FEC FORM 3X	AN	EPORT (ND DISB Other Than	URSEN	IENTS	ee	Offi	ice Use Only
1. NAME OF COMMITTEE (in fu		FEC MAILING		xample:If typing ver the lines	ı, type		
	, Inc. PAC						
ADDRESS (number and	street)	80 S. Fourth St.					
Check if differ than previously reported. (ACC	/	ouisville				KY	40202
2. FEC IDENTIFICAT	ION NUMBER	₩	CITY 🛋		S	TATE	ZIPCODE
C00242271			3. IS THIS REPOF		NEW (N) OR	AMENI (A)	DED
4. TYPE OF REPO (Choose One) (a) Quarterly Rep April 15 Quarterly July 15		(b) Monthly Report Due On: (c) 12-Day	Feb 20 (M Mar 20 (M Apr 20 (M	3)	May 20 (M5) Jun 20 (M6) Jul 20 (M7)	Aug 20 (l Sep 20 (l Oct 20 (l General (12G	M9) Year Only) Dec 20 (M12) (Non-Election Year Only) M10) X Jan 31 (YE)
Quarterly October Quarterly January 3 Quarterly July 31 M Report(N Year Only	Report(Q3) 81 Report(YE) lid-Year on-election	(d) 30-Day Post -E Report t	Election on	Convention (Special (12G)	in the State of Special (30S)
5. Covering Period	12	01 2	Election on	through	12	31 20	State of
I certify that I have exam Type or Print Name of T		rt and to the best Hank Robinson	of my knowledg	e and belief it is	true, correct a	nd complete.	
Signature of Treasurer	Electronically		k Robinson		Da		17 2008
NOTE : Submission of f	alse, erroneous	s, or incomplete in	nformation may	subject the pers	on signing this	<u> </u>	
Office Use Only						F	EC FORM 3X (Rev. 12/2004)

Image# 28990058129 FEC Form 3X (Rev. 02/2003)		SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	Page 2
V	Vrite or Type Committee Name Kindred Healthcare, Inc. PAC		
F	Report Covering the Period: From:	M M D D Y Y W Y Y 12 01 2007 To	b: M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 2007 Y Y]	119586.29
	(b) Cash on Hand at Begining of Reporting Period	48762.21	
	(c) Total Receipts (from Line 19)		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 TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations owed BY the committee (Itemize all on		
	Schedule C and/or Schedule D)		

SUMMARY PAGE

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

For further information contact:

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

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

FE6AN026

J	28990058130 FEC Form 3X (Rev. 06/2004)	DETAILED SUMMARY PAGE OF RECEIPTS	Page 3
\\/rit	te or Type Committee Name		raye 3
	Kindred Healthcare, Inc. PAC		
Rep	ort Covering the Period: From:	1 2 0 1 Y Y Y Y 1 2 0 0 7 To	$\begin{array}{c} \begin{array}{c} M & M \\ 1 & 2 \end{array} \end{array} \begin{array}{c} D & D \\ 3 & 1 \end{array} \begin{array}{c} Y & Y & Y \\ 2 & 0 & 0 \end{array} \end{array}$
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. C (a	ontributions (other than loans) From: a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	9370.34	84150.86
	(ii) Unitemized	1552.00	70611.40
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	10922.34	154762.26
(b		0.00	0.00
(c	c) Other Political Committees	0.00	0.00
(c	(such as PACs) i) Total Contributions (add Lines		
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	10922.34	154762.26
	ransfers From Affiliated/Other arty Committees	0.00	0.00
13. A	II Loans Received	0.00	0.00
14. Lo	oan Repayments Received	0.00	0.00
15. O	ffsets To Operating Expenditures		
ÌC	Refunds, Rebates, etc.) Carry Totals to Line 37, page 5)	0.00	0.00
to	efunds of Contributions Made Federal candidates and Other olitical Committees	0.00	0.00
17. O	ther Federal Receipts	0.00	0.00
	Dividends, Interest, etc.) Transfers from Non-Federal and Levin Fund		
	a) Non-Federal Account		0.00
	(from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(0	c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
	otal Receipts (add Lines 11(d), 2, 13, 14, 15, 16, 17, and 18(c))	10922.34	154762.26
	otal Federal Receipts subtract Line 18(c) from Line 19)	10922.34	154762.26

Image# 28990058131

DETAILED SUMMARY PAGE

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	64.00
 (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) 	0.00	64.00
2. Transfers to Affiliated/Other Party		
Committees 3. Contributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	11000.00	218500.00
 Independent Expenditure (use Schedule E) 	0.00	0.00
 Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) 	0.00	0.00
Loan Repayments Made	0.00	0.00
 Loans Made Refunds of Contributions To: 	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds	0.00	0.00
(add Lines 28(a), (b), and (c)) 🕨	0.00	
9. Other Disbursements	0.00	7100.00
). Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
. Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	11000.00	225664.00
2. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)	11000.00	225664.00

Image# 28990058132

DETAILED SUMMARY PAGE

	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

FE6AN026

	CHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 6 / 85 (check only one) X 11a 11b 11c 12	
			Detailed Summary Page		
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions	
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC				
Z A.	Full Name (Last, First, Middle Initial) Teresa S Anderson			Date of Receipt	
	Mailing Address 7115 Coachwood Driv				
	City	State	Zip Code	Transaction ID: PR1094183712594	
	Georgetown	IN	47122	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		40.00	
	Name of Employer Kindred Healthcare Inc.	Occupatio Sr Dir Fi	n Sys Dev		
			e Year-to-Date 🔻		
	Other (specify)	0.0	420.00	P/R Deduction (\$20.00 Bi- Weekly)	
	Full Name (Last, First, Middle Initial) Richard E Chapman				
	Mailing Address 680 S. Fourth Street			M M / D D / Y Y Y Y	
	City	State	Zip Code	Transaction ID: PR1094183812594	
	Louisville	KY	40202	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		146.00	
	Name of Employer Kindred Healthcare Inc.	Occupation Exec VP	n Chief Adm&InfoOff		
	Receipt For:	Aggregate	e Year-to-Date 🔻		
	Other (specify)	0 0	1883.00	P/R Deduction (\$73.00 Bi- Weekly)	
	Full Name (Last, First, Middle Initial) Edward L Kuntz			Date of Receipt	
	Mailing Address 8807 Stable Crest Bou	llevard		M M / D D / Y Y Y Y	
	City	State	Zip Code	Transaction ID: PR1094183912594	
	Houston	ТХ	77024	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		200.00	
	Name of Employer Kindred Healthcare Inc.		e Chairman		
	Receipt For:	Aggregate	e Year-to-Date 🔻		
	Other (specify)	0.0	2600.00	P/R Deduction (\$100.00 Bi- Weekly)	
	SUBTOTAL of Receipts This Page (optional)			386.00	
┢	COPTOTAL OF RECEIPTS THIS T Age (optional)				
	TOTAL This Period (last page this line number	only)			

SCHEDULE A (FE ITEMIZED RECEIP	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 85 (check only one) X 11a 11b 11c 12 X 11a 11b 11c 12 13 14 15 16 17
Any information copied from s or for commercial purposes, NAME OF COMMITTEE Kindred Healthcare, In	other than using the name and ad (In Full)	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Mid			
A. David R Windhorst Mailing Address 2000	Spring Farms Road	Date of Receipt	
City	State	Zip Code	Transaction ID: PR1094185012594
Floyds Knobs	IN	47119	Amount of Each Receipt this Period
FEC ID number of contrib federal political committee			80.00
Name of Employer Kindred Healthcare Inc.	Occupatio VP Final	ncial Sys Dev	
Receipt For:	00 0	e Year-to-Date 🔻	
Other (specify) ▼	eneral	1040.00	P/R Deduction (\$40.00 Bi- Weekly)
Full Name (Last, First, Mic Lawrence I Wolf	ddle Initial)	Date of Receipt	
	N Winthrop Ave #3S		M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR1094185112594
Chicago	IL	60640	Amount of Each Receipt this Period
FEC ID number of contrib federal political committee			40.00
Name of Employer Kindred Healthcare Inc.	I !	Appl-Data Arch	
Receipt For: Primary G Other (specify) ♥	eneral Aggregate	e Year-to-Date 520.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Mic Mary Jane Frappier-Neff	ddle Initial)		Date of Receipt
Mailing Address 2883	Bellwind Circle		M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR1094185212594
Rockledge	FL	32955	Amount of Each Receipt this Period
FEC ID number of contrib federal political committee			20.00
Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Re	eg IS	
Receipt For: Primary G Other (specify) ▼	eneral Aggregate	e Year-to-Date 260.00	P/R Deduction (\$10.00 Bi- Weekly)
SUBTOTAL of Receipts Th	is Page (optional)		140.00
· · ·	ge this line number only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 85 (check only one) X X 11a 11b 11c 12 13 14 15 16 17			
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC	name and address of any political committee to	solicit contributions from such committee.			
Α.	Full Name (Last, First, Middle Initial) Katheryn J Markham Mailing Address 680 S. Fourth Street	Date of Receipt				
	City	State Zip Code				
	Louisville	KY 40202	Transaction ID: PR1094185612594 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.		90.00			
	Name of Employer Kindred Healthcare Inc.	Occupation VP IS Planning&FieldSvcs				
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 1130.00	P/R Deduction (\$45.00 Bi- Weekly)			
в.	Full Name (Last, First, Middle Initial) Dan McReynolds	Dan McReynolds				
	Mailing Address 7620 Beech Spring Cou	M M / D D / Y Y Y Y				
	City	State Zip Code	Transaction ID: PR1094185712594			
	Louisville	KY 40241	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C	20.00			
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir DataWarehouseSvcs				
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 260.00	P/R Deduction (\$10.00 Bi- Weekly)			
C.	Full Name (Last, First, Middle Initial) Catherine A Gooch		Date of Receipt			
	Mailing Address 680 S. Fourth Street		M M / D D / Y Y Y Y			
	City	State Zip Code	Transaction ID: PR1094185912594			
	Louisville	KY 40202	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C	40.00			
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Fin Sys Dev				
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 520.00	P/R Deduction (\$20.00 Bi- Weekly)			
	SUBTOTAL of Receipts This Page (optional)	•••••	150.00			
	TOTAL This Period (last page this line number of	only)				

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 85 (check only one) 11c 12 X 11a 11b 11c 12 13 14 15 16 17 n for the purpose of soliciting contributions
	or for commercial purposes, other than using the r NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC	name and address of any political committee to	solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Patrick J Gillenwater Mailing Address 680 S. Fourth Street		Date of Receipt
	City Louisville	State Zip Code KY 40202	Transaction ID: PR1094186412594 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	35.00
	Name of Employer Kindred Healthcare Inc. Receipt For: Primary General Other (specify) ▼	Occupation Adm Dir IS Admin Aggregate Year-to-Date ▼ 455.00	P/R Deduction (\$17.50 Bi- Weekly)
В.	Full Name (Last, First, Middle Initial) Mona Euler Mailing Address 12568 Sandstone Run		Date of Receipt
	City	State Zip Code	Transaction ID: PR1094186712594
	Carmel FEC ID number of contributing federal political committee.	IN 46033	Amount of Each Receipt this Period 20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir	_
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi- Weekly)
C.	Full Name (Last, First, Middle Initial) William B Seibert Mailing Address 4706 Wolfcreek Pkwy		Date of Receipt
	City	State Zip Code	Transaction ID: PR1094187412594
	Louisville FEC ID number of contributing federal political committee.	KY 40241	Amount of Each Receipt this Period 60.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Fin Sys Dev	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date V 780.00	P/R Deduction (\$30.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)		115.00
	TOTAL This Period (last page this line number o	nly)	

ſ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and S	Use separate schedule(s) for each category of the Detailed Summary Page tatements may not be sold or used by any perso	FOR LINE NUMBER: PAGE 10 / 85 (check only one) Image: Check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC	name and address of any political committee to	solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Deborah F Rickert Mailing Address 680 S. Fourth Street		Date of Receipt
	City Louisville	State Zip Code KY 40202	Transaction ID: PR1094187712594 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer Kindred Healthcare Inc. Receipt For: Primary General Other (specify) ▼	Occupation Sr Dir Fin Sys Dev Aggregate Year-to-Date ▼ 560.00	P/R Deduction (\$25.00 Bi- Weekly)
В.	Full Name (Last, First, Middle Initial) Charles Wardrip Mailing Address 2805 Chestnut Ridge F	Place	Date of Receipt
	City	State Zip Code	Transaction ID: PR1094187912594
	Louisville FEC ID number of contributing federal political committee.	KY 40245	Amount of Each Receipt this Period
	Name of Employer Kindred Healthcare Inc. Receipt For: Primary General Other (specify) ▼	Occupation VP IS Ops & Telecomm Aggregate Year-to-Date ▼ 970.00	P/R Deduction (\$50.00 Bi- Weekly)
с.	Full Name (Last, First, Middle Initial) Stephen M Dobler Mailing Address 680 S. Fourth Street		Date of Receipt
	City	State Zip Code	Transaction ID: PR1094188012594
	Louisville FEC ID number of contributing federal political committee.	KY 40202	Amount of Each Receipt this Period
	Name of Employer Kindred Healthcare Inc.	Occupation VP IS Finance & Admin	-
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1170.00	P/R Deduction (\$45.00 Bi- Weekly)
ſ	SUBTOTAL of Receipts This Page (optional)	·····	240.00
Ī	TOTAL This Period (last page this line number	only)	

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and S	Use separate schedule(s) for each category of the Detailed Summary Page tatements may not be sold or used by any perso	FOR LINE NUMBER: PAGE 11 / 85 (check only one) 11a 11b 11c 12 13 14 15 16 17 n for the purpose of soliciting contributions 11 11 11
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC	name and address of any political committee to	solicit contributions from such committee.
Z A.	Full Name (Last, First, Middle Initial) Terry Carrico Mailing Address 680 S. Fourth Street		Date of Receipt
	City Louisville	State Zip Code KY 40202	Transaction ID: PR1094188212594 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		40.00
	Name of Employer Kindred Healthcare Inc. Receipt For: Primary General Other (specify)	Occupation Sr Dir Clin Systems Dev Aggregate Year-to-Date ▼ 520.00	P/R Deduction (\$20.00 Bi- Weekly)
- 3.	Full Name (Last, First, Middle Initial) Steven J Paynter Mailing Address 680 S. Fourth Street		Date of Receipt
	City	State Zip Code	Transaction ID: PR1094188412594
	Louisville	KY 40202	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Cnslt Tech Arch	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	P/R Deduction (\$20.00 Bi- Weekly)
- ;.	Full Name (Last, First, Middle Initial) Kimberly Ann Beach		Date of Receipt
	Mailing Address 680 S. Fourth Street		M M / D D / Y Y Y Y
	City	State Zip Code	Transaction ID: PR1094188612594
	Louisville	KY 40202	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Operation Sys-HSD	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi- Weekly)
Γ	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)		
	Any information copied from such Reports and or for commercial purposes, other than using th	Statements ma	y not be sold or used by any pers dress of any political committee t	13 14 on for the purpose of so solicit contributions from	15 16 17 liciting contributions m such committee.	
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC					
Α.	Full Name (Last, First, Middle Initial) William R Rhodes Mailing Address 11303 Vista Greens I	William R Rhodes				
		M M / D	D / Y Y Y Y			
	City	State	Zip Code		PR1094188912594	
	Louisville	KY	40241	Amount of Each	Receipt this Period	
	FEC ID number of contributing federal political committee.	C			20.00	
	Name of Employer Kindred Healthcare Inc.	Occupatio Tech Cn				
	Receipt For:	Aggregate	e Year-to-Date 🔻			
	Other (specify)	0 0	260.00	P/R Deduction (Weekly)	(\$10.00 Bi-	
- B.	Full Name (Last, First, Middle Initial) Martin Ardron			Date of Receipt		
	Mailing Address 41 La Sierra Dr.				D / Y Y Y Y	
	City	State	Zip Code		PR1094189112594	
	Phillips Ranch	CA	91766	Amount of Each	Receipt this Period	
	FEC ID number of contributing federal political committee.	C			50.00	
	Name of Employer Kindred Healthcare Inc.	Occupatio Reg Dir	^{on} Hosp Rehab-PRS			
	Receipt For:	Aggregate	e Year-to-Date 🔻			
	Other (specify) ▼	0 0	650.00	P/R Deduction (Weekly)	(\$25.00 Bi-	
- C.	Full Name (Last, First, Middle Initial) Michael Metzger	1		Date of Receipt		
	Mailing Address 129 Foley Rd			M M / D	D / Y Y Y Y	
	City	State	Zip Code		PR1094189312594	
	West Point	VA	23181	Amount of Each	Receipt this Period	
	FEC ID number of contributing federal political committee.	C			30.00	
	Name of Employer Kindred Healthcare Inc.	Occupatio Chief Fir	n Off III			
	Receipt For:	Aggregate	e Year-to-Date 🔻			
	Other (specify)	0 0	390.00	P/R Deduction (Weekly)	(\$15.00 Bi-	
ſ	SUBTOTAL of Receipts This Page (optional)	_1			100.00	
F	TOTAL This Period (last page this line number					
L		,				

SCHEDULE A (FEC ITEMIZED RECEIP	TS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 85 (check only one) X 11a 11b 11c 12 X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
	ther than using the name and ac In Full)		o solicit contributions from such committee.
A. Full Name (Last, First, Mid Linn Billingsley Mailing Address P.O. B	, 		Date of Receipt
City	State	Zip Code	L L L Transaction ID: PR1094189812594
Blue Diamond	NV	89004	Amount of Each Receipt this Period
FEC ID number of contributed federal political committee.	uting C		40.00
Name of Employer Kindred Healthcare Inc.	Occupation Executiv	ve Dir	
Receipt For: Primary Ge Other (specify) ▼	neral Aggregat	e Year-to-Date ▼ 520.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Mid Jan Turk Mailing Address 1314 A	dle Initial)		Date of Receipt
0.1	0	7'- 0	
City New Orleans	State LA	Zip Code 70115	Transaction ID: PR1094190012594
FEC ID number of contributed federal political committee.			Amount of Each Receipt this Period 40.00
Name of Employer Kindred Healthcare Inc.	Occupation Chief Ex	on kec Off II	
Receipt For: Primary Ge Other (specify) ▼	neral Aggregat	e Year-to-Date ▼ 520.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Mid Larry Foster	dle Initial)		Date of Receipt
Apartm	I. Winthrop nent # 5		M M / D D / Y Y Y Y
City <u>Chicago</u>	State IL	Zip Code 60660	Transaction ID: PR1094190312594 Amount of Each Receipt this Period
FEC ID number of contributed federal political committee.			
Name of Employer Kindred Healthcare Inc.	Occupation Chief Ex	on kec Off III	
Receipt For: Primary Ge Other (specify) ♥	neral Aggregat	e Year-to-Date 610.00	P/R Deduction (\$25.00 Bi- Weekly)
SUBTOTAL of Receipts This	s Page (optional)		130.00
TOTAL This Period (last page	ge this line number only)		

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14/85 (check only one) 11c 12 X 11a 11b 11c 12 13 14 15 16 17 n for the purpose of soliciting contributions 11 11 11
or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC	he name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Jack Shapiro Mailing Address 22591 Covington Dri	ive	Date of Receipt
City	State Zip Code	 Transaction ID: PR1094190412594
Deer Park	IL 60010	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		80.00
Name of Employer Kindred Healthcare Inc. Receipt For:	Occupation Executive Dir	-
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 970.00	P/R Deduction (\$40.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Adrienne Lyons		Date of Receipt
Mailing Address 1220 North Oak Par	k Avenue	M M / D D / Y Y Y Y
City	State Zip Code	Transaction ID: PR1094190512594
Oak Park	IL 60302	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Kindred Healthcare Inc.	Occupation Grp SrDir Clinical Ops-HD	
Receipt For:	Aggregate Year-to-Date V	_
Primary General Other (specify) ▼	260.00	P/R Deduction (\$10.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Linda Tiemens		Date of Receipt
Mailing Address 9812 NW 2nd. Cour	t	M M / D D / Y Y Y Y
City	State Zip Code	Transaction ID: PR1094190712594
Ft. Lauderdale	FL 33324	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer Kindred Healthcare Inc.	Occupation Sr VP & COO-East Group-HD	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	P/R Deduction (\$30.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)	•	160.00
TOTAL This Period (last page this line numb	er only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page atements may not be sold or used by any person	FOR LINE NUMBER: PAGE 15 / 85 (check only one) 11c 12 X 11a 11b 11c 12 13 14 15 16 17 for the purpose of soliciting contributions
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC	name and address of any political committee to s	olicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Linda Mcquade Mailing Address 4712 Sw 24 Ave		Date of Receipt
	City Ft Lauderdale	State Zip Code FL 33312	Transaction ID: PR1094191012594 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer Kindred Healthcare Inc. Receipt For: Primary General Other (specify) ▼	Occupation Mgr Health Info Mgmt Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi- Weekly)
В.	Full Name (Last, First, Middle Initial) Theodore Welding Mailing Address 2448 Middle River Dr.		Date of Receipt
	City Ft. Lauderdale	State Zip Code FL 33305	Transaction ID: PR1094191312594
	FEC ID number of contributing federal political committee.	FL 33305	Amount of Each Receipt this Period 50.00
	Name of Employer Kindred Healthcare Inc. Receipt For: Primary General Other (specify) ▼	Occupation Executive Dir Aggregate Year-to-Date ▼ 650.00	P/R Deduction (\$25.00 Bi- Weekly)
C.	Full Name (Last, First, Middle Initial) Linda McGunnigle Mailing Address 680 S. Fourth Street		Date of Receipt
	City	State Zip Code	Transaction ID: PR1094191612594
	Louisville FEC ID number of contributing federal political committee.	KY 40202	Amount of Each Receipt this Period
	Name of Employer Kindred Healthcare Inc. Receipt For:	Occupation Adm Mgr Reg Loss Prevent	
	Primary General Other (specify) ▼	Aggregate Year-to-Date 260.00	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 ITEMIZED RECEIPTS	3X) Use separate schedule(s) for each category of the Detailed Summary Page s and Statements may not be sold or used by any persor	FOR LINE NUMBER: PAGE 16 / 85 (check only one)
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC	s and Statements may not be sold of used by any person sing the name and address of any political committee to s	solicit contributions from such committee.
A. Full Name (Last, First, Middle Initial) Mailing Address 680 S. Fourth St	reet	Date of Receipt
City Louisville	State Zip Code KY 40202	Transaction ID: PR1094191912594 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Kindred Healthcare Inc. Receipt For: Primary General Other (specify) ▼	Occupation Exec VP & President-HD Aggregate Year-to-Date ▼ 1300.00	P/R Deduction (\$50.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Sean R Muldoon Mailing Address 5800 Brittany Value	alley Road	Date of Receipt
City	State Zip Code	Transaction ID: PR1094192212594
Louisville	KY 40222	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer Kindred Healthcare Inc.	Occupation Sr VP & Chief Med Off-HD	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1475.00	P/R Deduction (\$75.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) James L Lindberg	I	Date of Receipt
Mailing Address 11119 Brook Sto	one Court	M M / D D / Y Y Y Y
City	State Zip Code	Transaction ID: PR1094192512594
Louisville FEC ID number of contributing federal political committee.	KY 40223	Amount of Each Receipt this Period 40.00
Name of Employer Kindred Healthcare Inc.	Occupation Adm Mgr Facilities-HD	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	P/R Deduction (\$20.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (opti	onal)	290.00
TOTAL This Period (last page this line r	number only)	

9	SCHEDULE A (FEC Form 3X)		Use separate s	chedule(s)	FOR LINE NUMBER:	PAGE 17/85	
I	TEMIZED RECEIPTS		for each catego Detailed Summ		X 11a 11b 1	11c 12 15 16	17
	Any information copied from such Reports and S or for commercial purposes, other than using the	statements ma name and ad	ay not be sold or use Idress of any politica	ed by any person al committee to	for the purpose of soliciting	contributions	
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC						
∠ A.	Full Name (Last, First, Middle Initial) Deborah R Doddridge				Date of Receipt		
	Mailing Address 312 Hill Street NW				M M / D D /	YYYY	1
	City	State	Zip Code		Transaction ID: PR10	09419301259	4
	Depauw	IN	47115		Amount of Each Receip	pt this Period	
	FEC ID number of contributing federal political committee.	C				30.00	
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Proc	on ure Sys & Capita	l			
	Receipt For:	Aggregate	e Year-to-Date 🔻				
	Primary General Other (specify) ▼			390.00	P/R Deduction (\$15.0 Weekly)	00 Bi-	
– B.	Full Name (Last, First, Middle Initial) Joel W Day				Date of Receipt		
	Mailing Address 2017 Spring Farms Dr	ive			M M / D D /	YYYYY	
	City	State	Zip Code		Transaction ID: PR10		4
	Floyd Knobs	IN	47119		Amount of Each Receip	pt this Period	
	FEC ID number of contributing federal political committee.	C				30.00	
	Name of Employer Kindred Healthcare Inc.	Occupatio	on ontroller-HD				
	Receipt For:	1 · · · · · · · · · · · · · · · · · · ·	e Year-to-Date 🔻		-		
	Primary General Other (specify) ▼			390.00	P/R Deduction (\$15.0 Weekly)	00 Bi-	
- C.	Full Name (Last, First, Middle Initial) Susan Moss				Date of Receipt		
	Mailing Address 161 Westwind Road				1	YYYY	1
	City	State	Zip Code		Transaction ID: PR10		4
	Louisville	KY	40207		Amount of Each Receip	pt this Period	
	FEC ID number of contributing federal political committee.	C				40.00	
	Name of Employer Kindred Healthcare Inc.	Occupatio VP Crp (on Communications				
	Receipt For:	Aggregate	e Year-to-Date 🔻			- .	
	Primary General Other (specify) ▼	0.0		520.00	P/R Deduction (\$20.0 Weekly)	00 Bi-	
Γ	SUBTOTAL of Receipts This Page (optional)	I				100.00	
┝							
	TOTAL This Period (last page this line number	only)		►			

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	f	Jse separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 85 (check only one) I1a 11b 11c 12 X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC	Statements may not e name and addres	be sold or used by any perso s of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Theresa M Graham Mailing Address 1203 Falls Creek Land	dina		Date of Receipt
		0		
	City New Ablany	State IN	Zip Code 47150	Transaction ID: PR1094193512594 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Complia	nce	
	Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 610.00	P/R Deduction (\$25.00 Bi- Weekly)
– В.	Full Name (Last, First, Middle Initial) Michael C Lozier Mailing Address 7028 Westridge Fores	st Court		Date of Receipt
	City Lanesville	State IN	Zip Code 47136	Transaction ID: PR1094193712594
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Purch Co	ontract Admin	
	Receipt For: Primary General Other (specify) ♥	Aggregate Yea	ar-to-Date 276.00	P/R Deduction (\$12.00 Bi- Weekly)
- C.	Full Name (Last, First, Middle Initial) Charles Michael Grannan Mailing Address 7109 Cannonade Cou	I		Date of Receipt
	City Prospect	State KY	Zip Code 40059	Transaction ID: PR1094193912594 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Purchasi	•	
	Receipt For: Primary General Other (specify) \blacksquare	Aggregate Yea	ar-to-Date ▼ 772.00	P/R Deduction (\$30.00 Bi- Weekly)
Γ	SUBTOTAL of Receipts This Page (optional).			134.00
-	SUBTOTAL of Receipts This Page (optional) . TOTAL This Period (last page this line number			

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 85 (check only one)
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	statements ma name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Kindred Healthcare, Inc. PAC			
Α.	Full Name (Last, First, Middle Initial) Dennis J Hansen			Date of Receipt
	Mailing Address 1791 Connor Station F	Road		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1094194112594
	Simpsonville	KY	40067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		70.00
	Name of Employer Kindred Healthcare Inc.	Occupatio VP Reim		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	910.00	P/R Deduction (\$35.00 Bi- Weekly)
– B.	Full Name (Last, First, Middle Initial) Mary Suzanne Riedman			Date of Receipt
	Mailing Address 680 S. Fourth Street			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1094194212594
	Louisville	KY	40202	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Kindred Healthcare Inc.	, <u> </u>	General Counsel	
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	
	Other (specify) ▼	0 0	520.00	P/R Deduction (\$20.00 Bi- Weekly)
- C.	Full Name (Last, First, Middle Initial) Susan P Riedl	1		Date of Receipt
	Mailing Address 8914 Lippincott Road			M M / D D / Y Y Y
	City	State	Zip Code	Transaction ID: PR1094194412594
	Louisville	KY	40222	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Kindred Healthcare Inc.		SD Reimb	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	260.00	P/R Deduction (\$10.00 Bi- Weekly)
Γ	SUBTOTAL of Receipts This Page (optional)	1		130.00
\vdash				
	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC ITEMIZED RECEIPT	CS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 85 (check only one) 11a X 11a 13 14 15 16 17 on for the purpose of soliciting contributions
or for commercial purposes, oth NAME OF COMMITTEE (In Kindred Healthcare, Inc	her than using the name and ad	dress of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Midc A. Mary L Dennison Mailing Address 4678 M	lle Initial) ount Eden Road		Date of Receipt
City	State	Zip Code	Transaction ID: PR1094194812594
Shelbyville FEC ID number of contribut federal political committee.	ing C	40065	Amount of Each Receipt this Period 35.00
Name of Employer Kindred Healthcare Inc. Receipt For: Primary Ger Other (specify) ▼	Occupatio Mgr Rein Aggregate		P/R Deduction (\$17.50 Bi- Weekly)
Full Name (Last, First, Mido Michael J Bean Mailing Address 8011 Ke	,		Date of Receipt
City	State	Zip Code	Transaction ID: PR1094195112594
Louisville	KY	40291	Amount of Each Receipt this Period
FEC ID number of contribut federal political committee.	ing C		40.00
Name of Employer Kindred Healthcare Inc.	Occupatio VP Tax F		
Receipt For: Primary Ger Other (specify) ▼	Aggregate	e Year-to-Date ▼ 520.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Mido Peggy Black	lle Initial)		Date of Receipt
	elmridge Court		M M / D D / Y Y Y Y
City Louisville	State KY	Zip Code 40222	Transaction ID: PR1094195312594
FEC ID number of contribut federal political committee.			Amount of Each Receipt this Period
Name of Employer Kindred Healthcare Inc.		st to Chair & BOD	
Receipt For: Primary Ger Other (specify) ▼	neral Aggregate	e Year-to-Date 260.00	P/R Deduction (\$10.00 Bi- Weekly)
SUBTOTAL of Receipts This	Page (optional)		95.00
TOTAL This Period (last page	e this line number only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 85 (check only one) 11c 12 X 11a 11b 11c 12 13 14 15 16 17 Information 11 12 12 12 Information 14 15 16 17
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC	name and address of any political committee to s	solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Anne S Woods Mailing Address 680 S. Fourth Street		Date of Receipt
	City	State Zip Code KY 40202	Transaction ID: PR1094195412594 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		72.00
	Name of Employer Kindred Healthcare Inc. Receipt For: Primary General Other (specify)	Occupation VP Internal Audit Aggregate Year-to-Date ▼ 897.00	P/R Deduction (\$36.00 Bi- Weekly)
В.	Full Name (Last, First, Middle Initial) Stephanie J Warren Mailing Address 680 S. Fourth Street		Date of Receipt
	City	State Zip Code	Transaction ID: PR1094195712594
	Louisville FEC ID number of contributing federal political committee.	KY 40202	Amount of Each Receipt this Period 30.00
	Name of Employer Kindred Healthcare Inc. Receipt For: Primary General Other (specify) ▼	Occupation Sr Dir Facility Mgmt Aggregate Year-to-Date ▼ 390.00	P/R Deduction (\$15.00 Bi- Weekly)
C.	Full Name (Last, First, Middle Initial) John Lucchese Mailing Address 680 S. Fourth Street		Date of Receipt
	City	State Zip Code	Transaction ID: PR1094195912594
	Louisville FEC ID number of contributing federal political committee.	KY 40202	Amount of Each Receipt this Period 76.94
	Name of Employer Kindred Healthcare Inc. Receipt For:	Occupation Sr VP & Corp Controller	-
	Primary General Other (specify) ▼	Aggregate Year-to-Date 901.76	P/R Deduction (\$38.47 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)	•••••••••••••••••••••••••••••••••••••••	178.94
	TOTAL This Period (last page this line number	only) 🕨	

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 85 (check only one) 11a X 11a 11b 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC	Statements ma	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
۷ ۹.	Full Name (Last, First, Middle Initial) Rose M Michels Mailing Address 680 S. Fourth Street			Date of Receipt
	City	State	Zip Code	Transaction ID: PR1094196012594
	Louisville	KY	40202	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer Kindred Healthcare Inc. Receipt For: Primary General Other (specify) ▼	- · · · · · · · · · · · · · · · · · · ·	n ax Compliance e Year-to-Date ▼ 390.00	P/R Deduction (\$15.00 Bi- Weekly)
- 3.	Full Name (Last, First, Middle Initial) Richard A Lechleiter Mailing Address 680 S. Fourth Street			Date of Receipt
	City	State	Zip Code	
	Louisville	KY	40202	Transaction ID: PR1094196212594 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer Kindred Healthcare Inc.	Occupatio Exec VP		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 1950.00	P/R Deduction (\$75.00 Bi- Weekly)
-	Full Name (Last, First, Middle Initial) Joseph Landenwich			Date of Receipt
	Mailing Address 680 S. Fourth Street			M M / D D / Y Y Y
	City	State	Zip Code	Transaction ID: PR1094196312594
	Louisville	KY	40202	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		120.00
	Name of Employer Kindred Healthcare Inc.	1	_egalAffairs&CrpSec	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 🔻 1560.00	P/R Deduction (\$60.00 Bi- Weekly)
Γ	SUBTOTAL of Receipts This Page (optional)			300.00
┢				
	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 85 (check only one) X X 11a 11b 11c 12 13 14 15 16 17
	Statements may not be sold or used by any persor he name and address of any political committee to s	
Full Name (Last, First, Middle Initial) A. Arthur L Rothgerber Mailing Address 680 S. Fourth Street		Date of Receipt
City	State Zip Code	Transaction ID: PR1094196412594
Louisville	KY 40202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		38.00
Name of Employer Kindred Healthcare Inc. Receipt For: Primary General Other (specify)	Occupation Sr VP Reimbursement Aggregate Year-to-Date ▼ 494.00	P/R Deduction (\$19.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Charles E Leanhart Mailing Address 1200 Twin Willows L	ane	Date of Receipt
City	State Zip Code	Transaction ID: PR1094196612594
Louisville	KY 40214	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Accts Payable	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 535.00	P/R Deduction (\$25.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Linda M O'Bryan		Date of Receipt
Mailing Address 1001 Willow Creek C	Court	M M / D D / Y Y Y Y
City	State Zip Code	Transaction ID: PR1094196712594
Louisville	KY 40245	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir PatientCare&QualHD	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 390.00	P/R Deduction (\$15.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)	·	118.00
TOTAL This Period (last page this line number		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page Statements may not be sold or used by any perso	FOR LINE NUMBER: PAGE 24 / 85 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17 n for the purpose of soliciting contributions
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC	e name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Karen R Blain Mailing Address 9708 Northridge Dr		Date of Receipt
City	State Zip Code	Transaction ID: PR1094197012594
Louisville FEC ID number of contributing federal political committee.	KY 40272	Amount of Each Receipt this Period
Name of Employer Kindred Healthcare Inc. Receipt For: Primary General Other (specify)	Occupation Mgr Patient Accting-HSD Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Mark A Laemmle Mailing Address 2224 Highland Spring:	s Place	Date of Receipt
City	State Zip Code	Transaction ID: PR1094197112594
	KY 40245	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		62.00
Name of Employer Kindred Healthcare Inc.	Occupation VP Crp Finance	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 806.00	P/R Deduction (\$31.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Douglas Curnutte		Date of Receipt
Mailing Address 680 S. Fourth Street		M M / D D / Y Y Y Y
City	State Zip Code	Transaction ID: PR1094197212594
Louisville FEC ID number of contributing federal political committee.	KY 40202	Amount of Each Receipt this Period
Name of Employer Kindred Healthcare Inc.	Occupation VP Fac & Real Estate Dev	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	P/R Deduction (\$15.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)	L	112.00
TOTAL This Period (last page this line number		

ç	SCHEDULE A (FEC Form 3X)		Use separate schedule(s		FOR LINE NUMBER: PAGE 25 / 85
	TEMIZED RECEIPTS		for each category of the	»)	(check only one)
•			Detailed Summary Page		X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any dress of any political committ	person tee to s	for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)				
	Kindred Healthcare, Inc. PAC				
A.	Full Name (Last, First, Middle Initial) Brian L Caudill	Date of Receipt			
	Mailing Address 1647 Beechwood Aver	M M / D D / Y Y Y Y			
	City State Zip Code				Transaction ID: PR1094197312594
	Louisville	KY	40204		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			52.00
	Name of Employer Kindred Healthcare Inc. Sr Dir HD Reimb				1
	Receipt For:	Aggregate	e Year-to-Date 🔻		1
	Primary General Other (specify) ▼	0 0	676.00)	P/R Deduction (\$26.00 Bi- Weekly)
– B.	Full Name (Last, First, Middle Initial) Mary R Russell				Date of Receipt
	Mailing Address 680 S. Fourth Street				M M / D D / Y Y Y Y
	City	City State Zip Code			
	Louisville	KY	40202		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			44.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Ad	on ccounting-HSD		1
	Receipt For:	1 1	e Year-to-Date 🔻		-
	Primary General Other (specify) ▼		572.00)	P/R Deduction (\$22.00 Bi- Weekly)
– C.	Full Name (Last, First, Middle Initial) William M Altman				Date of Receipt
•	Mailing Address 680 S. Fourth Street				M M / D D / Y Y Y Y
	City	State	Zip Code		Transaction ID: PR1094198012594
	Louisville	KY	40202		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			384.60
	Name of Employer Kindred Healthcare Inc.	+ · ·	nplGovtProg&IntAudit]
	Receipt For:	Aggregate	e Year-to-Date 🔻		
	Primary General Other (specify) ▼	0 0	2466.10)	P/R Deduction (\$192.30 Bi- Weekly)
Γ	SUBTOTAL of Receipts This Page (optional)	1			480.60
┝	CODICIAL OF RECEIPTS THIS Faye (optional)			•	
	TOTAL This Period (last page this line number	only)		►	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 85 (check only one)
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC	name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Scott M Juetten Mailing Address 680 S. Fourth Street		Date of Receipt
	City Louisville	State Zip Code KY 40202	Transaction ID: PR1094198112594
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
	Name of Employer Kindred Healthcare Inc. Receipt For: Primary General Other (specify) ▼	Occupation VP & Controller-HSD Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi- Weekly)
в.	Full Name (Last, First, Middle Initial) Vicki Chaffins Mailing Address 680 S. Fourth Street	<u> </u>	Date of Receipt
	City	State Zip Code	Transaction ID: PR1094198212594
	Louisville FEC ID number of contributing federal political committee.	KY 40202	Amount of Each Receipt this Period
	Name of Employer Kindred Healthcare Inc. Receipt For: Primary General	Occupation Mgr Accting-Fixed Assets Aggregate Year-to-Date	
	Other (specify) ▼	260.00	P/R Deduction (\$10.00 Bi- Weekly)
с.	Full Name (Last, First, Middle Initial) Bobby V Bas Mailing Address 2084 Wind River Road		Date of Receipt
	City	State Zip Code	Transaction ID: PR1094198312594
	El Cajon FEC ID number of contributing federal political committee.	CA 92019	Amount of Each Receipt this Period
	Name of Employer Kindred Healthcare Inc.	Occupation Radiology Tech	
	Receipt For: Primary General Other (specify) \blacksquare	Aggregate Year-to-Date ▼ 405.00	P/R Deduction (\$15.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)		70.00
Ī	TOTAL This Period (last page this line number	only)	

Any information copied from such Reports and Statements may not be sold o or for commercial purposes, other than using the name and address of any purposes. NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) Nancy Wilson Mailing Address 38 La Sierra Drive	Ditical committee to solicit contributions from such committee.
A. Nancy Wilson Mailing Address 38 La Sierra Drive	Transaction ID: PR1094199212594
City State Zip Code	
Phillips Ranch CA 91766	
FEC ID number of contributing federal political committee.	20.00
Name of Employer Kindred Healthcare Inc.OccupationSr CFO I	
Receipt For: Aggregate Year-to-Date Primary General Other (specify) ▼	▼ 270.00 P/R Deduction (\$10.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Steven J Fuller	Date of Receipt
Mailing Address 6025 Bridge Garden Rd	M M / D D / Y Y Y Y
City State Zip Code	Transaction ID: PR1094199712594
Knoxville TN 37912	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	20.00
Name of Employer Kindred Healthcare Inc.OccupationDist Dir Clin Ops	
Receipt For: Aggregate Year-to-Date	▼
Primary General Other (specify) ▼	260.00 P/R Deduction (\$10.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Joseph Wainscott	Date of Receipt
Mailing Address 8918 Serpent Circle	M M / D D / Y Y Y Y
City State Zip Code	Transaction ID: PR1094199812594
Indianapolis IN 46236	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	50.00
Name of Employer Kindred Healthcare Inc. Occupation VP Finance-Central I	
Receipt For: Aggregate Year-to-Date Primary General Other (specify) ▼	410.00 P/R Deduction (\$25.00 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 28 / 85 (check only one) X X 11a 11b 11c 12 13 14 15 16 17
,	Any information copied from such Reports and Si or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC	name and address of any political committee to	solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Martha S Rhoads Mailing Address 137 N. Cherry Street		Date of Receipt
	City		
	City Greenville	State Zip Code KY 42345	Transaction ID: PR1094200012594 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir Clin Ops	_
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi- Weekly)
в.	Full Name (Last, First, Middle Initial) J. Harold Walker		Date of Receipt
	Mailing Address 429 Freedom Trail	M M / D D / Y Y Y Y	
	City	State Zip Code	Transaction ID: PR1094200112594
	<u>Sparta</u>	TN 38583	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir Operations II	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 390.00	P/R Deduction (\$15.00 Bi- Weekly)
с.	Full Name (Last, First, Middle Initial) Michael Comer		Date of Receipt
	Mailing Address 12 Lewis		M M / D D / Y Y Y Y
	City	State Zip Code	Transaction ID: PR1094200412594
	Irvine	CA 92620	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	70.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP & CFO-West Group-HD	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 910.00	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) X X 11a 11b 11c 12 I3 14 15 16 17			
or for commercial purposes, other than using the	Statements may not be sold or used by any person ne name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC					
Full Name (Last, First, Middle Initial) Billy Wilcox					
Mailing Address 10000 N. Eldridge Pl	M M / D D / Y Y Y Y				
City	State Zip Code	Transaction ID: PR1094200512594			
Houston	TX 77065	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	30.00			
Name of Employer kindred Healthcare Inc.	Occupation Sr CFO I				
Receipt For:	Aggregate Year-to-Date 🔻				
Other (specify) ▼	405.00	P/R Deduction (\$15.00 Bi- Weekly)			
Full Name (Last, First, Middle Initial) Traci Shelton		Date of Receipt			
Mailing Address 2800 Nelson Way A	M M / D D / Y Y Y Y				
City	City State Zip Code				
Santa Monica	CA 90405	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	240.00			
Name of Employer Kindred Healthcare Inc.	Occupation Sr VP & COO-West Group-HD				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3040.00	P/R Deduction (\$120.00 Bi- Weekly)			
Full Name (Last, First, Middle Initial) Steven Monaghan		Date of Receipt			
Mailing Address 508 W. Melrose #7-A	ł	M M / D D / Y Y Y Y			
City	State Zip Code	Transaction ID: PR1094200712594			
Chicago	IL 60657	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	170.00			
Name of Employer Kindred Healthcare Inc.	Occupation Exec VP-West Grp-HD				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2210.00	P/R Deduction (\$85.00 Bi- Weekly)			
SUBTOTAL of Receipts This Page (optional)	·	440.00			
TOTAL This Period (last page this line number					

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and St	Use separate schedule(s) for each category of the Detailed Summary Page atements may not be sold or used by any person	FOR LINE NUMBER: PAGE 30 / 85 (check only one) 11c 12 X 11a 11b 11c 12 13 14 15 16 17 for the purpose of soliciting contributions
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC	name and address of any political committee to s	olicit contributions from such committee.
۷ A.	Full Name (Last, First, Middle Initial) Laura Wills Mailing Address 5364 S Bellerieve Lane	Date of Receipt	
	City Imperial	State Zip Code MO 63052	Transaction ID: PR1094200912594 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer Kindred Healthcare Inc. Receipt For: Primary General Other (specify)	Occupation Executive Dir Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi- Weekly)
в.	Full Name (Last, First, Middle Initial) Cynthia Smith Mailing Address 9N668 Bowes Bend Dr		Date of Receipt
	City Elain	State Zip Code	Transaction ID: PR1094201012594
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
	Name of Employer Kindred Healthcare Inc. Receipt For: Primary General Other (specify) ▼	Occupation Chief Exec Off II Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi- Weekly)
с.	Full Name (Last, First, Middle Initial) Susan B Myers Mailing Address 959 Whetstone Way		Date of Receipt
	City	State Zip Code	Transaction ID: PR1094201512594
	Louisville FEC ID number of contributing federal political committee.	KY 40223	Amount of Each Receipt this Period 30.00
	Name of Employer Kindred Healthcare Inc. Receipt For:	Occupation VP Clin Ops-CentralRegHSD	-
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	P/R Deduction (\$15.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)	••••••	70.00
Ī	TOTAL This Period (last page this line number of	only) 🕨	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 31 / 85 (check only one)		
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17		
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	ly not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions		
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC					
∠ A.	Full Name (Last, First, Middle Initial) James Ransone	Date of Receipt				
	Mailing Address 11644 Sw 53Th. Place	M M / D D / Y Y Y Y				
	City	Transaction ID: PR1094201612594				
	Cooper City	FL	33330	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		20.00		
	Name of Employer Kindred Healthcare Inc.	Name of Employer Occupation Kindred Healthcare Inc. Chief Clinical Off III				
	Receipt For:	Aggregate	e Year-to-Date 🔻			
	Other (specify)		260.00	P/R Deduction (\$10.00 Bi- Weekly)		
– В.	Full Name (Last, First, Middle Initial) John Miner			Date of Receipt		
	Mailing Address 4730 Dunnie Drive	M M / D D / Y Y Y Y				
	City	State	Zip Code	Transaction ID: PR1094202112594		
	Tampa	FL	33614	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		40.00		
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Fir				
	Receipt For:	Aggregate	e Year-to-Date 🔻			
	Primary General Other (specify) ▼	0 0	520.00	P/R Deduction (\$20.00 Bi- Weekly)		
– C.	Full Name (Last, First, Middle Initial) Pamela Marie Riter			Date of Receipt		
	Mailing Address 5224 Hampton Beach	M M / D D / Y Y Y Y				
	City	State	Zip Code	Transaction ID: PR1094202412594		
	Tampa	FL	33609	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		50.00		
	Name of Employer Kindred Healthcare Inc.		ec Off III			
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻			
	Other (specify)		650.00	P/R Deduction (\$25.00 Bi- Weekly)		
	SUBTOTAL of Receipts This Page (optional)			110.00		
	TOTAL This Period (last page this line number		•			

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedul for each category of th Detailed Summary Pa	ne	FOR LINE NUMBER: PAGE 32 / 85 (check only one) 11a X 11a 13 14 15 16
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC	Statements may e name and add	r not be sold or used by a dress of any political com	ny person mittee to s	for the purpose of soliciting contributions olicit contributions from such committee.
Z A.	Full Name (Last, First, Middle Initial) Mary Craig Mailing Address 18602 Camellia Estate	Date of Receipt			
	Mailing Address 18602 Camellia Estate	M M / D D / Y Y Y Y			
	City	State	Zip Code		Transaction ID: PR1094202612594
	Cypress	TX	77429		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Exe			1
	Receipt For:	Aggregate	Year-to-Date 🔻		_
	Primary General Other (specify) ▼	0 0	390	.00	P/R Deduction (\$15.00 Bi- Weekly)
– B.	Full Name (Last, First, Middle Initial) Julie Feasel				Date of Receipt
	Mailing Address 6211 Iroquios Ct.				M • M / D • D / Y • Y • Y
	City	State	Zip Code		Transaction ID: PR1094203012594
	Odessa	FL	33556		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Reg Dir H	n Hosp Rehab-PRS]
	Receipt For:	Aggregate	Year-to-Date 🔻		
	Primary General Other (specify) ▼	0 0	390	.00	P/R Deduction (\$15.00 Bi- Weekly)
- C.	Full Name (Last, First, Middle Initial) Charles D Doten				Date of Receipt
	Mailing Address 7644 Harbour Blvd.				M M / D D / Y Y Y Y
	City	State	Zip Code		Transaction ID: PR1094203612594
	Miramar	FL	33023		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C]	40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Exe]
	Receipt For:	Aggregate	Year-to-Date 🛡		
	Primary General Other (specify) ▼	0 0	540	.00	P/R Deduction (\$20.00 Bi- Weekly)
Γ	SUBTOTAL of Receipts This Page (optional)	1			100.00
┝	CODICINE OF NECESPIS THIS FAGE (Uptional)			. 🏴	
	TOTAL This Period (last page this line number	r only)		🕨	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 85 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Stat or for commercial purposes, other than using the na NAME OF COMMITTEE (In Full)		
	Kindred Healthcare, Inc. PAC		
Α.	Full Name (Last, First, Middle Initial) Carol Cregan Mailing Address 2649 Ne 26Th Avenue		Date of Receipt
	City Ft Lauderdale	State Zip Code FL 33306	Transaction ID: PR1094203712594 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Grp Sr Dir Bus Dev-HD	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi- Weekly)
в.	Full Name (Last, First, Middle Initial) James Malady		Date of Receipt
	Mailing Address 954 Lindfield Dr.		M M / D D / Y Y Y Y
	City	State Zip Code	Transaction ID: PR1094204112594
	Library	PA 15129	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Plant Ops	
	Receipt For:	Aggregate Year-to-Date V	_
	Other (specify)	270.00	P/R Deduction (\$10.00 Bi- Weekly)
C.	Full Name (Last, First, Middle Initial) Timothy L Simpson		Date of Receipt
	Mailing Address 140 Pioneer Trail		M M / D D / Y Y Y Y
	City	State Zip Code	Transaction ID: PR1094204312594
	Green Cove Springs	FL 32043	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer Kindred Healthcare Inc. Receipt For:	Occupation Executive Dir	_
	Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	P/R Deduction (\$20.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)	•••••	80.00
	TOTAL This Period (last page this line number on	ly)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page Statements may not be sold or used by any persor	FOR LINE NUMBER: PAGE 34 / 85 (check only one) Image: Comparison of the purpose of soliciting contributions X 11a 11b 11c 12 13 14 15 16 17 of or the purpose of soliciting contributions 110 110 110			
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC	ne name and address of any political committee to s	solicit contributions from such committee.			
Full Name (Last, First, Middle Initial) James D Thigpen Mailing Address 355 Woolsey Brooks	James D Thigpen				
City	City State Zip Code				
Fayetteville	Transaction ID: PR1094204612594 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	30.00			
Name of Employer Kindred Healthcare Inc.	Name of Employer Occupation Kindred Healthcare Inc. Dir Plant Ops				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 405.00	P/R Deduction (\$15.00 Bi- Weekly)			
Full Name (Last, First, Middle Initial) Sharon A Barnard Mailing Address 1937 Sr 16 West		Date of Receipt			
City <u>Green Cove Spgs</u>	State Zip Code FL 32043	Transaction ID: PR1094204812594			
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period			
Name of Employer Kindred Healthcare Inc.	Occupation Chief Clinical Off III				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	P/R Deduction (\$10.00 Bi- Weekly)			
Full Name (Last, First, Middle Initial) E. Jane Jackson		Date of Receipt			
Mailing Address 43171 Buttermere Te	Mailing Address 43171 Buttermere Terrace				
City	State Zip Code	Transaction ID: PR1094205112594			
Ashburn	VA 20147	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	20.00			
Name of Employer Kindred Healthcare Inc.	Occupation Dir Bus Implement-HD				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi- Weekly)			
SUBTOTAL of Receipts This Page (optional)	·····	70.00			
TOTAL This Period (last page this line number					

ITEMIZ	DULE A (FEC Form 3X) ED RECEIPTS	for each	eparate schedule(s) ch category of the ed Summary Page	FOR LINE NUMBER: PAGE 35 / 85 (check only one) X X 11a 11b 11c 12 13 14 15 16 17 n for the purpose of soliciting contributions
or for comr				solicit contributions from such committee.
A. James	me (Last, First, Middle Initial) J Novak Address 9680 Ridgewalk Court			Date of Receipt
City				
Davie		State Zip (FL 333	Code 28	Transaction ID: PR1094205312594 Amount of Each Receipt this Period
FEC ID	number of contributing political committee.	C		84.00
Receipt P	of Employer d Healthcare Inc. t For: rimary General other (specify) v	Occupation Exec VP-East Gr Aggregate Year-to-I	•	P/R Deduction (\$42.00 Bi- Weekly)
B. Sally I H	me (Last, First, Middle Initial) Ioffmann Address 13713 Rothman Tate P	lace		Date of Receipt
0:++				
City Riverv	view	State Zip (FL 335	Code 79	Transaction ID: PR1094205712594 Amount of Each Receipt this Period
FEC ID	number of contributing political committee.	C		30.00
Name o Kindred	of Employer J Healthcare Inc.	Occupation Chief Exec Off III	1	_
	t For: rimary General 0ther (specify) ▼	Aggregate Year-to-I		P/R Deduction (\$15.00 Bi- Weekly)
	me (Last, First, Middle Initial) oher A Clements			Date of Receipt
	Mailing Address 3111 North Ocean Drive #1007			M M / D D / Y Y Y Y
City		State Zip (Code	Transaction ID: PR1094206212594
<u>Hollyw</u>	vood	FL 330	19	Amount of Each Receipt this Period
	number of contributing political committee.	C		20.00
Name o Kindreo	of Employer d Healthcare Inc.	Occupation Administrator III		
	t For: rimary General 0ther (specify) ▼	Aggregate Year-to-I	Date 260.00	P/R Deduction (\$10.00 Bi- Weekly)
SUBTOT	L AL of Receipts This Page (optional)			134.00
	his Period (last page this line number o			

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 85 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 1 n for the purpose of soliciting contributions 110 110 110 10			
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC	sing the name and address of any political committee to	solicit contributions from such committee.			
Full Name (Last, First, Middle Initial) Susan M Fortin Mailing Address 48 Half Moon Te	errace	Date of Receipt			
City					
Colchester	VT 05446	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	25.00			
Name of Employer Kindred Healthcare Inc. Receipt For: Primary General	Occupation Dir Nursing II Aggregate Year-to-Date V				
Other (specify) ▼	265.00	P/R Deduction (\$5.00 Week- ly)			
Full Name (Last, First, Middle Initial) Elizabeth D Dubois		Data of Descript			
Elizabeth D Dubois Mailing Address 21 Harriman Ro	Date of Receipt				
City	State Zip Code	Transaction ID: PR1094209412594			
Hudson	MA 01749	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.		20.00			
Name of Employer Kindred Healthcare Inc.	Occupation Reg Mgr Field Accting				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi- Weekly)			
Full Name (Last, First, Middle Initial) Scott West		Date of Receipt			
Mailing Address 13 Edward Stree		M M / D D / Y Y Y Y			
City	State Zip Code	Transaction ID: PR1094209912594			
Milton	VT 05468	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	25.00			
Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir II				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 265.00	P/R Deduction (\$5.00 Week- ly)			
SUBTOTAL of Receipts This Page (opt	ional)	70.00			

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate so for each catego Detailed Summ	ry of the	FOR LINE NU (check only on X 11a		
_				ury i aye	13	14 15 16	17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	ay not be sold or use Idress of any politica	d by any persor I committee to s	n for the purpose solicit contributic	e of soliciting contribution ons from such committee	ns e.
	NAME OF COMMITTEE (In Full)						
	Kindred Healthcare, Inc. PAC						
A.	Full Name (Last, First, Middle Initial) Donna Kelsey				Date of Re	ceipt	
	Mailing Address 2075 E. Tivoli Hills Dri	ve			M M /	D D / Y Y Y	Y
	City	State	Zip Code		Transactio	n ID: PR1094210112	2594
	Draper	UT	84020		Amount of	Each Receipt this Period	d
	FEC ID number of contributing federal political committee.	C				50.	00
	Name of Employer Kindred Healthcare Inc.	Occupation	on acific Reg-HSD		1		
	Receipt For:	1 1	e Year-to-Date V		1		
	Primary General Other (specify) ▼			650.00	P/R Deduc Weekly)	tion (\$25.00 Bi-	
– B.	Full Name (Last, First, Middle Initial) Katherine Davis	1			Date of Re	ceipt	
	Mailing Address 8419 Oxford Woods C	ourt			M M /	D D / Y Y Y	Y
	City	State	Zip Code		Transactio	n ID: PR1094210212	2594
	Louisville	KY	40222		Amount of	Each Receipt this Period	d
	FEC ID number of contributing federal political committee.	C		0		30.	00
	Name of Employer Kindred Healthcare Inc.	Occupatio			1		
	Receipt For:	1	Case Mgmt-HSD		-		
	Primary General	Aggregate	e Year-to-Date 🔻		P/R Deduc	tion (\$15.00 Bi-	
	Other (specify)		0 0 0 0 0	390.00	Weekly)		
– C.	Full Name (Last, First, Middle Initial) Marsha Miles				Date of Re	ceipt	
	Mailing Address 2221 Admiral Circle				M M /	DD/YYY	Y
	City	State	Zip Code			n ID: PR1094210312	
	Virginia Beach	VA	23451		Amount of	Each Receipt this Period	d
	FEC ID number of contributing federal political committee.	C		8		20.	00
	Name of Employer Kindred Healthcare Inc.	Occupation Register	on ed Dietitian]		
	Receipt For:	Aggregate	e Year-to-Date 🔻				
	Primary General Other (specify) ▼	0 0		270.00	P/R Deduc Weekly)	tion (\$10.00 Bi-	
Γ	CURTOTAL of Doppints This Dopp (aption of)	<u> </u>			· · ·	100.0	00
┝	SUBTOTAL of Receipts This Page (optional)			••••••			
	TOTAL This Period (last page this line number	only)		►	L		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 85 (check only one) X X 11a 11b 11c 12 13 14 15 16 17
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC	name and address of any political committee to s	solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Anita Tillery Mailing Address 2531 Rock Creek Drive		Date of Receipt
	City	State Zip Code	
	Chesapeake	VA 23325	Transaction ID: PR1094211012594 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Area Executive Dir	_
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	P/R Deduction (\$20.00 Bi- Weekly)
в.	Full Name (Last, First, Middle Initial) Christina Schramm		Date of Receipt
	Mailing Address 166 Columbia Ave		M M / D D / Y Y Y Y
	City	State Zip Code	Transaction ID: PR1094211912594
	Chillicothe	OH 45601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir II	_
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 270.00	P/R Deduction (\$10.00 Bi- Weekly)
C.	Full Name (Last, First, Middle Initial) Tom Cunningham		Date of Receipt
	Mailing Address 6705 Merwin Ave		M M / D D / Y Y Y
	City	State Zip Code	Transaction ID: PR1094212112594
	Cincinnati	OH 45227	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer Lebanon Country Manor	Occupation Executive Dir II	_
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 220.00	P/R Deduction (\$10.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)	•	80.00
	TOTAL This Period (last page this line number c	only)	

ITEMIZE Any informa	ULE A (FEC Form 3X) ED RECEIPTS	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any perso	FOR LINE NUMBER: PAGE 39 / 85 (check only one) Image: Check only one) X 11a 11b 11c 12 I3 14 15 16 1 on for the purpose of soliciting contributions osolicit contributions from such committee. 10 10 10
	DF COMMITTEE (In Full) DHealthcare, Inc. PAC	ne name ano ao	dress of any political committee to	Solicit contributions from such committee.
Anthony	ne (Last, First, Middle Initial) D Lacke Address 95 Caesar Chelor Dr			Date of Receipt
	Starsar Chelor Di			
City		State	Zip Code	Transaction ID: PR1094212412594
<u>Wrenth</u>	am	MA	02093	Amount of Each Receipt this Period
	number of contributing olitical committee.	C		25.00
Name of Kindred	Employer Healthcare Inc.	Occupatio Executiv		
Receipt		Aggregate	e Year-to-Date 🔻	
	mary General her (specify) v	0 0	265.00	P/R Deduction (\$5.00 Week- ly)
	ne (Last, First, Middle Initial) Nackers			Date of Receipt
Mailing A	Address 1760 Waters Ferry D	Drive		M M / D D / Y Y Y Y
City		State	Zip Code	Transaction ID: PR1094212512594
Lawren	ceville	GA	30043	Amount of Each Receipt this Period
	number of contributing olitical committee.	C		30.00
	Employer Healthcare Inc.		Operation Reimb	
	For: mary General her (specify) ▼	Aggregate	e Year-to-Date 🔻 390.00	P/R Deduction (\$15.00 Bi- Weekly)
	ne (Last, First, Middle Initial) Weglarz			Date of Receipt
Mailing A				M M / D D / Y Y Y Y
City		State	Zip Code	Transaction ID: PR1094212612594
<u>Glouce</u>	ster	MA	01930	Amount of Each Receipt this Period
	number of contributing olitical committee.	C		20.00
	Employer Healthcare Inc.		nce-East Reg-HSD	
	For: mary General her (specify) ▼		e Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi- Weekly)
SUBTOTA	L of Receipts This Page (optional)	-1		75.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page atements may not be sold or used by any person	FOR LINE NUMBER: PAGE 40 / 85 (check only one) Image: Constraint of the second sec
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
A.	Full Name (Last, First, Middle Initial) Celeste M Bentley Mailing Address 4 Stuart Drive		Date of Receipt
	City Barrington	State Zip Code NH 03825	Transaction ID: PR1094213312594 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer Kindred Healthcare Inc. Receipt For: Primary General Other (specify) ▼	Occupation Dir Reimb-HSD Aggregate Year-to-Date ▼ 390.00	P/R Deduction (\$15.00 Bi- Weekly)
В.	Full Name (Last, First, Middle Initial) Debra Forman Mailing Address 11009 Walnut Creek		Date of Receipt
	City	State Zip Code	Transaction ID: PR1094213412594
	Knoxville FEC ID number of contributing federal political committee.	TN 37932	Amount of Each Receipt this Period
	Name of Employer Kindred Healthcare Inc. Receipt For: Primary General Other (specify) ▼	Occupation Reg Mgr Field Accting Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi- Weekly)
C.	Full Name (Last, First, Middle Initial) Lane M Bowen Mailing Address 680 South Fourth Ave		Date of Receipt
	City	State Zip Code	Transaction ID: PR1094213612594
	Louisville FEC ID number of contributing federal political committee.	KY 40202	Amount of Each Receipt this Period
	Name of Employer Kindred Healthcare Inc.	Occupation Exec VP & President-HSD	-
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 1300.00	P/R Deduction (\$50.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)	•	150.00
	TOTAL This Period (last page this line number of	only)	

SCHEDULE A (FEC Forr ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 85 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions for the purpose of soliciting contributions for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC	using the name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial Laurie A Roberto Mailing Address 217 Main Stre		Date of Receipt
<u></u>		
City Lynnfield	State Zip Code MA 01940	Transaction ID: PR1094213912594 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		25.00
Name of Employer Kindred Healthcare Inc.	Occupation Area Executive Dir	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 265.00	P/R Deduction (\$5.00 Week- ly)
Full Name (Last, First, Middle Initial Michael W Beal Mailing Address 10 Glenwood		Date of Receipt
City	State Zip Code	Transaction ID: PR1094214112594
Windham FEC ID number of contributing federal political committee.	NH 03087	Amount of Each Receipt this Period 40.00
Name of Employer Northeast Region	Occupation Sr VP-East Reg-HSD	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Middle Initial John Getts Mailing Address 150 Evergreer		Date of Receipt
City	State Zip Code	Transaction ID: PB1094214612594
Henniker	NH 03242	Transaction ID: PR1094214612594 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer Kindred Healthcare Inc.	Occupation Area Executive Dir	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 265.00	P/R Deduction (\$5.00 Week- ly)
		90.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 85 (check only one) Image: Check only one) X 11a 11b 11c 12 13 14 15 16 16 n for the purpose of soliciting contributions rom such committee 100 100 100
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC	using the name and address of any political committee to	
Full Name (Last, First, Middle Initial) James Holcomb Mailing Address 317 30Th Aven		Date of Receipt
City	State Zip Code	Transaction ID: PR1094215112594
Great Falls FEC ID number of contributing federal political committee.	MT 59404	Amount of Each Receipt this Period 20.00
Name of Employer Kindred Healthcare Inc. Receipt For: Primary General Other (specify) ▼	Occupation Executive Dir III Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Wee-kly)
Full Name (Last, First, Middle Initial) Kelly G Snowball Mailing Address 4468 Forest Gr	een Drive	Date of Receipt
City	State Zip Code	Transaction ID: PR1094215712594
Ogden	UT 84403	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir II	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Susan A Kesterson		Date of Receipt
Mailing Address 2334 Heritage	Dr	M M / D D / Y Y Y Y
City	State Zip Code	Transaction ID: PR1094216212594
Corona	CA 92882	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer Kindred Healthcare Inc.	Occupation Reg Financial Ana	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	P/R Deduction (\$15.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (or	tional)	70.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 85 (check only one) 11c 12 X 11a 11b 11c 12 13 14 15 16 17 of or the purpose of soliciting contributions
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC	name and address of any political committee to s	solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Sylvia Burton Mailing Address 433 S. Plantation		Date of Receipt
	City Cookeville	State Zip Code TN 38506	Transaction ID: PR1094217612594 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer Kindred Healthcare Inc. Receipt For: Primary General Other (specify) ▼	Occupation Executive Dir III Aggregate Year-to-Date ▼ 405.00	P/R Deduction (\$15.00 Bi- Weekly)
В.	Full Name (Last, First, Middle Initial) Mark S Pfeifer Mailing Address 11014 Brave Ct.	I	Date of Receipt
	City	State Zip Code	Transaction ID: PR1094218412594
	Idianapolis FEC ID number of contributing federal political committee.	IN 46236	Amount of Each Receipt this Period
	Name of Employer Kindred Healthcare Inc. Receipt For: Primary General Other (specify)	Occupation Reg Financial Ana Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi- Weekly)
с.	Full Name (Last, First, Middle Initial) Donna Susan Dickerson Mailing Address 5283 Pryor Road	I	Date of Receipt
	City	State Zip Code	Transaction ID: PR1094220712594
	Maryville FEC ID number of contributing federal political committee.	TN 37804	Amount of Each Receipt this Period
	Name of Employer Kindred Healthcare Inc.	Occupation Area Executive Dir	_
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)	•	70.00
	TOTAL This Period (last page this line number	only)	

ITEMIZED I	opied from such Reports and St	tatements may r	Use separate schedule(s) for each category of the Detailed Summary Page not be sold or used by any per	FOR LINE NUMBER: PAGE 44 / 85 (check only one) (check only one) 11c 12 X 11a 11b 11c 12 13 14 15 16 16 rson for the purpose of soliciting contributions
or for commercial	purposes, other than using the MMITTEE (In Full) Ilthcare, Inc. PAC	name and addr	ess of any political committee	to solicit contributions from such committee.
Keith A Mandre	st, First, Middle Initial) II SS 8813 Mallow Drive			Date of Receipt
City		State	Zip Code	Transaction ID: PR1094221212594
Knoxville FEC ID numb federal politica	er of contributing I committee.		37922	Amount of Each Receipt this Period
Name of Empl Kindred Healt Receipt For:		Occupation Executive Aggregate Y	Dir I /ear-to-Date V 260.00	P/R Deduction (\$10.00 Bi- Weekly)
Anna Ruth Bird	st, First, Middle Initial) well ss 5450 Grundy Quarles H	I Hwy		Date of Receipt
City		State	Zip Code	L L L L L Transaction ID: PR1094221312594
	er of contributing	TN C	38545	Amount of Each Receipt this Period
federal politica Name of Empl Kindred Healtl		Occupation		
Receipt For: Primary Other (s	General pecify) ▼	Dir Nursing	/ear-to-Date ▼ 270.00	P/R Deduction (\$10.00 Bi- Weekly)
Norine Cross	st, First, Middle Initial)			Date of Receipt
Mailing Addres	s 204 Highland Trail			M M / D D / Y Y Y Y
City Chapel Hill		State NC	Zip Code	Transaction ID: PR1094221712594
	er of contributing I committee.	C	27516	Amount of Each Receipt this Period 40.00
Name of Empl Kindred Healt	oyer ncare Inc.	Occupation Reg Dir Re		
Receipt For: Primary Other (s	General pecify) ▼	Aggregate Y	/ear-to-Date ▼ 520.00	P/R Deduction (\$20.00 Wee- kly)
				80.00

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	Use separate schedule(s) for each category of the Detailed Summary Page not be sold or used by any perso ress of any political committee to	FOR LINE NUMBER: PAGE 45 / 85 (check only one) Image: Constraint of the second sec
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
A.	Full Name (Last, First, Middle Initial) James Tucker Mailing Address PO Box 223			Date of Receipt
	City	State	Zip Code	Transaction ID: PR1094222012594
	Carthage FEC ID number of contributing federal political committee.	TN C	37030	Amount of Each Receipt this Period
	Name of Employer Kindred Healthcare Inc. Receipt For: Primary General Other (specify) ▼	Occupation Executive Aggregate		P/R Deduction (\$10.00 Bi- Weekly)
— В.	Full Name (Last, First, Middle Initial) Gloria J Miller Mailing Address 100 Revere Crossing L	Ln.		Date of Receipt
	Apt. 107 City	State	Zip Code	Transaction ID: PR1094222112594
	Cary FEC ID number of contributing federal political committee.		27519	Amount of Each Receipt this Period 40.00
	Name of Employer Kindred Healthcare Inc. Receipt For: Primary General Other (specify) ▼	1 1	perations I Year-to-Date ▼ 520.00	P/R Deduction (\$20.00 Bi- Weekly)
_ C.	Full Name (Last, First, Middle Initial) Patricia Pruden Lennox Mailing Address 11 Cider Mill Road			Date of Receipt
	City	State	Zip Code	Transaction ID: PR1094222812594
	Medway FEC ID number of contributing federal political committee.	C	02053	Amount of Each Receipt this Period 40.00
	Name of Employer Kindred Healthcare Inc.		ales & MktingHSD	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 520.00	P/R Deduction (\$20.00 Bi- Weekly)
Γ	SUBTOTAL of Receipts This Page (optional)	<u> </u>		100.00
	TOTAL This Period (last page this line number	r only)		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 85 (check only one) X X 11a 11b 11c 12 X 13 14 15 16 17
Any information copied from such Reports an or for commercial purposes, other than using	nd Statements may not be sold or used by any person the name and address of any political committee to s	for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
Full Name (Last, First, Middle Initial) James N. Rogers		Date of Receipt
Mailing Address 1002 Stonehouse F	Ridge Road	M M / D D / Y Y Y Y
City	State Zip Code	Transaction ID: PR1094224312594
Bardstown	KY 40004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Kindred Healthcare Inc.	Occupation Dir Clin Sys Dev	
Receipt For:	Aggregate Year-to-Date V	
Primary General Other (specify) ▼	260.00	P/R Deduction (\$10.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Ronald D Long		Date of Receipt
Mailing Address 680 S. Fourth Stree	et	M M / D D / Y Y Y Y
City	State Zip Code	Transaction ID: PR1094224512594
Louisville	KY 40202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer Kindred Healthcare Inc.	Occupation Adm Dir Contract Admin	
Receipt For:	Aggregate Year-to-Date 🔻	
Primary General Other (specify) ▼	390.00	P/R Deduction (\$15.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Stephen F. Stoess		Date of Receipt
Mailing Address 680 S. Fourth Stree	et	M M / D D / Y Y Y Y
City	State Zip Code	Transaction ID: PR1094224612594
Louisville	KY 40202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	46.80
Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Telecommunications	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 608.40	P/R Deduction (\$23.40 Bi- Weekly)
SUBTOTAL of Receipts This Page (optiona	al)	96.80
TOTAL This Period (last page this line num	iber only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	Use separate schedule(s) for each category of the Detailed Summary Page tatements may not be sold or used by any person	FOR LINE NUMBER: PAGE 47 / 85 (check only one) Image: state s
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC	name and address of any political committee to s	olicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) James E. Bell Mailing Address 680 S. Fourth Street		Date of Receipt
	City Louisville	State Zip Code KY 40202	Transaction ID: PR1094225012594 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer Kindred Healthcare Inc. Receipt For: Primary General Other (specify) ▼	Occupation Sr Dir Div Reimb-HD Aggregate Year-to-Date ▼ 390.00	P/R Deduction (\$15.00 Bi- Weekly)
В.	Full Name (Last, First, Middle Initial) Randy E Johnson Mailing Address 5208 Grandlake		Date of Receipt
	City	State Zip Code	Transaction ID: PR1094225612594
	Bellaire FEC ID number of contributing federal political committee.	TX 77401	Amount of Each Receipt this Period
	Name of Employer Kindred Healthcare Inc. Receipt For: Primary General Other (specify) ▼	Occupation Chief Exec Off III Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi- Weekly)
C.	Full Name (Last, First, Middle Initial) Paul R. Eiseman Mailing Address 680 S. Fourth Street		Date of Receipt
	City	State Zip Code	Transaction ID: PR1094225812594
	Louisville FEC ID number of contributing federal political committee.	KY 40202	Amount of Each Receipt this Period 30.00
	Name of Employer Kindred Healthcare Inc. Receipt For:	Occupation VP Bus Dev & Phys Rel-HD	
	Primary General Other (specify) ▼	Aggregate Year-to-Date V 390.00	P/R Deduction (\$15.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)	•••••••••••••••••••••••••••••••••••••••	80.00
	TOTAL This Period (last page this line number	only)	

	DULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 85 (check only one) 11a X 11a
Any inform	nation copied from such Reports and S imercial purposes, other than using the	Statements may	not be sold or used by any perso	13 14 15 16 1 on for the purpose of soliciting contributions o solicit contributions from such committee.
	OF COMMITTEE (In Full) red Healthcare, Inc. PAC			
A. Catha	ame (Last, First, Middle Initial) ine C Young			Date of Receipt
	g Address 680 S. Fourth Street			M M / D D / Y Y Y Y
City		State	Zip Code	Transaction ID: PR1094228012594
<u>Louis</u>	sville	KY	40202	Amount of Each Receipt this Period
	D number of contributing I political committee.	C		30.00
Name Kindre	of Employer ed Healthcare Inc.	Occupation Sr Dir & I	ո ∟itigat Counsel	
	ot For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) v	0 0	390.00	P/R Deduction (\$15.00 Bi- Weekly)
	ame (Last, First, Middle Initial) V Miller			Date of Receipt
Mailin	g Address 3611 Glenfield Court			M M / D D / Y Y Y Y
City		State	Zip Code	Transaction ID: PR1094228412594
<u>Louis</u>	sville	KY	40241	Amount of Each Receipt this Period
	D number of contributing I political committee.	C		20.00
	of Employer ed Healthcare Inc.	Occupation Reg Qua		
Receij		Aggregate	Year-to-Date V	
	Primary General Other (specify) ▼	0 0	260.00	P/R Deduction (\$10.00 Bi- Weekly)
	ame (Last, First, Middle Initial) n Theresa McGuyer	1		Date of Receipt
	g Address 22441 15Th Ave. So.			M M / D D / Y Y Y Y
City		State	Zip Code	Transaction ID: PR1094229012594
<u>Des l</u>	Voines	WA	98198	Amount of Each Receipt this Period
	D number of contributing I political committee.	C		20.00
	of Employer ed Healthcare Inc.	Occupation Dir Nursi		
Receij		Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) v	0 0	260.00	P/R Deduction (\$10.00 Wee- kly)
SURTO	FAL of Receipts This Page (optional)	1		70.00

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and S	Use separate schedule(s) for each category of the Detailed Summary Page tatements may not be sold or used by any pers	FOR LINE NUMBER: PAGE 49 / 85 (check only one) 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions 10 11 17
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC	name and address of any political committee to	o solicit contributions from such committee.
۷ ۸.	Full Name (Last, First, Middle Initial) Charles K. Currens Mailing Address 680 S. Fourth Street		Date of Receipt
	City Louisville	State Zip Code KY 40202	Transaction ID: PR1094229112594
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir IS Prod Svcs	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	P/R Deduction (\$20.00 Bi- Weekly)
- 3.	Full Name (Last, First, Middle Initial) Gaylia Bond		Date of Receipt
	Mailing Address 7015 Wooded Meadow	/ Rd	M M / D D / Y Y Y
	City	State Zip Code	Transaction ID: PR1094229712594
	Louisville	KY 40241	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	60.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP Human Resources-HD	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	P/R Deduction (\$30.00 Bi- Weekly)
-	Full Name (Last, First, Middle Initial) Keith Krein		Date of Receipt
	Mailing Address 680 S. Fourth Street		M M / D D / Y Y Y Y
	City	State Zip Code	Transaction ID: PR1094229812594
	Louisville	KY 40202	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP & Chief Med Off-HSD	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	P/R Deduction (\$20.00 Bi- Weekly)
Γ	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 tatements may not be sold or used by any persor	FOR LINE NUMBER: PAGE 50 / 85 (check only one) 11c 12 X 11a 11b 11c 12 13 14 15 16 17 n for the purpose of soliciting contributions
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC	name and address of any political committee to	solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Patricia M McGillan Mailing Address 510 Altagate Rd		Date of Receipt
	City	State Zip Code KY 40206	Transaction ID: PR1094229912594
	FEC ID number of contributing federal political committee.		60.00
	Name of Employer Kindred Healthcare Inc. Receipt For: Primary General Other (specify) ▼	Occupation VP Pat Saf & Reg Compl-HD Aggregate Year-to-Date ▼ 780.00	P/R Deduction (\$30.00 Bi- Weekly)
В.	Full Name (Last, First, Middle Initial) Barbara L Baylis Mailing Address 680 S. Fourth Street		Date of Receipt
	City	State Zip Code	Transaction ID: PR1094230012594
	Louisville FEC ID number of contributing federal political committee.	KY 40202	Amount of Each Receipt this Period 40.00
	Name of Employer Kindred Healthcare Inc. Receipt For: Primary General Other (specify)	Occupation Sr VP Clin & Res Svcs-HSD Aggregate Year-to-Date ▼ 520.00	P/R Deduction (\$20.00 Bi- Weekly)
C.	Full Name (Last, First, Middle Initial) Richard H Starke Mailing Address 680 S. Fourth Avenue		Date of Receipt
	City	State Zip Code	Transaction ID: PR1094231512594
	Louisville FEC ID number of contributing federal political committee.	KY 40202	Amount of Each Receipt this Period 40.00
	Name of Employer Kindred Healthcare Inc. Receipt For:	Occupation Sr VP Rehab Svcs-PRS	-
	Primary General Other (specify) ▼	Aggregate Year-to-Date 520.00	P/R Deduction (\$20.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)	•	140.00
	TOTAL This Period (last page this line number of	only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page Statements may not be sold or used by any perso he name and address of any political committee to	FOR LINE NUMBER: PAGE 51 / 85 (check only one) 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions solicit negative from such committee 16 17
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC	The name and address of any political committee to	
Full Name (Last, First, Middle Initial) Thomas M Skirven Mailing Address Hc 67 Box 1301		Date of Receipt
City Enfield	State Zip Code ME 04493	Transaction ID: PR1094231712594 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		25.00
Name of Employer Kindred Healthcare Inc. Receipt For: Primary General Other (specify) ▼	Occupation Executive Dir II Aggregate Year-to-Date ▼ 265.00	P/R Deduction (\$5.00 Week-
Full Name (Last, First, Middle Initial) Pete Kalmey Mailing Address 1516 East Las Olas	Blvd	Date of Receipt
City	State Zip Code	Transaction ID: PR1094232012594
<u>Ft. Lauderdale</u> FEC ID number of contributing federal political committee.	FL 33301	Amount of Each Receipt this Period
Name of Employer Kindred Healthcare Inc. Receipt For: Primary General	Occupation VP & CFO-East Group-HD Aggregate Year-to-Date ▼	
Other (specify) ▼	260.00	P/R Deduction (\$10.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Mary J Yesue Mailing Address P. O. Box 921	·	Date of Receipt
City	State Zip Code	Transaction ID: PR1094232112594
York Harbor FEC ID number of contributing federal political committee.	ME 03911	Amount of Each Receipt this Period 30.00
Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir Clin Ops	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	P/R Deduction (\$15.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)	·····	75.00
TOTAL This Period (last page this line number		

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contribution or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) Janet L Worcester Mailing Address 24 Saratoga Avenue City State Bangor ME ME 04401	ее. 2594
Kindred Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) Janet L Worcester Mailing Address 24 Saratoga Avenue City State Zip Code Bangor ME 04401 FEC ID number of contributing federal political committee. C Transaction ID: PR109423221 Name of Employer Kindred Healthcare Inc. Occupation Dist Dir Clin Ops Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ P/R Deduction (\$10.00 Bi- Weekly) B. Full Name (Last, First, Middle Initial) Audrey Johndro Date of Receipt	2594 od
A. Janet L Worcester Date of Receipt Mailing Address 24 Saratoga Avenue Image: City State Zip Code Bangor ME 04401 Amount of Each Receipt this Perior FEC ID number of contributing federal political committee. C Image: City Amount of Each Receipt this Perior Name of Employer Kindred Healthcare Inc. Occupation Dist Dir Clin Ops Primary General Primary General Other (specify) ▼ 260.00 P/R Deduction (\$10.00 Bi-Weekly) B. Full Name (Last, First, Middle Initial) Audrey Johndro Date of Receipt	2594 od
City State Zip Code Bangor ME 04401 Transaction ID: PR109423221 Amount of Each Receipt this Period Amount of Each Receipt this Period 20 FEC ID number of contributing federal political committee. Occupation 20 Name of Employer Kindred Healthcare Inc. Occupation Dist Dir Clin Ops P/R Deduction (\$10.00 Bi-Weekly) Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$10.00 Bi-Weekly) P/R Deduction (\$10.00 Bi-Weekly) B. Full Name (Last, First, Middle Initial) Date of Receipt	2594 od
Bangor ME 04401 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C 20 Name of Employer Kindred Healthcare Inc. Occupation Dist Dir Clin Ops 20 Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$10.00 Bi-Weekly) Other (specify) ▼ 260.00 P/R Deduction (\$10.00 Bi-Weekly) B. Full Name (Last, First, Middle Initial) Date of Receipt	od
FEC ID number of contributing federal political committee. C 20 Name of Employer Kindred Healthcare Inc. Occupation Dist Dir Clin Ops Primary General Other (specify) ▼ 0 Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ P/R Deduction (\$10.00 Bi-Weekly) B. Full Name (Last, First, Middle Initial) Audrey Johndro Date of Receipt	
federal political committee. C 20 Name of Employer Kindred Healthcare Inc. Occupation Dist Dir Clin Ops Primary Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$10.00 Bi- Weekly) Other (specify) ▼ 260.00 P/R Deduction (\$10.00 Bi- Weekly) B. Full Name (Last, First, Middle Initial) Audrey Johndro Date of Receipt	0.00
Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 260.00 Full Name (Last, First, Middle Initial) Audrey Johndro Date of Receipt	
Primary General Other (specify) ▼ 260.00 Full Name (Last, First, Middle Initial) Audrey Johndro Date of Receipt	
Other (specify) ▼ 260.00 Weekly) Full Name (Last, First, Middle Initial) Audrey Johndro Date of Receipt	
B. Audrey Johndro Date of Receipt	
Mailing Address 7 Alan Circle	
	Y
City State Zip Code Transaction ID: PR109423231	
Londonderry NH 03053 Amount of Each Receipt this Period	bc
FEC ID number of contributing federal political committee.	0.00
Name of Employer Occupation Kindred Healthcare Inc. Reg Dir Field Accting-HSD	
Receipt For: Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	
Full Name (Last, First, Middle Initial) Date of Receipt	
Mailing Address 259 Sweetwater	Y
City State Zip Code Transaction ID: PR109423331	2594
Lander WY 82520 Amount of Each Receipt this Period	bc
FEC ID number of contributing federal political committee. C 20	0.00
Name of Employer Occupation Kindred Healthcare Inc. Executive Dir I	
Receipt For: Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼ 260.00	
SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	.00

I	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S or for commercial purposes, other than using the	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 85 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17 n for the purpose of soliciting contributions from one base from one base from one base from the purpose of soliciting contributions 11a 11b 11b 11b 11c 12
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC	name and address of any political committee to	
A.	Full Name (Last, First, Middle Initial) Edward J Goddard Mailing Address P.O. Box 138		Date of Receipt
	City Wrentham	State Zip Code MA 02093	Transaction ID: PR1094233512594 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer Kindred Healthcare Inc. Receipt For: Primary General Other (specify) ▼	Occupation Sr Dir Labor Rel Aggregate Year-to-Date ▼ 250.00	P/R Deduction (\$20.00 Bi- Weekly)
- В.	Full Name (Last, First, Middle Initial) Cynthia Swisher Mailing Address 20152 Marie Court		Date of Receipt
	City	State Zip Code	Transaction ID: PR1094233612594
	Noblesville FEC ID number of contributing federal political committee.	IN 46062	Amount of Each Receipt this Period
	Name of Employer Kindred Healthcare Receipt For: Primary General Other (specify) ▼	Occupation Dist Dir Sales Dev Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi- Weekly)
- C.	Full Name (Last, First, Middle Initial) Jacqueline Lanter Mailing Address 2355 W Noble Heights	Drive	Date of Receipt
	City	State Zip Code	Transaction ID: PR1094234312594
	Tucson FEC ID number of contributing federal political committee.	AZ 85742	Amount of Each Receipt this Period
	Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir II	_
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	P/R Deduction (\$15.00 Bi- Weekly)
ſ	SUBTOTAL of Receipts This Page (optional)		90.00
Ī	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)
	Any information copied from such Reports and S or for commercial purposes, other than using the		erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
Α.	Full Name (Last, First, Middle Initial) Jeffrey F Luckett Mailing Address 680 S. Fourth Street		Date of Receipt
	City	State Zip Code	Transaction ID: PR1094234412594
	Louisville	KY 40202	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	44.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Internal Audit-IS	
	Receipt For:	Aggregate Year-to-Date 🔻	
	 Primary General Other (specify) ▼ 	530.00	P/R Deduction (\$22.00 Bi- Weekly)
В.	Full Name (Last, First, Middle Initial) Janet Biedron		Date of Receipt
	Mailing Address 226 3rd Street		
	City	State Zip Code	Transaction ID: PR1094234612594
		NJ 08812	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Exec Off I	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	260.00	P/R Deduction (\$10.00 Bi- Weekly)
C.	Full Name (Last, First, Middle Initial) Kathy Skaggs	I	Date of Receipt
	Mailing Address 3900 Pine Lake Ct		M M / D D / Y Y Y Y
	City	State Zip Code	Transaction ID: PR1094234912594
	Owensboro	KY 42303	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir II	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Other (specify)	270.00	P/R Deduction (\$10.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)		84.00
	TOTAL This Period (last page this line number		•

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S or for commercial purposes, other than using the	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 85 (check only one) 11a X 11a 11b 13 14 15 16 17 16 17 on for the purpose of soliciting contributions remediate contributions 10 17
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
Α.	Full Name (Last, First, Middle Initial) Peter D Corless Mailing Address 680 S. Fourth Street		Date of Receipt
	City	State Zip Code	Transaction ID: PR1094235212594
	Louisville	KY 40202	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer Kindred Healthcare Inc. Receipt For: Primary General	Occupation Sr VP HR & Admin-HSD Aggregate Year-to-Date ▼	P/R Deduction (\$20.00 Bi-
-	Other (specify) ▼ Full Name (Last, First, Middle Initial)	520.00	Weekly)
в.	Tamila Johnson-White Mailing Address 2615 Zhale Smith Rd.		Date of Receipt
	City	State Zip Code	Transaction ID: PR1094235412594
	LaGrange	KY 40031	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Case Mgmt-HSD	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	520.00	P/R Deduction (\$20.00 Bi- Weekly)
с.	Full Name (Last, First, Middle Initial) Lester Bohnert		Date of Receipt
	Mailing Address 2259 N. Pennsylvania	Street	M M / D D / Y Y Y Y
	City	State Zip Code	Transaction ID: PR1094235712594
	Indianapolis	IN 46205	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir Operations I	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)	······	100.00
	TOTAL This Period (last page this line number	only)	

ITEMIZED RECEIPTS	3X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 56 / 85 (check only one) 11c 12 X 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 ing the name and address of any political committee to s	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
Full Name (Last, First, Middle Initial) Barbara Beagle		Date of Receipt
Mailing Address 157 Bramble Oal	< Drive	M M / D D / Y Y Y Y
City	State Zip Code	Transaction ID: PR1094235912594
Woodstock	GA 30188	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Kindred Healthcare Inc.	Occupation Reg Mgr Field Accting	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify)	260.00	P/R Deduction (\$10.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Georgia Poole		Date of Receipt
Mailing Address 49 Walnut Hill Ro	pad	M M / D D / Y Y Y Y
City	State Zip Code	Transaction ID: PR1094236212594
Shapleigh	ME 04076	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer Kindred Healthcare Inc.	Occupation Dir Nursing I	-
Receipt For:	Aggregate Year-to-Date V	
Primary General Other (specify) ▼	265.00	P/R Deduction (\$5.00 Week- ly)
Full Name (Last, First, Middle Initial) Douglas Roth		Date of Receipt
Mailing Address 9891 Heytesbery		M M / D D / Y Y Y
City	State Zip Code	Transaction ID: PR1094237312594
Sandy	UT 84092	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.00
Name of Employer Kindred Healthcare Inc.	Occupation VP Finance-Pacific RegHSD	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1040.00	P/R Deduction (\$40.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optic	onal)	125.00
	umber only)	

SCHEDULE A (FEC Form S ITEMIZED RECEIPTS	3X) Use separate schedule(s) for each category of the Detailed Summary Page and Statements may not be sold or used by any perso ing the name and address of any political committee to	FOR LINE NUMBER: PAGE 57 / 85 (check only one) 11c 12 X 11a 11b 11c 12 13 14 15 16 1 n for the purpose of soliciting contributions collicit contributions 10 1 1
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC	ing the name and address of any political committee to	
Full Name (Last, First, Middle Initial) Barbara Johnson Mailing Address 8923 Bluff Lane		Date of Receipt
City	State Zip Code	Transaction ID: PR1094238312594
Fair Oaks	CA 95628	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir Case Mgmt	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Henry F. Telfeian Mailing Address 1247 Alvarado R	oad	Date of Receipt
City	State Zip Code	Transaction ID: PR1094239812594
Berkeley FEC ID number of contributing federal political committee.	CA 94705	Amount of Each Receipt this Period
Name of Employer Kindred Healthcare Inc.	Occupation Labor Rel Counsel	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Frank E. Perkins		Date of Receipt
Mailing Address 2101 Cherrywood	d Drive	M M / D D / Y Y Y Y
City	State Zip Code	Transaction ID: PR1094240312594
LaGrange	KY 40031	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer Kindred Healthcare Inc.	Occupation VP Finance-PRS	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	P/R Deduction (\$20.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optic	onal)	80.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page d Statements may not be sold or used by any perso he name and address of any political committee to	FOR LINE NUMBER: PAGE 58 / 85 (check only one) 11a X 11a 11b 13 14 15 16 17 n for the purpose of soliciting contributions realisit contributions 11a 11b 11b 11c 17
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC	ne name and address of any political committee to	
Full Name (Last, First, Middle Initial) A. Randall Fuller Mailing Address 3021 Forest Lake		Date of Receipt
City	State Zip Code	Transaction ID: PR1094240712594
Las Vegas	NV 89117	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir I	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	260.00	P/R Deduction (\$10.00 Wee- kly)
Full Name (Last, First, Middle Initial) Douglas T Collins		Date of Receipt
Mailing Address 680 S. Fourth Street		M M / D D / Y Y Y Y
City	State Zip Code	Transaction ID: PR1094241212594
Louisville	KY 40202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer Kindred Healthcare Inc.	Occupation Dir Fin Sys-HSD	
Receipt For:	Aggregate Year-to-Date V	_
Primary General Other (specify) ▼	520.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Linda L Newberry-Ferguson		Date of Receipt
Mailing Address 11310 Haleco Lane		M M / D D / Y Y Y Y
City	State Zip Code	Transaction ID: PR1094241912594
Hales Corners	WI 53130	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Kindred Healthcare Inc.	Occupation Chief Exec Off II	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 1300.00	P/R Deduction (\$50.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)	·····	160.00
TOTAL This Period (last page this line numb		

	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) 11a X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Si or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC	atements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Amanda G Estes Mailing Address 680 S. Fourth Street		Date of Receipt
	City Louisville	State Zip Code KY 40202	Transaction ID: PR1094242312594 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer Kindred Healthcare Inc. Receipt For: Primary General Other (specify) ▼	Occupation Mgr Internal Audit Aggregate Year-to-Date ▼ 320.00	P/R Deduction (\$10.00 Bi- Weekly)
В.	Full Name (Last, First, Middle Initial) Susan Cote Mailing Address 24 Adams Court		Date of Receipt
	City	State Zip Code	Transaction ID: PR1094242412594
	Brewer	ME 04412	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Reg Mgr Field Accting	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi- Weekly)
C.	Full Name (Last, First, Middle Initial) Melissa A. McGee		Date of Receipt
	Mailing Address 1514 32nd Avenue		M M / D D / Y Y Y Y
	City	State Zip Code	Transaction ID: PR1094242512594
	San Francisco	CA 94122	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir III	_
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 260.00	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: PAGE 60 / 85 (check only one) Image: Constraint of the second sec
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC	name and address of any political committee to	solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Gregory C. Miller Mailing Address 8000 Allielough Court		Date of Receipt
	City Prospect	State Zip Code KY 40059	Transaction ID: PR1094242812594 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	80.00
	Name of Employer Kindred Healthcare Inc. Receipt For: Primary General Other (specify) ▼	Occupation Sr VP Dev & Fin Plan Aggregate Year-to-Date ▼ 1040.00	P/R Deduction (\$40.00 Bi- Weekly)
в.	Full Name (Last, First, Middle Initial) Elvin D. Alsaybar Mailing Address 742 White Rock Trail		Date of Receipt
	City	State Zip Code	Transaction ID: PR1094242912594
	Suwanee FEC ID number of contributing federal political committee.	GA 30074	Amount of Each Receipt this Period
	Name of Employer Kindred Healthcare Inc. Receipt For: Primary General Other (specify) ▼	Occupation Reg Dir Field Accting-HSD Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi- Weekly)
с.	Full Name (Last, First, Middle Initial) Diana Hanyak Mailing Address 17057 Rosebud Dr.		Date of Receipt
	City	State Zip Code	Transaction ID: PR1094243412594
	Yorba Linda FEC ID number of contributing federal political committee.	CA 92886	Amount of Each Receipt this Period 30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Administrator II	_
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 405.00	P/R Deduction (\$15.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)		130.00
	TOTAL This Period (last page this line number of	only)	

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	fo D	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 61 / 85 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC	e name and address	s of any political committee to	solicit contributions from such committee.
۷ ۹.	Full Name (Last, First, Middle Initial) Philip L. Jones Mailing Address 702 Helmsdale Place	N.		Date of Receipt
	City	Transaction ID: PR1094243512594		
	Brentwood	State TN	Zip Code 37027	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Fin Off	l	
	Receipt For: Primary General Other (specify) ▼	Aggregate Yea	r-to-Date ▼ 540.00	P/R Deduction (\$20.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Myrna Calatan-Danggol Mailing Address 6931 San Julia Circle	1		Date of Receipt
	City	State	Zip Code	Transaction ID: PR1094244512594
	Buena Park	CA	90620	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Nursing I	l	
	Receipt For: Primary General Other (specify) ▼	Aggregate Yea	r-to-Date ▼ 260.00	P/R Deduction (\$10.00 Wee- kly)
;.	Full Name (Last, First, Middle Initial) James Lee	1		Date of Receipt
	Mailing Address 880 Meridian Bay Lan	M M / D D / Y Y Y		
	City	State	Zip Code	Transaction ID: PR1094245412594
	Foster City	CA	94404	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive Di		
	Receipt For: Primary General Other (specify)	Aggregate Yea	r-to-Date ▼ 260.00	P/R Deduction (\$10.00 Wee-kly)
Γ	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 Statements may not be sold or used by any persor	FOR LINE NUMBER: PAGE 62 / 85 (check only one) X X 11a 11b 11c 12 13 14 15 16 17 a for the purpose of soliciting contributions		
	e name and address of any political committee to s			
A. Full Name (Last, First, Middle Initial) Jerome J. Yarnish Mailing Address 1986 Wrenfield Lane		Date of Receipt		
City	City State Zip Code			
Oviedo	FL 32765	Transaction ID: PR1094245612594 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.		30.00		
Name of Employer Kindred Healthcare Inc. Receipt For: Primary General	Occupation VP Business Dev-PRS Aggregate Year-to-Date ▼	 P/R Deduction (\$15.00 Bi-		
Other (specify)	390.00	Weekly)		
Full Name (Last, First, Middle Initial) Sandra J Whitley Mailing Address 680 S. Fourth Street		Date of Receipt		
City	State Zip Code	Transaction ID: PR1094245812594		
Louisville	KY 40202	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	20.00		
Name of Employer Kindred Healthcare Inc.	Occupation Mgr Reimb			
Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date 260.00	P/R Deduction (\$10.00 Bi- Weekly)		
Full Name (Last, First, Middle Initial) Raymond J Sierpina		Date of Receipt		
Mailing Address 14 Westwind Road	Mailing Address 14 Westwind Road			
City	State Zip Code	Transaction ID: PR1094246612594		
Louisville	KY 40207	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	80.00		
Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Government Program			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1040.00	P/R Deduction (\$40.00 Bi- Weekly)		
SUBTOTAL of Receipts This Page (optional) .	L	130.00		
TOTAL This Period (last page this line numbe				

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 63 / 85 (check only one) X X 11a 11b 11c 12 13 14 15 16 17		
Any information copied from such Reports and s or for commercial purposes, other than using th NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC	Statements may not be sold or used by any person e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.		
Full Name (Last, First, Middle Initial) Steven Tanner Mailing Address 6622 Rosebud Lane		Date of Receipt		
City	City State Zip Code			
Indianapolis	IN 46237	Transaction ID: PR1094246812594 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.		40.00		
Name of Employer Kindred Healthcare Inc. Receipt For:	Occupation Executive Dir III Aggregate Year-to-Date V	-		
PrimaryGeneralOther (specify) $ mathbf{v}$	520.00	P/R Deduction (\$20.00 Bi- Weekly)		
Full Name (Last, First, Middle Initial) Paula Brown Mailing Address 907 St. Eric		Date of Receipt		
City Mansfield	State Zip Code TX 76063	Transaction ID: PR1094247012594 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.		20.00		
Name of Employer Kindred Healthcare Inc.	Occupation Administrator I	-		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 270.00	P/R Deduction (\$10.00 Bi- Weekly)		
Full Name (Last, First, Middle Initial) Mark A Bush		Date of Receipt		
Mailing Address 6208 Tiara Court	Mailing Address 6208 Tiara Court			
City	State Zip Code	Transaction ID: PR1094247112594		
Louisville	KY 40219	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	30.00		
Name of Employer Kindred Healthcare Inc.	Occupation Reg Financial Ana			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	P/R Deduction (\$15.00 Bi- Weekly)		
SUBTOTAL of Receipts This Page (optional) .	·	90.00		
TOTAL This Period (last page this line number	r only)			

l	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and S	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 64 / 85 (check only one) 11a 11b 11c 12 13 14 15 16 17 n for the purpose of soliciting contributions 17
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC	name and address of any political committee to	solicit contributions from such committee.
۷ ۸.	Full Name (Last, First, Middle Initial) Thomas Wood Mailing Address 2949 Glascock Street		Date of Receipt
	City	State Zip Code	Transaction ID: PR1094247212594
	Oakland	CA 94601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	130.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dist Dir Operations	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1690.00	P/R Deduction (\$65.00 Bi- Weekly)
- 3.	Full Name (Last, First, Middle Initial) Gwynn Rucker		Date of Receipt
	Mailing Address 15106 59th Place NE	M M / D D / Y Y Y Y	
	City	Transaction ID: PR1094247812594	
	Kenmore	WA 98028	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir Operations I	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify)	650.00	P/R Deduction (\$25.00 Bi- Weekly)
 -	Full Name (Last, First, Middle Initial) Loretta Crane		Date of Receipt
	Mailing Address 11685 Casper Road	M • M / D • D / Y • Y • Y • Y	
	City	State Zip Code	Transaction ID: PR1094248512594
	Sandy	UT 84092	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir Clin Ops	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	P/R Deduction (\$10.00 Bi- Weekly)
ſ	SUBTOTAL of Receipts This Page (optional)		200.00
	TOTAL This Period (last page this line number	only)	

or for F	information copied from such Reports and S or commercial purposes, other than using the VAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC	Statements may not be sold or used by any person aname and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
F	,		
	Full Name (Last, First, Middle Initial) Iacquelyn Elise Hofmann	Date of Receipt	
Ν	Mailing Address 9741 E. Monte Vista M	M M / D D / Y Y Y Y	
C	Dity	State Zip Code	Transaction ID: PR1094249112594
_	Tucson	AZ 85749	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C	20.00
N 	lame of Employer Kindred Healthcare Inc.	Occupation Dir Nursing II	
F		Aggregate Year-to-Date ▼	_
	Other (specify)	260.00	P/R Deduction (\$10.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Kristie A Frock		Date of Receipt
N	Mailing Address RR 6 Box 20 Redcoat	M M / D D / Y Y Y Y	
	City	State Zip Code	Transaction ID: PR1094249512594
<u>1</u>	Nevada	MO 64772	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C	30.00
_	Name of Employer Kindred Healthcare Inc.	Occupation Quality Compl Cnslt-HSD	
F	Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 375.00	P/R Deduction (\$15.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Larry J Green		Date of Receipt
N	Aailing Address 680 S. Fourth Street		M M / D D / Y Y Y Y
	Dity	State Zip Code	Transaction ID: PR1094249812594
-	_ouisville	KY 40202	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C	36.00
_	Name of Employer Kindred Healthcare Inc.	Occupation Adm Dir Planning & Dev	
F	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 468.00	P/R Deduction (\$18.00 Bi- Weekly)
SU	BTOTAL of Receipts This Page (optional)		86.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X) Use separate schedule(s) for each category of the Detailed Summary Page and Statements may not be sold or used by any perso the name and address of any political committee to	FOR LINE NUMBER: PAGE 66 / 85 (check only one) 11a X 11a 11b 13 14 15 16 17 In for the purpose of soliciting contributions solicit contributions solicit contributions
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
Full Name (Last, First, Middle Initial) Sharon Spittle Mailing Address 26 Estes Street		Date of Receipt
City Ipswich	State Zip Code MA 01938	Transaction ID: PR1094250012594 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Kindred Healthcare Inc. Receipt For: Primary General Other (specify) ▼	Occupation Executive Dir I Aggregate Year-to-Date ▼ 670.00	P/R Deduction (\$10.00 Wee-kly)
Full Name (Last, First, Middle Initial) Mary Kathleen Owens Mailing Address 12774 Whisper Wi	nd Place	Date of Receipt
City	State Zip Code	Transaction ID: PR1094250412594
Draper FEC ID number of contributing federal political committee.	UT 84020	Amount of Each Receipt this Period
Name of Employer Kindred Healthcare Inc. Receipt For: Primary General Other (specify) ▼	Occupation VP Clin Ops-Pac Reg-HSD Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Benjamin A Breier Mailing Address 5400 Farm Ridge L	ane	Date of Receipt
City	State Zip Code	Transaction ID: PR1094250912594
Prospect	KY 40059	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer Kindred Healthcare Inc.	Occupation President-PRS	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	P/R Deduction (\$20.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (option:	al)	110.00
TOTAL This Period (last page this line nun	nber only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate sch for each category Detailed Summar	of the	FOR LINE NUMBER: PAGE 67 / 85 (check only one) 11c 12	
	Any information copied from such Reports and s or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	ay not be sold or used Idress of any political of	by any persor committee to s	h for the purpose of soliciting contributions solicit contributions from such committee.	
	Kindred Healthcare, Inc. PAC					
A.	Full Name (Last, First, Middle Initial) Peter J Adamo					
	Mailing Address 9143 W Rancho Park	M M / D D / Y Y Y Y				
	City	Transaction ID: PR1105504512594				
	Rancho Cucamonga	CA	91730		Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C			20.00	
	Name of Employer Kindred Healthcare Inc.	Occupatio Chief Ex	on kec Off III		-	
	Receipt For: Primary General	Aggregat	e Year-to-Date 🔻		P/R Deduction (\$10.00 Bi-	
	Other (specify)	0 0		270.00	Weekly)	
- В.	Full Name (Last, First, Middle Initial) Kathleen C Paradowski				Date of Receipt	
	Mailing Address P.O. Box 1332				M M / D D / Y Y Y Y	
	City	State	Zip Code		Transaction ID: PR1135243812594	
	Crestwood	KY	40014		Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C			20.00	
	Name of Employer Kindred Healthcare Inc.	Occupation Clin Info	on ormaticist Cnslt			
	Receipt For:	e Year-to-Date 🔻		-		
	Primary General Other (specify) ▼			260.00	P/R Deduction (\$10.00 Bi- Weekly)	
- C.	Full Name (Last, First, Middle Initial) Debra Degroot-Toth				Date of Receipt	
	Mailing Address 705 Deer Trace				M M / D D / Y Y Y Y	
	City	State	Zip Code		Transaction ID: PR1135244512594	
	Bloomington	IN	47401	_	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C			20.00	
	Name of Employer Kindred Healthcare Inc.	Occupation Rehab N				
	Receipt For:	Aggregat	e Year-to-Date 🔻			
	Primary General Other (specify) ▼	0 0		260.00	P/R Deduction (\$10.00 Wee- kly)	
ſ	SUBTOTAL of Receipts This Page (optional) .	1			60.00	
┝	CODICIAL OF HECEIPLE THIS FAYE (OPLICIAL).			····· •		
	TOTAL This Period (last page this line number	r only)		►		

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page and Statements may not be sold or used by any person ng the name and address of any political committee to s	FOR LINE NUMBER: PAGE 68 / 85 (check only one) 11c 12 X 11a 11b 11c 12 13 14 15 16 17 n for the purpose of soliciting contributions solicit contributions source from such committee	
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
Full Name (Last, First, Middle Initial) A. <u>Steve Ross</u> Mailing Address 35069 Roberts La	ine	Date of Receipt	
City St Helens	State Zip Code OR 97051	Transaction ID: PR1135252612594 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	40.00	
Name of Employer Kindred Healthcare Inc. Receipt For: Primary General Other (specify) v	Occupation Executive Dir I Aggregate Year-to-Date ▼ 520.00	P/R Deduction (\$20.00 Wee- kly)	
Full Name (Last, First, Middle Initial) B. Ronald G. Cadwell Mailing Address 3829 Belmont Ave	e.	Date of Receipt	
City	State Zip Code	Transaction ID: PR1135280712594	
San Diego FEC ID number of contributing federal political committee.	CA 92116	Amount of Each Receipt this Period 20.00	
Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir II	_	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Wee- kly)	
Full Name (Last, First, Middle Initial) Josephine Litzenberger Mailing Address 11401 Dr. M.L.K.	Josephine Litzenberger		
Apt 1201 City	State Zip Code	Transaction ID: PR1135286912594	
St Petersburg	FL 33716	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.		36.00	
Name of Employer Kindred Healthcare Inc.	Occupation Grp SrDir Managed Care-HD	_	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 468.00	P/R Deduction (\$18.00 Bi- Weekly)	
SUBTOTAL of Receipts This Page (option	nal)	96.00	
TOTAL This Period (last page this line nu	mber 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)
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC	name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Genevieve Philogene Mailing Address 1788 NW 85th Drive		Date of Receipt
	City	Transaction ID: PR1135287312594	
	Coral Springs	State Zip Code FL 33071	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Resp Therapy	_
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi- Weekly)
в.	Full Name (Last, First, Middle Initial) Brian Rougeux		Date of Receipt
	Mailing Address 39 Saint Raphael		M M / D D / Y Y Y Y
	City	State Zip Code	Transaction ID: PR1135287412594
	Laguna Niguel	CA 92677	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir Operations I	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi- Weekly)
C.	Full Name (Last, First, Middle Initial) Martha Heubach		Date of Receipt
	Mailing Address 8000 Redbud Creek Di	r.	M M / D D / Y Y Y Y
	City	State Zip Code	Transaction ID: PR1135288912594
	Edmond	OK 73034	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Administrator I	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	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 3 ITEMIZED RECEIPTS	X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 70 / 85 (check only one) X X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC	and Statements may not be sold or used by any pe g the name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 1910 N Rampart	M M / D D / Y Y Y	
City	State Zip Code	Transaction ID: PR1150399912594
New Orleans	LA 70116	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Kindred Healthcare Inc.	Occupation Dir Plant Ops	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify) ▼	260.00	P/R Deduction (\$10.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Gregory T Hayden		Date of Receipt
Mailing Address 680 S. Fourth Stre	M M / D D / Y Y Y Y	
City	State Zip Code	Transaction ID: PR1150400112594
Louisville	KY 40202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer Kindred Healthcare Inc.	Occupation Dir State Tax	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 390.00	P/R Deduction (\$15.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Julie A Viers		Date of Receipt
Mailing Address 9508 Corinthian D	r	M M / D D / Y Y Y Y Y
City	State Zip Code	Transaction ID: PR1150400512594
Louisville	KY 40299	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Fin Reporting	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (option	lal)	70.00

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 71 / 85 (check only one)
	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			
	Kindred Healthcare, Inc. PAC			
Α.	Full Name (Last, First, Middle Initial) Joan Strohm			Date of Receipt
	Mailing Address 19520 French Lace Dr	M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR1150401412594
	Lutz	FL	33558	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Kindred Healthcare Inc.	Occupatio Chief Cli	n nical Off III	-
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	375.00	P/R Deduction (\$15.00 Bi- Weekly)
в.	Full Name (Last, First, Middle Initial) Rachael L Parker			Date of Receipt
	Mailing Address 70 Birch Ridge Rd			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1150411112594
	Westford	VT	05494	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Kindred Healthcare Inc.	Occupatio Executive		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	520.00	P/R Deduction (\$10.00 Wee- kly)
с.	Full Name (Last, First, Middle Initial) Michael Speidel			Date of Receipt
	Mailing Address 476 Pluto Court			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1150411812594
	Littleton	CO	80124	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Kindred Healthcare Inc.	Occupatio Executive		
		Aggregate	e Year-to-Date 🔻	
	 Primary General Other (specify) ▼ 	0 0	390.00	P/R Deduction (\$15.00 Wee- kly)
	SUBTOTAL of Receipts This Page (optional)			85.00
	TOTAL This Period (last page this line number		· · ·	

ITEMIZE	D RECEIPTS	I Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any perso	FOR LINE NUMBER: PAGE 72 / 85 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 1 on for the purpose of soliciting contributions osolicit contributions from such committee. 10 10 1
	COMMITTEE (In Full) Healthcare, Inc. PAC	חפ המוחפ מווט מטו		
Barbara Hu	(Last, First, Middle Initial) ttchison dress 3750 Fujiyama Way			Date of Receipt
<u></u>				
City Redding		State CA	Zip Code 96001	Transaction ID: PR1158557812594 Amount of Each Receipt this Period
FEC ID nu	imber of contributing itical committee.	C		20.00
Name of E Kindred H	mployer ealthcare Inc.	Occupatio Executiv		_
Receipt Fo		Aggregate	e Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Wee-kly)
Pamela M				Date of Receipt
Mailing Ad	dress 4155 SW 192nd Ave	M M / D D / Y Y Y Y		
City		State	Zip Code	Transaction ID: PR1227852412594
<u>Aloha</u>		OR	97007	Amount of Each Receipt this Period
	imber of contributing itical committee.	C		30.00
	mployer ealthcare Inc.	×	ancial Ana	
Receipt Fo		Aggregate	e Year-to-Date 🔻 390.00	P/R Deduction (\$15.00 Bi- Weekly)
Full Name Nolan L Ho	(Last, First, Middle Initial) ffer			Date of Receipt
Mailing Ad	dress 757 W Hartack	M M / D D / Y Y Y Y		
City		State	Zip Code	Transaction ID: PR1227853412594
<u>Meridian</u>		ID	83642	Amount of Each Receipt this Period
	imber of contributing itical committee.	C		20.00
	mployer ealthcare Inc.	Occupatio Executiv	e Dir II	
Receipt Fo			e Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi- Weekly)
SUBTOTAL	of Receipts This Page (optional)			70.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page d Statements may not be sold or used by any perso the name and address of any political committee to	FOR LINE NUMBER: PAGE 73 / 85 (check only one) 11a 11b 11c 12 13 14 15 16 17 In for the purpose of soliciting contributions requirities requirities 17
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
A. Full Name (Last, First, Middle Initial) Grant Gloor Mailing Address 587 Old Waverly Wa	ау	Date of Receipt
City	State Zip Code	
Eagle Point	OR 97524	Transaction ID: PR1227854812594 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		40.00
Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir II	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	P/R Deduction (\$20.00 Wee- kly)
Full Name (Last, First, Middle Initial) Larry Livengood Mailing Address 1219 Pilot Lane		Date of Receipt
City	State Zip Code	Transaction ID: PR1267996712594
Galveston FEC ID number of contributing federal political committee.	TX 77554	Amount of Each Receipt this Period
Name of Employer Kindred Healthcare Inc.	Occupation Area Dir HR	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Joseph Matthew Romshek Mailing Address 16714 Patrick Avenu	Je	Date of Receipt
City	State Zip Code	Transaction ID: PR1267997412594
<u>Omaha</u>	NE 68116	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir II	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)	·	80.00
	er only)	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 74 / 85 (check only one) X 11a 11b 11c 12 X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using t NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC	d Statements may not be sold or used by any persor the name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ellen K Taylor-White Mailing Address 680 S. Fourth Street	: :	Date of Receipt
City	State Zip Code	Transaction ID: PR1267997812594
Louisville	KY 40202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Kindred Healthcare Inc.	Occupation Adm Mgr Reg Loss Prevent	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 260.00	P/R Deduction (\$10.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Brenda Daigger		Date of Receipt
Mailing Address 174 Huntington Cros	ssing Dr.	M M / D D / Y Y Y Y
City	State Zip Code	Transaction ID: PR1267998012594
St. Peters	MO 63376	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		20.00
Name of Employer Kindred Healthcare Inc.	Occupation Clin Liaison-Collab Mkt-N	
Receipt For:	Aggregate Year-to-Date V	-
Primary General Other (specify) ▼	250.00	P/R Deduction (\$10.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Russell D Ragland		Date of Receipt
Mailing Address 9902 Palace Green	Way	M M / D D / Y Y Y
City	State Zip Code	Transaction ID: PR1267998112594
Vienna	VA 22181	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Kindred Healthcare Inc.	Occupation Sr VP Fin-HSD	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	P/R Deduction (\$50.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional))	140.00
TOTAL This Period (last page this line numb	per only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 75 / 85 (check only one) X X 11a 11b 11c 12 13 14 15 16 17
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC	name and address of any political committee to s	solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Catherine Nurmela Mailing Address 1409 W. Elmdale		Date of Receipt
	City	State Zip Code	Transaction ID: PR1267998412594
	Chicago	IL 60660	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Clinical Off II	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 390.00	P/R Deduction (\$15.00 Bi- Weekly)
в.	Full Name (Last, First, Middle Initial) Gary S. Effinger		Date of Receipt
	Mailing Address 680 S. Fourth Street		M M / D D / Y Y Y Y
	City	State Zip Code	Transaction ID: PR1281184912594
	Louisville	KY 40202	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Fac Mgmt-HD	_
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 260.00	P/R Deduction (\$10.00 Bi- Weekly)
C.	Full Name (Last, First, Middle Initial) Donna Sroczynski		Date of Receipt
	Mailing Address 399 Fountain Drive		M M / D D / Y Y Y Y
	City	State Zip Code	Transaction ID: PR1281185312594
	Elgin	IL 60124	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dist Dir Operations	_
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	P/R Deduction (\$20.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)	▶	90.00
	TOTAL This Period (last page this line number of	only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate sched for each category of Detailed Summary F	
			any person for the purpose of soliciting contributions mmittee to solicit contributions from such committee.
	Kindred Healthcare, Inc. PAC		
Α.	Full Name (Last, First, Middle Initial) Diane L. Otteman Mailing Address 40 East Cedar		Date of Receipt
	Apt. #21A		
	City Chicago	State Zip Code IL 60611	Transaction ID: PR1300206412594 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Exec Off II	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	0.00 P/R Deduction (\$15.00 Bi- Weekly)
В.	Full Name (Last, First, Middle Initial) Jane Mathews		Date of Receipt
	Mailing Address 464 E. Cynthia Way		M M / D D / Y Y Y Y
	City	State Zip Code	Transaction ID: PR1300207312594
	North Salt Lake FEC ID number of contributing	UT 84054	Amount of Each Receipt this Period
	federal political committee.		20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Reg Dir HR-HSD	
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify)	26	0.00 P/R Deduction (\$10.00 Bi- Weekly)
C.	Full Name (Last, First, Middle Initial) Rita D Simmons		Date of Receipt
-	Mailing Address 680 S. Fourth Street		M M / D D / Y Y Y Y
	City	State Zip Code	Transaction ID: PR1333437012594
	Louisville	KY 40202	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	32.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Ops Risk Mgmt	
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	48	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 Statements may not be sold or used by any perso	FOR LINE NUMBER: PAGE 77 / 85 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17 n for the purpose of soliciting contributions
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC	e name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Bobby G. Muse Jr. Mailing Address 680 S. Fourth Street		Date of Receipt
City	State Zip Code	Transaction ID: PR1333437112594
Louisville	KY 40202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Kindred Healthcare Inc.	Occupation Dir Rec Mgmt & Bus Contin	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Mark D. Johnson Mailing Address 680 S. Fourth Street	1	Date of Receipt
City	State Zip Code KY 40202	Transaction ID: PR1336786712594
Louisville FEC ID number of contributing federal political committee.	KY 40202	Amount of Each Receipt this Period 30.00
Name of Employer kindred Healthcare Inc.	Occupation Mgr Desktop Supp	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	P/R Deduction (\$15.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Charlotte K Nelson	1	Date of Receipt
Mailing Address 98 Cumberland Gate		M M / D D / Y Y Y Y
City	State Zip Code	Transaction ID: PR1336786812594
Smyrnan	GA 30080	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir Operations I	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional) .		70.00
TOTAL This Period (last page this line number	·	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate sc for each categor	y of the	FOR LIN (check or X 11a	nly one)	BER 1b	_	PAG 11c	E 78/		
			Detailed Summa	ry Page	13		4	_	15	$-\frac{12}{16}$		17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	ay not be sold or used Idress of any political	by any persor committee to s	n for the pu	rpose o	f soli	citing	g cont	ributior	is	
	NAME OF COMMITTEE (In Full)											
	Kindred Healthcare, Inc. PAC											
۹.	Full Name (Last, First, Middle Initial) Ann Bumb				Date o	of Rece	ipt					
	Mailing Address 9301 S. Mitthoeffer Ro	ad			M	M /	DE) /	Y	YY	Y	
	City	State	Zip Code		Transa	action	id: F	PR1	3367	86912	594	
	Indianapolis	IN	46259		Amou	int of Ea	ach F	lece	ipt this	s Perio	k	
	FEC ID number of contributing federal political committee.	C								30.	00	
	Name of Employer Kindred Healthcare Inc.	Occupatio Dir Qual	on lity Mgmt									
	Receipt For:	1	e Year-to-Date 🔻									
	Primary General Other (specify) ▼			390.00	P/R De Weekl	eductio y)	on (\$	615.	00 B	i-		
- 3.	Full Name (Last, First, Middle Initial) Patrick Herm	I			Date o	of Rece	ipt					
	Mailing Address 680 S. Fourth Street				M	M /	D) /	Y	YY	Y	
	City	State	Zip Code		Transa	action	id: F	PR1	3367	87112	594	
	Louisville	KY	40202		Amou	int of Ea	ach F	lece	ipt this	s Perio	k	
	FEC ID number of contributing federal political committee.	C								30.	00	
	Name of Employer Kindred Healthcare Inc	Occupation Adm Mg	on Ir Fin Rpting									
	Receipt For:	Aggregate	e Year-to-Date 🔻									
	Primary General Other (specify) ▼	0 0		390.00	P/R De Weekl	eductio y)	on (\$	615.	00 B	i-		
_).	Full Name (Last, First, Middle Initial) Lisa J Schmidt				Date o	of Rece	ipt					
	Mailing Address 680 S. Fourth Street				M	M /	D [) /	Y	YY	Y	
	City	State	Zip Code			action						
	Louisville	KY	40202		Amou	int of Ea	ach F	lece	ipt this	s Perio	k	_
	FEC ID number of contributing federal political committee.	С								20.	00	
	Name of Employer Kindred Healthcare Inc.	1 · · · ·	ient Accting Sys									
	Receipt For:	Aggregate	e Year-to-Date 🔻									
	Primary General Other (specify) ▼	0 0		260.00	P/R De Weekl	eductio y)	on (\$	610.	00 B	i-		
Γ	SUBTOTAL of Receipts This Page (optional)	I		>						80.	00	7
┝							÷		v i			٦
	TOTAL This Period (last page this line number	only)		►	L.							

SCHEDULE A (FEC For ITEMIZED RECEIPTS	rm 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 79 / 85 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 1
or for commercial purposes, other that NAME OF COMMITTEE (In Full)	an using the name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Kindred Healthcare, Inc. PA			
Full Name (Last, First, Middle Initi Julieta C Morton	·		Date of Receipt
Mailing Address 5105 Deerch	ase Tr		M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR1355829312594
Wake Forest	NC	27587	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer Kindred Healthcare Inc.	Occupatio Rehab M		
Receipt For:	Aggregate	e Year-to-Date	
Primary General Other (specify) ▼	0 0	260.00	P/R Deduction (\$10.00 Wee- kly)
Full Name (Last, First, Middle Initi Ross A Johnson	jal)		Date of Receipt
Mailing Address 680 S. Fourt	h Avenue		M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR1359729012594
Louisville	KY	40202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer Kindred Healthcare Inc.	Occupatio VP Recr	ⁿ uiting-PRS	
Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	
Other (specify) ▼	0 0	650.00	P/R Deduction (\$25.00 Bi- Weekly)
Full Name (Last, First, Middle Initi Donella Vandermay	al)		Date of Receipt
Mailing Address 1968 Mac Ar	thur Place		M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR1359729412594
Oxnard	CA	93033	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer Kindred Healthcare Inc.	Occupatio Dir Nursi		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 500.00	P/R Deduction (\$20.00 Wee- kly)
SUBTOTAL of Receipts This Page	(optional)		90.00

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 80 / 85 (check only one)
	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{c c c c c c c c c c c c c c c c c c c $
	Any information copied from such Reports and Si or for commercial purposes, other than using the	atements ma name and ad	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
۷ A.	Full Name (Last, First, Middle Initial) Steven M Ager			Date of Receipt
	Mailing Address 310 McCready Avenue			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1394176912594
	Louisville FEC ID number of contributing	KY	40206	Amount of Each Receipt this Period
	federal political committee.	C		20.00
	Name of Employer Kindred Healthcare Inc.	Occupatio VP Corp		
	Receipt For:	Aggregate	e Year-to-Date 🔻	_
	Primary General Other (specify) ▼	0 0	230.00	P/R Deduction (\$10.00 Bi- Weekly)
- В.	Full Name (Last, First, Middle Initial) Jane A Moore			Date of Receipt
	Mailing Address 10413 Barnsdale Drive			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1394177012594
	Boise	ID	83704	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Nurs		
	Receipt For:		e Year-to-Date 🔻	_
	Primary General Other (specify) ▼	0 0	260.00	P/R Deduction (\$10.00 Bi- Weekly)
- C.	Full Name (Last, First, Middle Initial) James C Hansen			Date of Receipt
•	Mailing Address 1944 South 275 East			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1394177112594
		UT	84015	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Reg Mgr	on Operation Reimb	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	 Primary General Other (specify) ▼ 	0 0	345.00	P/R Deduction (\$15.00 Bi- Weekly)
ſ	SUBTOTAL of Receipts This Page (optional)			70.00
\mathbf{h}	OUDIOTAL OF HECEIPIS THIS Fage (optional)		▶	
	TOTAL This Period (last page this line number of	only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate so for each categor Detailed Summa	chedule(s) ry of the	FOR LINE NUMBER: PAGE 81 / 85 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the			for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
۷ A.	Full Name (Last, First, Middle Initial) Deborah L Wildt Mailing Address 680 S. Fourth Street			Date of Receipt
	City	State Zip Code		Transaction ID: PR1408953012594
	Louisville	KY 40202-2407		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		10.00
	Name of Employer Kindred Healthcare Inc.	Occupation Adm Dir Fin Rpting		
	Receipt For:	Aggregate Year-to-Date V		
	Primary General Other (specify) ▼		210.00	P/R Deduction (\$5.00 Bi-W- eekly)
- В.	Full Name (Last, First, Middle Initial) Mary D Van De Kamp	1		Date of Receipt
	Mailing Address 251 Arbor Lane			M M / D D / Y V V Y
	City	State Zip Code		Transaction ID: PR1408953112594
	Green Bay	WI 54301		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Clinical Rehab-PRS		
	Receipt For:	Aggregate Year-to-Date ▼		
	Primary General Other (specify) ▼		400.00	P/R Deduction (\$15.00 Bi- Weekly)
- C.	Full Name (Last, First, Middle Initial) Pamela A. Justice	1		Date of Receipt
	Mailing Address 680 S. Fourth Street			M M / D D / Y Y Y Y
	City	State Zip Code		Transaction ID: PR1408953212594
	Louisville	KY 40202		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Fin Sys Dev		
	Receipt For:	Aggregate Year-to-Date V		
	Primary General Other (specify) ▼		440.00	P/R Deduction (\$20.00 Bi- Weekly)
ſ	SUBTOTAL of Receipts This Page (optional)		······ •	80.00
ŀ	TOTAL This Period (last page this line number			

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 82 / 85 (check only one) 11c 12 X 11a 11b 11c 12 13 14 15 16 17 Information for the purpose of soliciting contributions 11 11 12
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC	name and address of any political committee to s	solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Timothy Bugin Mailing Address 2030 Trillium Court		Date of Receipt
	City Canonsburg	StateZip CodePA15317	Transaction ID: PR1408953512594 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer Kindred Healthcare Inc. Receipt For: Primary General Other (specify) ▼	Occupation Administrator I Aggregate Year-to-Date ▼ 440.00	P/R Deduction (\$20.00 Bi- Weekly)
В.	Full Name (Last, First, Middle Initial) Meta Bonfadini Mailing Address 2717 Henderson Rd		Date of Receipt
	City	State Zip Code	Transaction ID: PR1408954012594
	Redding FEC ID number of contributing federal political committee.	CA 96002	Amount of Each Receipt this Period
	Name of Employer Kindred Healthcare Inc. Receipt For: Primary General Other (specify) ▼	Occupation Dir Nursing II Aggregate Year-to-Date ▼ 220.00	P/R Deduction (\$10.00 Wee-kly)
C.	Full Name (Last, First, Middle Initial) Sheila Nelson-Seybold Mailing Address N7782 Highway 49		Date of Receipt
	City	State Zip Code	Transaction ID: PR1421450312594
	Iola FEC ID number of contributing federal political committee.	WI 54945	Amount of Each Receipt this Period 40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir Operations I	-
	Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date 400.00	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 Any information copied from such Reports and Si	Use separate schedule(s) for each category of the Detailed Summary Page tatements may not be sold or used by any person	FOR LINE NUMBER: PAGE 83 / 85 (check only one) 11a 11b 11c 12 X 11a 11b 11c 12 13 14 15 16 17 for the purpose of soliciting contributions
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC	name and address of any political committee to s	olicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Sharon Noro Mailing Address 24 Third St		Date of Receipt
	City Aspinwall	State Zip Code PA 15215	Transaction ID: PR1421460312594 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	Occupation	40.00
	Kindred Healthcare Inc. Receipt For: Primary General Other (specify) ▼	Executive Dir Aggregate Year-to-Date V 400.00	P/R Deduction (\$20.00 Bi- Weekly)
в.	Full Name (Last, First, Middle Initial) Deborah A Foushee Mailing Address 1106 Indiana Ave.		Date of Receipt
	City	State Zip Code	Transaction ID: PR1425258812594
	New Albany FEC ID number of contributing federal political committee.	IN 47150	Amount of Each Receipt this Period 32.00
	Name of Employer Kindred Healthcare Inc. Receipt For: Primary General Other (specify) ▼	Occupation State Dir of Risk Mgmt Aggregate Year-to-Date ▼ 304.00	P/R Deduction (\$16.00 Bi- Weekly)
с.	Full Name (Last, First, Middle Initial) Thomas Sullivan Mailing Address 467 Mendon Road		Date of Receipt
	City	State Zip Code	Transaction ID: PR1493281112594
	Northbridge FEC ID number of contributing federal political committee.	MA 01534	Amount of Each Receipt this Period 50.00
	Name of Employer Kindred Healthcare Receipt For:	Occupation Area Executive Dir Aggregate Year-to-Date	
	Primary General Other (specify) ▼	300.00	P/R Deduction (\$10.00 Wee- kly)
	SUBTOTAL of Receipts This Page (optional)	•	122.00
Ī	TOTAL This Period (last page this line number	only)	9370.34

CHEDULE B (FEC Form 3X)	Use separate schedule(s)				R:			PA	GE	84 / 8	35
EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			eck on 21b 27	22 28a		23 28b	\square	24 28c	\square	25 29	
y Information copied from such Reports and Stater for commercial purposes, other than using the nam				person	for the pu	rpos	e of s		ting co		utions	
NAME OF COMMITTEE (In Full)	o and address of any pollice	a 001				Jouri	11 611	511 8		,01111		
Kindred Healthcare, Inc. PAC												
Full Name (Last, First, Middle Initial) Democratic Senatorial Campaign Commit	ee				Trans Date of			-		61		
Mailing Address 120 Maryland Avenue, N	E				[™] 2	M /	D C	3	/ Y	ź	0 ð 7	, Y
City Washington	StateZip CodeDC20002				Amou	nt of	Each	ı Dis	burse	-	this F	_
Purpose of Disbursement Contribution Candidate Name			01 ⁻ ateg							.50	0.00	0
Office Sought: House Disburse Senate President State: District: 00	ement For: Primary General Other (specify) ▼		Тур	e	Contr	ibuti	on					
Full Name (Last, First, Middle Initial)					Trans	actio	on ID:	: 23	0320	40		
Larson For Congress					Date				nt			_
Mailing Address 29 Ruff Circle					1 ^M 2	M /	^D C	3	/ Y	ź	0 ð 7	, Y
City Glastonbury	StateZip CodeCT06033	_			Amou	nt of	Each	ı Dis	burse			
Purpose of Disbursement Contribution Candidate Name			01 ⁻ ateg		L.					20	0.00	0
Rep. John B. Larson			,агеу Тур									
	ement For: 2008 Primary General Other (specify) ▼				Contr	ibuti	on					
Full Name (Last, First, Middle Initial) LINC PAC					Trans Date of		sburs	eme		55		
Mailing Address 124 West Capitol Avenu Suite 630	e				[™] 2	M /	DC	3	/ Y	ž	0 ð 7	, Y
City Little Rock	StateZip CodeAR72201				Amou	nt of	Each	ı Dis	burse	-		_
Purpose of Disbursement Contribution		Γ	01	1		0		0		30	0.00	U
Candidate Name		C	ateg Typ	ory/								
Office Sought: House Disburst Senate President State: District: 00	ement For: Primary General Other (specify) V				Contr	ibuti	on					
UBTOTAL of Disbursements This Page (optional)				►			·			100	00.0	0
												_

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

	SCHEDULE B (FEC Form 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check onl	NUMBER:	PAG	PAGE 85 / 85		
	ITEMIZED DISBURSEMENTS		21b 27	22 X 23 28a 28b	24 28c	25 29	26 30b	
		on copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions cial 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							
Α.	Full Name (Last, First, Middle Initial) Stephanie Tubbs Jones For US Congress Mailing Address 3729 Silsby Road			Transaction II Date of Disburs	sement	88 2 0 0 7	Y	
	,	StateZip CodeOH44118		Amount of Eac	h Disbursen			
	Purpose of Disbursement Contribution	011	1000.00					
	Candidate Name Rep. Stephanie Tubbs Jones	Category/ Type						
	Senate X President	ment For: 2008 Primary General Other (specify) ▼		Contribution				
	State: OH District: 11							

SUBTOTAL of Disbursements This Page (optional)	►	1000.00
TOTAL This Period (last page this line number only)	🕨	11000.00
FE6AN026		FEC Schedule B (Form 3X) (Revised 02/2003)