Healthcare Inc. State Dir of Risk Mgmt

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 304.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1425258812594

Amount of Each Receipt this Period

32.00

P/R Deduction (\$16.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Thomas Sullivan

Mailing Address 467 Mendon Road

City State Zip Code  
Northbridge MA 01534

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Kindred Healthcare Area Executive Dir

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1493281112594

Amount of Each Receipt this Period

50.00

P/R Deduction (\$10.00 Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

122.00

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

9370.34

**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)

<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

<b>A.</b> Full Name (Last, First, Middle Initial) Democratic Senatorial Campaign Committee Mailing Address 120 Maryland Avenue, NE City Washington State DC Zip Code 20002 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 23040561 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 3 / 2 0 0 7
	Amount of Each Disbursement this Period 5000.00 Contribution

<b>B.</b> Full Name (Last, First, Middle Initial) Larson For Congress Mailing Address 29 Ruff Circle City Glastonbury State CT Zip Code 06033 Purpose of Disbursement Contribution Candidate Name Rep. John B. Larson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 23032040 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 3 / 2 0 0 7
	Amount of Each Disbursement this Period 2000.00 Contribution

<b>C.</b> Full Name (Last, First, Middle Initial) LINC PAC Mailing Address 124 West Capitol Avenue Suite 630 City Little Rock State AR Zip Code 72201 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 23032055 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 3 / 2 0 0 7
	Amount of Each Disbursement this Period 3000.00 Contribution

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	10000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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 85 / 85

<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)  
Stephanie Tubbs Jones For US Congress

Mailing Address 3729 Silsby Road

City State Zip Code  
University Heights OH 44118

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Stephanie Tubbs Jones

Office Sought:  House  
 Senate  
 President

State: OH District: 11

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Transaction ID: 23032038

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Contribution

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

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