

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

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

5. Covering Period  through

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Hank Robinson

Signature of Treasurer Hank Robinson [Electronically Filed] Date

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Kindred Healthcare, Inc. PAC

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2011"/>		71255.22
(b) Cash on Hand at Beginning of Reporting Period.....	85244.23	
(c) Total Receipts (from Line 19) .....	9944.00	180433.01
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	95188.23	251688.23
7. Total Disbursements (from Line 31).....	16500.00	173000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	78688.23	78688.23
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**Kindred Healthcare, Inc. PAC**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	8613.00	119144.30
(ii) Unitemized .....	1331.00	49399.20
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	9944.00	168543.50
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	9944.00	168543.50
12. Transfers From Affiliated/Other Party Committees.....	0.00	9889.51
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	2000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	9944.00	180433.01
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	9944.00	180433.01

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	16500.00	167000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	6000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	16500.00	173000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16500.00	173000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

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) .....	9944.00	168543.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	9944.00	168543.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 69
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. Roderick J Cowgill**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9103 Lantern Lite Pkwy  
 City Louisville State KY Zip Code 40220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare, Inc Occupation VP Facilities Mgmt-HD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 11 / 30 / 2011  
**Transaction ID : PR1094115423163**  
 Amount of Each Receipt this Period 80.00  
 P/R Deduction (\$40.00 Bi-Weekly)

**B. John R Stephenson II**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1111 Cliffwood Drive  
 City Goshen State KY Zip Code 40026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Dir Fac Mgmt-HD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 30 / 2011  
**Transaction ID : PR1094170123163**  
 Amount of Each Receipt this Period 20.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. Teresa S Anderson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7115 Coachwood Drive  
 City Georgetown State IN Zip Code 47122  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Fin Sys Dev  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt 11 / 30 / 2011  
**Transaction ID : PR1094183723163**  
 Amount of Each Receipt this Period 40.00  
 P/R Deduction (\$20.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 69
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Edward L Kuntz**  
Full Name (Last, First, Middle Initial)

Mailing Address 8807 Stable Crest Boulevard

City Houston	State TX	Zip Code 77024
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FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc.	Occupation Chairman of the BOD
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2011

**Transaction ID : PR1094183923163**

Amount of Each Receipt this Period  
200.00

P/R Deduction (\$100.00 Bi-Weekly)

**B. David R Windhorst**  
Full Name (Last, First, Middle Initial)

Mailing Address 2000 Spring Farms Road

City Floyds Knobs	State IN	Zip Code 47119
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FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc.	Occupation VP Financial Sys Dev
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
920.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2011

**Transaction ID : PR1094185023163**

Amount of Each Receipt this Period  
80.00

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

**C. Lawrence I Wolf**  
Full Name (Last, First, Middle Initial)

Mailing Address 4826 N Winthrop Ave #3S

City Chicago	State IL	Zip Code 60640
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FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc.	Occupation Health Info Tech Strateg
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
460.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2011

**Transaction ID : PR1094185123163**

Amount of Each Receipt this Period  
40.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	320.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mary Jane Frappier-Neff**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2883 Bellwind Circle  
 City Rockledge State FL Zip Code 32955  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Reg IS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 30 / 2011  
**Transaction ID : PR1094185223163**  
 Amount of Each Receipt this Period 20.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. Katheryn J Markham**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10602 Taylor Farm Ct  
 City Prospect State KY Zip Code 40059  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation VP IS Planning&FieldSvcs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1035.00

Date of Receipt 11 / 30 / 2011  
**Transaction ID : PR1094185623163**  
 Amount of Each Receipt this Period 90.00  
 P/R Deduction (\$45.00 Bi-Weekly)

**C. Dan McReynolds**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7620 Beech Spring Court  
 City Louisville State KY Zip Code 40241  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Fin Sys Dev  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 30 / 2011  
**Transaction ID : PR1094185723163**  
 Amount of Each Receipt this Period 20.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 130.00  
**TOTAL** This Period (last page this line number only).....▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Catherine A Gooch</b>		Date of Receipt 11 / 30 / 2011 <b>Transaction ID : PR1094185923163</b>
Mailing Address 14516 Clear Meadow Court		Amount of Each Receipt this Period 40.00
City Louisville	State KY	Zip Code 40245
FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Fin Sys Dev	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00	

Full Name (Last, First, Middle Initial) <b>B. Patrick J Gillenwater</b>		Date of Receipt 11 / 30 / 2011 <b>Transaction ID : PR1094186423163</b>
Mailing Address 402 Erin Drive		Amount of Each Receipt this Period 35.00
City Jeffersonville	State IN	Zip Code 47130
FEC ID number of contributing federal political committee. C		P/R Deduction (\$17.50 Bi-Weekly)
Name of Employer Kindred Healthcare Inc.	Occupation Dir IS Administration	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 402.50	

Full Name (Last, First, Middle Initial) <b>C. Mona Euler</b>		Date of Receipt 11 / 30 / 2011 <b>Transaction ID : PR1094186723163</b>
Mailing Address 12568 Sandstone Run		Amount of Each Receipt this Period 20.00
City Carmel	State IN	Zip Code 46033
FEC ID number of contributing federal political committee. C		P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc.	Occupation Chief Exec Off I	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	95.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 69
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. William B Seibert**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4706 Wolfcreek Pkwy  
 City Louisville State KY Zip Code 40241  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Fin Sys Dev  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 690.00

Date of Receipt 11 / 30 / 2011  
**Transaction ID : PR1094187423163**  
 Amount of Each Receipt this Period 60.00  
 P/R Deduction (\$30.00 Bi-Weekly)

**B. Charles Wardrip**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2805 Chestnut Ridge Place  
 City Louisville State KY Zip Code 40245  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation VP IS Ops & Telecomm  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 845.00

Date of Receipt 11 / 30 / 2011  
**Transaction ID : PR1094187923163**  
 Amount of Each Receipt this Period 90.00  
 P/R Deduction (\$45.00 Bi-Weekly)

**C. Stephen M Dobler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1106 Holly Springs Drive  
 City Louisville State KY Zip Code 40242  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation VP IS Finance & Admin  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1035.00

Date of Receipt 11 / 30 / 2011  
**Transaction ID : PR1094188023163**  
 Amount of Each Receipt this Period 90.00  
 P/R Deduction (\$45.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	240.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Terry Carrico**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3011 Wolf Lair Court  
City New Albany State IN Zip Code 47150  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Clin Systems Dev  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **460.00**

Date of Receipt **11 / 30 / 2011**  
**Transaction ID : PR1094188223163**  
Amount of Each Receipt this Period **40.00**  
P/R Deduction (\$20.00 Bi-Weekly)

**B. Steven J Paynter**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3105 Crestmoor Court  
City Prospect State KY Zip Code 40059  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Sr Cnslt Tech Arch  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **460.00**

Date of Receipt **11 / 30 / 2011**  
**Transaction ID : PR1094188423163**  
Amount of Each Receipt this Period **40.00**  
P/R Deduction (\$20.00 Bi-Weekly)

**C. Kimberly Ann Beach**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6615 Leland Drive  
City Crestwood State KY Zip Code 40014  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation VP Operation Sys-NCD  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **230.00**

Date of Receipt **11 / 30 / 2011**  
**Transaction ID : PR1094188623163**  
Amount of Each Receipt this Period **20.00**  
P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **100.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. William R Rhodes</b>		Date of Receipt 11 / 30 / 2011 <b>Transaction ID : PR1094188923163</b>
Mailing Address 11303 Vista Greens Drive		Amount of Each Receipt this Period 200.00
City Louisville    State KY    Zip Code 40241	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc.    Occupation Cnslt Tech Architec	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 230.00		

Full Name (Last, First, Middle Initial) <b>B. Martin Ardron</b>		Date of Receipt 11 / 30 / 2011 <b>Transaction ID : PR1094189123163</b>
Mailing Address 41 La Sierra Dr.		Amount of Each Receipt this Period 50.00
City Phillips Ranch    State CA    Zip Code 91766	FEC ID number of contributing federal political committee. C	P/R Deduction (\$25.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc.    Occupation Div VP Hosp Rehab-RHB	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 575.00		

Full Name (Last, First, Middle Initial) <b>C. Michael Metzger</b>		Date of Receipt 11 / 30 / 2011 <b>Transaction ID : PR1094189323163</b>
Mailing Address 129 Foley Rd		Amount of Each Receipt this Period 30.00
City West Point    State VA    Zip Code 23181	FEC ID number of contributing federal political committee. C	P/R Deduction (\$15.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc.    Occupation Chief Fin Off III	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 345.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 69
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. Jan Turk**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1314 Amelia St.  
City New Orleans State LA Zip Code 70115  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Resource CEO HD  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **480.00**

Date of Receipt **11 / 30 / 2011**  
**Transaction ID : PR1094190023163**  
Amount of Each Receipt this Period **40.00**  
P/R Deduction (\$20.00 Bi-Weekly)

**B. Larry Foster**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1134 W. Granville Avenue Unit 815  
City Chicago State IL Zip Code 60660  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Chief Exec Off III  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **600.00**

Date of Receipt **11 / 30 / 2011**  
**Transaction ID : PR1094190323163**  
Amount of Each Receipt this Period **50.00**  
P/R Deduction (\$25.00 Bi-Weekly)

**C. Jack Shapiro**  
Full Name (Last, First, Middle Initial)  
Mailing Address 22591 Covington Drive  
City Deer Park State IL Zip Code 60010  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Division VP-HD  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1200.00**

Date of Receipt **11 / 30 / 2011**  
**Transaction ID : PR1094190423163**  
Amount of Each Receipt this Period **100.00**  
P/R Deduction (\$50.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **190.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 69
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Adrienne Lyons**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1220 North Oak Park Avenue  
 City Oak Park State IL Zip Code 60302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Reg SrDir Clinical Ops-HD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 30 / 2011  
**Transaction ID : PR1094190523163**  
 Amount of Each Receipt this Period 20.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. Linda Mcquade**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4712 Sw 24 Ave  
 City Ft Lauderdale State FL Zip Code 33312  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Mgr Health Info Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 30 / 2011  
**Transaction ID : PR1094191023163**  
 Amount of Each Receipt this Period 20.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. Theodore Welding**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2448 Middle River Dr.  
 City Ft. Lauderdale State FL Zip Code 33305  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Executive Director I  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt 11 / 30 / 2011  
**Transaction ID : PR1094191323163**  
 Amount of Each Receipt this Period 50.00  
 P/R Deduction (\$25.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	90.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 69
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Sean R Muldoon**  
Full Name (Last, First, Middle Initial)  
Mailing Address 239 Fairfax Avenue  
City Louisville State KY Zip Code 40207  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Sr VP & Chief Med Off-HD  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 3300.00

Date of Receipt 11 / 30 / 2011  
**Transaction ID : PR1094192223163**  
Amount of Each Receipt this Period 200.00  
P/R Deduction (\$100.00 Bi-Weekly)

**B. Deborah R Doddridge**  
Full Name (Last, First, Middle Initial)  
Mailing Address 312 Hill Street NW  
City Depauw State IN Zip Code 47115  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Dir Procure Sys & Capital  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 345.00

Date of Receipt 11 / 30 / 2011  
**Transaction ID : PR1094193023163**  
Amount of Each Receipt this Period 30.00  
P/R Deduction (\$15.00 Bi-Weekly)

**C. Joel W Day**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2017 Spring Farms Drive  
City Floyds Knobs State IN Zip Code 47119  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation VP & Controller-HD  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 450.00

Date of Receipt 11 / 30 / 2011  
**Transaction ID : PR1094193123163**  
Amount of Each Receipt this Period 60.00  
P/R Deduction (\$30.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 290.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Kindred Healthcare, Inc. PAC**

**A. Susan Moss**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 161 Westwind Road  
 City Louisville State KY Zip Code 40207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation VP Crp Communications  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 920.00

Date of Receipt 11 / 30 / 2011  
**Transaction ID : PR1094193323163**  
 Amount of Each Receipt this Period 80.00  
 P/R Deduction (\$40.00 Bi-Weekly)

**B. Michael C Lozier**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7028 Westridge Forest Court  
 City Lanesville State IN Zip Code 47136  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Dir Purch Contract Admin  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 11 / 30 / 2011  
**Transaction ID : PR1094193723163**  
 Amount of Each Receipt this Period 30.00  
 P/R Deduction (\$15.00 Bi-Weekly)

**C. Charles Michael Grannan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7109 Cannonade Court  
 City Prospect State KY Zip Code 40059  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation VP Purchasing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 805.00

Date of Receipt 11 / 30 / 2011  
**Transaction ID : PR1094193923163**  
 Amount of Each Receipt this Period 70.00  
 P/R Deduction (\$35.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	180.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 69
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Dennis J Hansen**  
Full Name (Last, First, Middle Initial)

Mailing Address 1791 Connor Station Road

City Simpsonville State KY Zip Code 40067

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

Name of Employer Kindred Healthcare Inc. Occupation VP Reimb-NCD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **805.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 30 / 2011**

**Transaction ID : PR1094194123163**

Amount of Each Receipt this Period  
**70.00**

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

**B. Mary Suzanne Riedman**  
Full Name (Last, First, Middle Initial)

Mailing Address 4308 Hampton Creek Drive

City Louisville State KY Zip Code 40241

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

Name of Employer Kindred Healthcare Inc. Occupation Gen Coun & CDO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **460.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 30 / 2011**

**Transaction ID : PR1094194223163**

Amount of Each Receipt this Period  
**40.00**

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

**C. Susan P Riedl**  
Full Name (Last, First, Middle Initial)

Mailing Address 8914 Lippincott Road

City Louisville State KY Zip Code 40222

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

Name of Employer Kindred Healthcare Inc. Occupation Sr Dir NCD Reimbursement

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 30 / 2011**

**Transaction ID : PR1094194423163**

Amount of Each Receipt this Period  
**20.00**

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 69
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Mary L Dennison**  
Full Name (Last, First, Middle Initial)

Mailing Address 4678 Mount Eden Road

City State Zip Code  
Shelbyville KY 40065

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

Name of Employer Kindred Healthcare Inc. Occupation Mgr Reimb

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
460.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 30 / 2011

**Transaction ID : PR1094194823163**

Amount of Each Receipt this Period  
40.00

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

**B. Michael J Bean**  
Full Name (Last, First, Middle Initial)

Mailing Address 941 Mallard Creek Road

City State Zip Code  
Louisville KY 40207

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

Name of Employer Kindred Healthcare Inc. Occupation VP Tax Planning

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 30 / 2011

**Transaction ID : PR1094195123163**

Amount of Each Receipt this Period  
80.00

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

**C. Peggy Black**  
Full Name (Last, First, Middle Initial)

Mailing Address 1607 Helmridge Court

City State Zip Code  
Louisville KY 40222

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

Name of Employer Kindred Healthcare Inc. Occupation Exec Asst to Chair & BOD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 30 / 2011

**Transaction ID : PR1094195323163**

Amount of Each Receipt this Period  
20.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Kindred Healthcare, Inc. PAC**

Full Name (Last, First, Middle Initial) <b>A. Anne S Woods</b>		Date of Receipt MM / DD / YYYY 11 / 30 / 2011
Mailing Address 7420 Falls Ridge Ct.		<b>Transaction ID : PR1094195423163</b>
City Louisville	State KY	Zip Code 40241
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 78.00
Name of Employer Kindred Healthcare Inc.	Occupation VP Internal Audit	P/R Deduction (\$39.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 843.00	

Full Name (Last, First, Middle Initial) <b>B. Stephanie J Warren</b>		Date of Receipt MM / DD / YYYY 11 / 30 / 2011
Mailing Address 2169 Balmer-Fenwick Road		<b>Transaction ID : PR1094195723163</b>
City Floyds Knobs	State IN	Zip Code 47119
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Facility Mgmt	P/R Deduction (\$15.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

Full Name (Last, First, Middle Initial) <b>C. John Lucchese</b>		Date of Receipt MM / DD / YYYY 11 / 30 / 2011
Mailing Address 14401 Broad Oak Place		<b>Transaction ID : PR1094195923163</b>
City Louisville	State KY	Zip Code 40245
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 192.00
Name of Employer Kindred Healthcare Inc.	Occupation Sr VP & Corp Controller	P/R Deduction (\$96.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1426.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Rose M Michels**  
Full Name (Last, First, Middle Initial)

Mailing Address 6503 Chenoweth Run Road

City Louisville State KY Zip Code 40299

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

Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Tax Compliance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **345.00**

Date of Receipt **11 / 30 / 2011**

**Transaction ID : PR1094196023163**

Amount of Each Receipt this Period **30.00**

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

**B. Joseph Landenwich**  
Full Name (Last, First, Middle Initial)

Mailing Address 1822 Casselberry Road

City Louisville State KY Zip Code 40205

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

Name of Employer Kindred Healthcare Inc. Occupation SVPCrpLegalAffairs&CrpSec

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1380.00**

Date of Receipt **11 / 30 / 2011**

**Transaction ID : PR1094196323163**

Amount of Each Receipt this Period **120.00**

P/R Deduction (\$60.00 Bi-Weekly)

**C. Arthur L Rothgerber**  
Full Name (Last, First, Middle Initial)

Mailing Address 8325 Regency Woods Way

City Louisville State KY Zip Code 40220

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

Name of Employer Kindred Healthcare Inc. Occupation Sr VP Reimbursement

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **529.00**

Date of Receipt **11 / 30 / 2011**

**Transaction ID : PR1094196423163**

Amount of Each Receipt this Period **46.00**

P/R Deduction (\$23.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>196.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Linda M O'Bryan</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2011
Mailing Address 1614 Sylvan Way		<b>Transaction ID : PR1094196723163</b>
City Louisville	State KY	Zip Code 40205
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 40.00	
Name of Employer Kindred Healthcare Inc.	Occupation VPPatient Care &Quality-H	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00	

Full Name (Last, First, Middle Initial) <b>B. Karen R Blain</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2011
Mailing Address 9708 Northridge Dr		<b>Transaction ID : PR1094197023163</b>
City Louisville	State KY	Zip Code 40272
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.00	
Name of Employer Kindred Healthcare Inc.	Occupation Mgr Patient Accting-NCD	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) <b>C. Douglas Curnutte</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2011
Mailing Address 1014 Springside Way		<b>Transaction ID : PR1094197223163</b>
City Louisville	State KY	Zip Code 40223
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 30.00	
Name of Employer Kindred Healthcare Inc.	Occupation VP Fac & Real Estate Dev	P/R Deduction (\$15.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 345.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	90.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Brian L Caudill**  
Full Name (Last, First, Middle Initial)

Mailing Address 1647 Beechwood Avenue

City Louisville State KY Zip Code 40204

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

Name of Employer Kindred Healthcare Inc. Occupation Sr Dir HD Reimb

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **598.00**

Date of Receipt **11 / 30 / 2011**

**Transaction ID : PR1094197323163**

Amount of Each Receipt this Period **52.00**

P/R Deduction (\$26.00 Bi-Weekly)

**B. Mary R Russell**  
Full Name (Last, First, Middle Initial)

Mailing Address 7300 Wood Rock Rd

City Louisville State KY Zip Code 40291

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

Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Accounting-NCD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **506.00**

Date of Receipt **11 / 30 / 2011**

**Transaction ID : PR1094197623163**

Amount of Each Receipt this Period **44.00**

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

**C. William M Altman**  
Full Name (Last, First, Middle Initial)

Mailing Address 9103 Lexington Lane

City Louisville State KY Zip Code 40241

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

Name of Employer Kindred Healthcare Inc. Occupation SVPStrategy&PublicPolicy

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **4422.90**

Date of Receipt **11 / 30 / 2011**

**Transaction ID : PR1094198023163**

Amount of Each Receipt this Period **384.60**

P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>480.60</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Scott M Juetten**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7503 Creekton Drive  
City Louisville State KY Zip Code 40241  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation VP & Controller-NCD  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 30 / 2011  
**Transaction ID : PR1094198123163**  
Amount of Each Receipt this Period 20.00  
P/R Deduction (\$10.00 Bi-Weekly)

**B. Bobby V Bas**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2084 Wind River Road  
City El Cajon State CA Zip Code 92019  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Radiology Technologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 315.00

Date of Receipt 11 / 30 / 2011  
**Transaction ID : PR1094198323163**  
Amount of Each Receipt this Period 30.00  
P/R Deduction (\$15.00 Bi-Weekly)

**C. Steven J Fuller**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6025 Bridge Garden Rd  
City Knoxville State TN Zip Code 37912  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Dist Dir Clin Ops  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 30 / 2011  
**Transaction ID : PR1094199723163**  
Amount of Each Receipt this Period 20.00  
P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 70.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 24 OF 69
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. J. Harold Walker**  
Full Name (Last, First, Middle Initial)  
Mailing Address 429 Freedom Trail  
City Sparta State TN Zip Code 38583  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Market Executive Dir  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 30 / 2011  
**Transaction ID : PR1094200123163**  
Amount of Each Receipt this Period 45.00  
P/R Deduction (\$15.00 Bi-Weekly)

**B. Michael Comer**  
Full Name (Last, First, Middle Initial)  
Mailing Address 12 Lewis  
City Irvine State CA Zip Code 92620  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation VP & CFO-West Reg-HD  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 805.00

Date of Receipt 11 / 30 / 2011  
**Transaction ID : PR1094200423163**  
Amount of Each Receipt this Period 70.00  
P/R Deduction (\$35.00 Bi-Weekly)

**C. Steven Monaghan**  
Full Name (Last, First, Middle Initial)  
Mailing Address 508 W. Melrose #7-A  
City Chicago State IL Zip Code 60657  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Exec VP-Cent Reg-HD  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1830.00

Date of Receipt 11 / 30 / 2011  
**Transaction ID : PR1094200723163**  
Amount of Each Receipt this Period 270.00  
P/R Deduction (\$135.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 385.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Cynthia Smith**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9N668 Bowes Bend Dr  
City Elgin State IL Zip Code 60124  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Chief Exec Off II  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 230.00

Date of Receipt 11 / 30 / 2011  
**Transaction ID : PR1094201023163**  
Amount of Each Receipt this Period 20.00  
P/R Deduction (\$10.00 Bi-Weekly)

**B. John Miner**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4730 Dunnie Drive  
City Tampa State FL Zip Code 33614  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Sr CFO I  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 480.00

Date of Receipt 11 / 30 / 2011  
**Transaction ID : PR1094202123163**  
Amount of Each Receipt this Period 40.00  
P/R Deduction (\$20.00 Bi-Weekly)

**C. Julie Feasel**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6211 Iroquios Ct.  
City Odessa State FL Zip Code 33556  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Chief Exec Off III  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 345.00

Date of Receipt 11 / 30 / 2011  
**Transaction ID : PR1094203023163**  
Amount of Each Receipt this Period 30.00  
P/R Deduction (\$15.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... 90.00  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Charles D Doten**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7644 Harbour Blvd.  
City Miramar State FL Zip Code 33023  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Chief Exec Off II  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **480.00**

Date of Receipt **11 / 30 / 2011**  
**Transaction ID : PR1094203623163**  
Amount of Each Receipt this Period **40.00**  
P/R Deduction (\$20.00 Bi-Weekly)

**B. James Malady**  
Full Name (Last, First, Middle Initial)  
Mailing Address 954 Lindfield Dr.  
City South Park State PA Zip Code 15129  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Dir Plant Ops  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **240.00**

Date of Receipt **11 / 30 / 2011**  
**Transaction ID : PR1094204123163**  
Amount of Each Receipt this Period **20.00**  
P/R Deduction (\$10.00 Bi-Weekly)

**C. Timothy L Simpson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 140 Pioneer Trail  
City Green Cove Springs State FL Zip Code 32043  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Executive Director II  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **460.00**

Date of Receipt **11 / 30 / 2011**  
**Transaction ID : PR1094204323163**  
Amount of Each Receipt this Period **40.00**  
P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>100.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 27 OF 69
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 355 Woolsey Brooks Rd.

City Fayetteville State GA Zip Code 30215

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

Name of Employer Kindred Healthcare Inc. Occupation Plant Ops Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **11 / 30 / 2011**

**Transaction ID : PR1094204623163**

Amount of Each Receipt this Period **30.00**

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

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

Mailing Address 1937 S.R. 16 West

City Green Cove Springs State FL Zip Code 32043

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

Name of Employer Kindred Healthcare Inc. Occupation Reg SrDir Clinical Ops-HD

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **11 / 30 / 2011**

**Transaction ID : PR1094204823163**

Amount of Each Receipt this Period **20.00**

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

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

Mailing Address 43171 Buttermere Terrace

City Ashburn State VA Zip Code 20147

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **345.00**

Date of Receipt **11 / 30 / 2011**

**Transaction ID : PR1094205123163**

Amount of Each Receipt this Period **30.00**

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. James J Novak</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2011
Mailing Address 9680 Ridgewalk Court			<b>Transaction ID : PR1094205323163</b>
City Davie	State FL	Zip Code 33328	Amount of Each Receipt this Period 84.00
FEC ID number of contributing federal political committee. C		P/R Deduction (\$42.00 Bi-Weekly)	
Name of Employer Kindred Healthcare Inc.	Occupation Exec VP-East Reg-HD	Aggregate Year-to-Date 966.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Sally I Hoffmann</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2011
Mailing Address 12905 Trade Port Place			<b>Transaction ID : PR1094205723163</b>
City Riverview	State FL	Zip Code 33579	Amount of Each Receipt this Period 30.00
FEC ID number of contributing federal political committee. C		P/R Deduction (\$15.00 Bi-Weekly)	
Name of Employer Kindred Healthcare Inc.	Occupation Resource CEO HD	Aggregate Year-to-Date 345.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Christopher A Clements</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2011
Mailing Address 3111 North Ocean Drive #1007			<b>Transaction ID : PR1094206223163</b>
City Hollywood	State FL	Zip Code 33019	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C		P/R Deduction (\$10.00 Bi-Weekly)	
Name of Employer Kindred Healthcare Inc.	Occupation Chief Exec Off III	Aggregate Year-to-Date 240.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	134.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Elizabeth D Dubois**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21 Harriman Road  
 City Hudson State MA Zip Code 01749  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Reg Trainer Field Acct  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 30 / 2011  
**Transaction ID : PR1094209423163**  
 Amount of Each Receipt this Period 20.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. Donna Kelsey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2075 E. Tivoli Hills Drive  
 City Draper State UT Zip Code 84020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Sr VP-West Reg-NCD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt 11 / 30 / 2011  
**Transaction ID : PR1094210123163**  
 Amount of Each Receipt this Period 50.00  
 P/R Deduction (\$25.00 Bi-Weekly)

**C. Anita Tillery**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3512 Raytee Drive  
 City Chesapeake State VA Zip Code 23323  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Market Executive Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 11 / 30 / 2011  
**Transaction ID : PR1094211023163**  
 Amount of Each Receipt this Period 40.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 110.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 30 OF 69
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Christina Schramm**  
Full Name (Last, First, Middle Initial)  
Mailing Address 166 Columbia Ave  
City Chillicothe State OH Zip Code 45601  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Executive Dir II  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 30 / 2011  
**Transaction ID : PR1094211923163**  
Amount of Each Receipt this Period 20.00  
P/R Deduction (\$10.00 Bi-Weekly)

**B. Tom Cunningham**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6705 Merwin Ave  
City Cincinnati State OH Zip Code 45227  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Lebanon Country Manor Occupation Executive Dir II  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 30 / 2011  
**Transaction ID : PR1094212123163**  
Amount of Each Receipt this Period 20.00  
P/R Deduction (\$10.00 Bi-Weekly)

**C. Donna M Nackers**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1760 Waters Ferry Drive  
City Lawrenceville State GA Zip Code 30043  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Reg Mgr Operation Reimb  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 345.00

Date of Receipt 11 / 30 / 2011  
**Transaction ID : PR1094212523163**  
Amount of Each Receipt this Period 30.00  
P/R Deduction (\$15.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 70.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Joseph F Weglarz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 35 Farrington Ave  
 City Gloucester State MA Zip Code 01930  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Reg Financial Ana  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 30 / 2011  
**Transaction ID : PR1094212623163**  
 Amount of Each Receipt this Period 20.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. Celeste M Bentley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3204 Eagle Avenue  
 City Key West State FL Zip Code 33040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Dir Reimb-NCD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 11 / 30 / 2011  
**Transaction ID : PR1094213323163**  
 Amount of Each Receipt this Period 30.00  
 P/R Deduction (\$15.00 Bi-Weekly)

**C. Debra Forman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12516 Wexton Lane  
 City Knoxville State TN Zip Code 37934  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Reg Mgr Field Accting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 30 / 2011  
**Transaction ID : PR1094213423163**  
 Amount of Each Receipt this Period 20.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 70.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Lane M Bowen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10966 Secret View Drive  
City Sandy State UT Zip Code 84092  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Exec VP & President-NCD  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1150.00

Date of Receipt 11 / 30 / 2011  
**Transaction ID : PR1094213623163**  
Amount of Each Receipt this Period 100.00  
P/R Deduction (\$50.00 Bi-Weekly)

**B. Michael W Beal**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10 Glenwood Road  
City Windham State NH Zip Code 03087  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Sr VP-East Reg-NCD  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 460.00

Date of Receipt 11 / 30 / 2011  
**Transaction ID : PR1094214123163**  
Amount of Each Receipt this Period 40.00  
P/R Deduction (\$20.00 Bi-Weekly)

**C. John Getts**  
Full Name (Last, First, Middle Initial)  
Mailing Address 150 Evergreen Circle  
City Henniker State NH Zip Code 03242  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Chief Exec Officer-TCC  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 30 / 2011  
**Transaction ID : PR1094214623163**  
Amount of Each Receipt this Period 25.00  
P/R Deduction (\$5.00 Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 165.00  
**TOTAL** This Period (last page this line number only).....▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. James Holcomb**  
Full Name (Last, First, Middle Initial)

Mailing Address 317 30Th Avenue N.E.

City State Zip Code  
Great Falls MT 59404

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

Name of Employer Kindred Healthcare Inc. Occupation Executive Dir III

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**11 / 30 / 2011**

**Transaction ID : PR1094215123163**

Amount of Each Receipt this Period  
**20.00**

P/R Deduction (\$10.00 Weekly)

**B. Susan A Kesterson**  
Full Name (Last, First, Middle Initial)

Mailing Address 2334 Heritage Dr

City State Zip Code  
Corona CA 92882

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

Name of Employer Kindred Healthcare Inc. Occupation Reg Financial Ana

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **345.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**11 / 30 / 2011**

**Transaction ID : PR1094216223163**

Amount of Each Receipt this Period  
**30.00**

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

**C. Maxine A Niel**  
Full Name (Last, First, Middle Initial)

Mailing Address 1699 Hastings Drive

City State Zip Code  
Manteca CA 95336

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

Name of Employer Valley Gardens Health Care Occupation Executive Dir II

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**11 / 30 / 2011**

**Transaction ID : PR1094216623163**

Amount of Each Receipt this Period  
**20.00**

P/R Deduction (\$10.00 Weekly)

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Sylvia Burton**  
Full Name (Last, First, Middle Initial)  
Mailing Address 433 S. Plantation  
City Cookeville State TN Zip Code 38506  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Asst Executive Dir  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **360.00**

Date of Receipt **11 / 30 / 2011**  
**Transaction ID : PR1094217623163**  
Amount of Each Receipt this Period **30.00**  
P/R Deduction (\$15.00 Bi-Weekly)

**B. Mark S Pfeifer**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11014 Brave Ct.  
City Indianapolis State IN Zip Code 46236  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Reg Financial Ana  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **460.00**

Date of Receipt **11 / 30 / 2011**  
**Transaction ID : PR1094218423163**  
Amount of Each Receipt this Period **40.00**  
P/R Deduction (\$20.00 Bi-Weekly)

**C. Donna Susan Dickerson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5283 Pryor Road  
City Maryville State TN Zip Code 37804  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Executive Dir I  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **240.00**

Date of Receipt **11 / 30 / 2011**  
**Transaction ID : PR1094220723163**  
Amount of Each Receipt this Period **20.00**  
P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **90.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Keith A Mandrell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8813 Mallow Drive  
 City Knoxville State TN Zip Code 37922  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Executive Dir III  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 30 / 2011  
**Transaction ID : PR1094221223163**  
 Amount of Each Receipt this Period 20.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. Anna Ruth Birdwell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5450 Grundy Quarles Hwy  
 City Bloomington Spring State TN Zip Code 38545  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Dir Nursing III  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 30 / 2011  
**Transaction ID : PR1094221323163**  
 Amount of Each Receipt this Period 20.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. James Tucker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P O Box 223  
 City Carthage State TN Zip Code 37030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Executive Dir II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 30 / 2011  
**Transaction ID : PR1094222023163**  
 Amount of Each Receipt this Period 20.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Gloria J Miller</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2011
Mailing Address 2700 Saint Marys Road		<b>Transaction ID : PR1094222123163</b>
City Hillsborough	State NC	Zip Code 27278
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir Operations I	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00	

Full Name (Last, First, Middle Initial) <b>B. James N. Rogers</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2011
Mailing Address 147 Deepspring Drive		<b>Transaction ID : PR1094224323163</b>
City Bardstown	State KY	Zip Code 40004
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Clin Systems Dev	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) <b>C. Ronald D Long</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2011
Mailing Address 148 Cheyenne Road		<b>Transaction ID : PR1094224523163</b>
City Shelbyville	State KY	Zip Code 40065
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer Kindred Healthcare Inc.	Occupation Dir Contract Admin	P/R Deduction (\$15.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 345.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	90.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Stephen F. Stoess**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 514 Locust Creek Blvd.  
 City Louisville State KY Zip Code 40245  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Telecommunications  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 538.20

Date of Receipt 11 / 30 / 2011  
**Transaction ID : PR1094224623163**  
 Amount of Each Receipt this Period 46.80  
 P/R Deduction (\$23.40 Bi-Weekly)

**B. James E. Bell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14213 Aiken Road  
 City Louisville State KY Zip Code 40245  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Div Reimb-HD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 11 / 30 / 2011  
**Transaction ID : PR1094225023163**  
 Amount of Each Receipt this Period 30.00  
 P/R Deduction (\$15.00 Bi-Weekly)

**C. Paul R. Eiseman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3714 Fringe Tree Place  
 City Louisville State KY Zip Code 40241  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation VP Bus Dev & Phys Rel-HD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 11 / 30 / 2011  
**Transaction ID : PR1094225823163**  
 Amount of Each Receipt this Period 30.00  
 P/R Deduction (\$15.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	106.80
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Catharine C Young**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6303 Deep Creek Drive  
 City Prospect State KY Zip Code 40059  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation VP & Employment Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **345.00**

Date of Receipt **11 / 30 / 2011**  
**Transaction ID : PR1094228023163**  
 Amount of Each Receipt this Period **30.00**  
 P/R Deduction (\$15.00 Bi-Weekly)

**B. Mary W Miller**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3201 Vista Verde Lane SW  
 City Tumwater State WA Zip Code 98512  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Clinical Impl Cnslt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **345.00**

Date of Receipt **11 / 30 / 2011**  
**Transaction ID : PR1094228423163**  
 Amount of Each Receipt this Period **30.00**  
 P/R Deduction (\$15.00 Bi-Weekly)

**C. Sharon Theresa McGuyer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22441 15Th Ave. So.  
 City Des Moines State WA Zip Code 98198  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Dir Nursing II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **11 / 30 / 2011**  
**Transaction ID : PR1094229023163**  
 Amount of Each Receipt this Period **20.00**  
 P/R Deduction (\$10.00 Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **80.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Charles K. Currens**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7801 McCarthy Lane  
 City Louisville State KY Zip Code 40222  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Dir IS Prod Svcs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt 11 / 30 / 2011  
**Transaction ID : PR1094229123163**  
 Amount of Each Receipt this Period 40.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. Keith Krein**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3227 North 88th Street  
 City Mesa State AZ Zip Code 85207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Sr VP & Chief Med Off-NCD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt 11 / 30 / 2011  
**Transaction ID : PR1094229823163**  
 Amount of Each Receipt this Period 40.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. Patricia M McGillan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 510 Altagate Rd  
 City Louisville State KY Zip Code 40206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation VP Pat Saf & Reg Compl-HD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 690.00

Date of Receipt 11 / 30 / 2011  
**Transaction ID : PR1094229923163**  
 Amount of Each Receipt this Period 60.00  
 P/R Deduction (\$30.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 140.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 40 OF 69
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Barbara L Baylis**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7212 Deer Ridge Road  
City Prospect State KY Zip Code 40059  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Sr VP Clin & Res Svcs-NCD  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 460.00

Date of Receipt 11 / 30 / 2011  
**Transaction ID : PR1094230023163**  
Amount of Each Receipt this Period 40.00  
P/R Deduction (\$20.00 Bi-Weekly)

**B. Pete Kalmey**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3502 Hedgewick Place  
City Louisville State KY Zip Code 40245  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation VP Ops Central Region  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 30 / 2011  
**Transaction ID : PR1094232023163**  
Amount of Each Receipt this Period 30.00  
P/R Deduction (\$15.00 Bi-Weekly)

**C. Mary J Yesue**  
Full Name (Last, First, Middle Initial)  
Mailing Address P. O. Box 921  
City York Harbor State ME Zip Code 03911  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Dist Dir Clin Ops  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 345.00

Date of Receipt 11 / 30 / 2011  
**Transaction ID : PR1094232123163**  
Amount of Each Receipt this Period 30.00  
P/R Deduction (\$15.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 100.00  
**TOTAL** This Period (last page this line number only).....▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Janet L Worcester**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24 Saratoga Avenue  
 City Bangor State ME Zip Code 04401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Dist Dir Clin Ops  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **230.00**

Date of Receipt **11 / 30 / 2011**  
**Transaction ID : PR1094232223163**  
 Amount of Each Receipt this Period **20.00**  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. Bonnie Deyo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 75 Mustang Run Road  
 City Lander State WY Zip Code 82520  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Executive Dir I  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **240.00**

Date of Receipt **11 / 30 / 2011**  
**Transaction ID : PR1094233323163**  
 Amount of Each Receipt this Period **20.00**  
 P/R Deduction (\$10.00 Weekly)

**C. Edward J Goddard**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 32 Peters Lane  
 City Wrentham State MA Zip Code 02093  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation VP Labor Relations  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **580.00**

Date of Receipt **11 / 30 / 2011**  
**Transaction ID : PR1094233523163**  
 Amount of Each Receipt this Period **80.00**  
 P/R Deduction (\$40.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>120.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 42 OF 69
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

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

Mailing Address 7701 Kendrick Crossing Lane

City Louisville State KY Zip Code 40291

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **506.00**

Date of Receipt **11 / 30 / 2011**

**Transaction ID : PR1094234423163**

Amount of Each Receipt this Period **44.00**

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

**B. Janet Biedron**  
Full Name (Last, First, Middle Initial)

Mailing Address 1736 Dunkeld Lane

City Folsom State CA Zip Code 95630

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **11 / 30 / 2011**

**Transaction ID : PR1094234623163**

Amount of Each Receipt this Period **20.00**

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

**C. Peter D Corless**  
Full Name (Last, First, Middle Initial)

Mailing Address 3308 Overlook Ridge Rd

City Prospect State KY Zip Code 40059

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

Name of Employer Kindred Healthcare Inc. Occupation Sr VP HR & Admin-NCD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **690.00**

Date of Receipt **11 / 30 / 2011**

**Transaction ID : PR1094235223163**

Amount of Each Receipt this Period **60.00**

P/R Deduction (\$30.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **124.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Tamila Johnson-White**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2615 Zhale Smith Rd.  
City LaGrange State KY Zip Code 40031  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Dir Case Mgmt-NCD  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **460.00**

Date of Receipt **11 / 30 / 2011**  
**Transaction ID : PR1094235423163**  
Amount of Each Receipt this Period **40.00**  
P/R Deduction (\$20.00 Bi-Weekly)

**B. Lester Bohnert**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2259 N. Pennsylvania Street  
City Indianapolis State IN Zip Code 46205  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Dist Dir Operations I  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **230.00**

Date of Receipt **11 / 30 / 2011**  
**Transaction ID : PR1094235723163**  
Amount of Each Receipt this Period **20.00**  
P/R Deduction (\$10.00 Bi-Weekly)

**C. Douglas Roth**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9891 Heytesbery  
City Sandy State UT Zip Code 84092  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation VP Finance-West RegNCD  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **880.00**

Date of Receipt **11 / 30 / 2011**  
**Transaction ID : PR1094237323163**  
Amount of Each Receipt this Period **40.00**  
P/R Deduction (\$40.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **100.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Douglas T Collins**  
Full Name (Last, First, Middle Initial)

Mailing Address 3703 River Bluff Road

City Prospect State KY Zip Code 40059

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

Name of Employer Kindred Healthcare Inc. Occupation Dir Fin Sys-NCD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **460.00**

Date of Receipt **11 / 30 / 2011**

**Transaction ID : PR1094241223163**

Amount of Each Receipt this Period **40.00**

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

**B. Linda L Newberry-Ferguson**  
Full Name (Last, First, Middle Initial)

Mailing Address 11310 Haleco Lane

City Hales Corners State WI Zip Code 53130

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt **11 / 30 / 2011**

**Transaction ID : PR1094241923163**

Amount of Each Receipt this Period **40.00**

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

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

Mailing Address 4211 Wine Cellar Court

City Louisville State KY Zip Code 40272

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

Name of Employer Kindred Healthcare Inc. Occupation Mgr Internal Audit

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt **11 / 30 / 2011**

**Transaction ID : PR1094242323163**

Amount of Each Receipt this Period **20.00**

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>100.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Susan Cote**  
Full Name (Last, First, Middle Initial)

Mailing Address 24 Adams Court

City Brewer State ME Zip Code 04412

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

Name of Employer Kindred Healthcare Inc. Occupation Reg Dir Field Accting-NCD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2011

**Transaction ID : PR1094242423163**

Amount of Each Receipt this Period  
 20.00

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

**B. Wendy S Swisher**  
Full Name (Last, First, Middle Initial)

Mailing Address 5012 Four Leaf Ct

City Greenville State IN Zip Code 47124

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

Name of Employer Kindred Healthcare Inc. Occupation VP HR & Leadership Dev

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2011

**Transaction ID : PR1094242723163**

Amount of Each Receipt this Period  
 20.00

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

**C. Elvin D. Alsaybar**  
Full Name (Last, First, Middle Initial)

Mailing Address 742 White Rock Trail

City Suwanee State GA Zip Code 30024

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

Name of Employer Kindred Healthcare Inc. Occupation Reg Dir Field Accting-NCD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2011

**Transaction ID : PR1094242923163**

Amount of Each Receipt this Period  
 20.00

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 702 Helmsdale Place N.

City State Zip Code  
Brentwood TN 37027

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
480.00

Date of Receipt  
11 / 30 / 2011  
**Transaction ID : PR1094243523163**

Amount of Each Receipt this Period  
40.00

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

**B. Raymond J Sierpina**  
Full Name (Last, First, Middle Initial)

Mailing Address 14 Westwind Road

City State Zip Code  
Louisville KY 40207

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

Name of Employer Occupation  
Kindred Healthcare Inc. VP Public Pol & GovtAffair

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2300.00

Date of Receipt  
11 / 30 / 2011  
**Transaction ID : PR1094246623163**

Amount of Each Receipt this Period  
200.00

P/R Deduction (\$100.00 Bi-Weekly)

**C. Steven Tanner**  
Full Name (Last, First, Middle Initial)

Mailing Address 1059 Mt Vernon Dr

City State Zip Code  
Greenwood IN 46142

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

Name of Employer Occupation  
Kindred Healthcare Inc. Executive Dir III

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
480.00

Date of Receipt  
11 / 30 / 2011  
**Transaction ID : PR1094246823163**

Amount of Each Receipt this Period  
40.00

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 280.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Thomas Wood**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2949 Glascock Street  
City Oakland State CA Zip Code 94601  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Sr Dist Dir Operations  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1495.00

Date of Receipt 11 / 30 / 2011  
**Transaction ID : PR1094247223163**  
Amount of Each Receipt this Period 130.00  
P/R Deduction (\$65.00 Bi-Weekly)

**B. Gwynn Rucker**  
Full Name (Last, First, Middle Initial)  
Mailing Address 15106 59th Place NE  
City Kenmore State WA Zip Code 98028  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Market Executive Dir  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 720.00

Date of Receipt 11 / 30 / 2011  
**Transaction ID : PR1094247823163**  
Amount of Each Receipt this Period 90.00  
P/R Deduction (\$30.00 Weekly)

**c. Sharon J Spittle**  
Full Name (Last, First, Middle Initial)  
Mailing Address 26 Estes Street  
City Ipswich State MA Zip Code 01938  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Executive Dir II  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 480.00

Date of Receipt 11 / 30 / 2011  
**Transaction ID : PR1094250023163**  
Amount of Each Receipt this Period 50.00  
P/R Deduction (\$10.00 Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 270.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mary Kathleen Owens**  
Full Name (Last, First, Middle Initial)

Mailing Address 12667 S. Bear Meadow Ct.

City Draper	State UT	Zip Code 84020
----------------	-------------	-------------------

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

Name of Employer Kindred Healthcare Inc.	Occupation VP Clin Ops-Wst Reg-NCD
---	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2011

**Transaction ID : PR1094250423163**

Amount of Each Receipt this Period  

20.00
-------

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

**B. Benjamin A Breier**  
Full Name (Last, First, Middle Initial)

Mailing Address 5400 Farm Ridge Lane

City Prospect	State KY	Zip Code 40059
------------------	-------------	-------------------

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

Name of Employer Kindred Healthcare Inc.	Occupation Chief Operating Officer
---	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **4422.90**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2011

**Transaction ID : PR1094250923163**

Amount of Each Receipt this Period  

384.60
--------

P/R Deduction (\$192.30 Bi-Weekly)

**C. Krista J Ward**  
Full Name (Last, First, Middle Initial)

Mailing Address 4541 Southern Parkway

City Louisville	State KY	Zip Code 40214
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2011

**Transaction ID : PR1094251023163**

Amount of Each Receipt this Period  

20.00
-------

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>424.60</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Kathleen C Paradowski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 1332  
 City State Zip Code  
 Crestwood KY 40014  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Clin Informativist Cnslt  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **220.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2011  
**Transaction ID : PR1135243823163**  
 Amount of Each Receipt this Period  
 10.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. Steve Ross**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 35069 Roberts Lane  
 City State Zip Code  
 St Helens OR 97051  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Executive Dir I  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **480.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2011  
**Transaction ID : PR1135252623163**  
 Amount of Each Receipt this Period  
 40.00  
 P/R Deduction (\$20.00 Weekly)

**C. Josephine Litzenberger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11401 Dr. M.L.K. Jr. Street N.  
 Apt 1201  
 City State Zip Code  
 St Petersburg FL 33716  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Managed Care  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **414.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2011  
**Transaction ID : PR1135286923163**  
 Amount of Each Receipt this Period  
 36.00  
 P/R Deduction (\$18.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	86.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 50 OF 69
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Gregory T Hayden**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7207 Trail Ridge Court  
 City Louisville State KY Zip Code 40241  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Dir State Tax  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **345.00**

Date of Receipt **11 / 30 / 2011**  
**Transaction ID : PR1150400123163**  
 Amount of Each Receipt this Period **30.00**  
 P/R Deduction (\$15.00 Bi-Weekly)

**B. Julie A Viers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9508 Corinthian Dr  
 City Louisville State KY Zip Code 40299  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Fin Reporting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **230.00**

Date of Receipt **11 / 30 / 2011**  
**Transaction ID : PR1150400523163**  
 Amount of Each Receipt this Period **20.00**  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. Rachael L Parker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 70 Birch Ridge Rd  
 City Westford State VT Zip Code 05494  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Executive Dir II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **470.00**

Date of Receipt **11 / 30 / 2011**  
**Transaction ID : PR1150411123163**  
 Amount of Each Receipt this Period **40.00**  
 P/R Deduction (\$10.00 Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>90.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Pamela M Bresee**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4155 SW 192nd Avenue  
 City Aloha State OR Zip Code 97007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Reg Financial Ana  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **345.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2011  
**Transaction ID : PR1227852423163**  
 Amount of Each Receipt this Period  
 30.00  
 P/R Deduction (\$15.00 Bi-Weekly)

**B. Larry Livengood**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1219 Pilot Lane  
 City Galveston State TX Zip Code 77554  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation District Director HR  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **230.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2011  
**Transaction ID : PR1267996723163**  
 Amount of Each Receipt this Period  
 20.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. Beth Cullum**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22 Frederick St.  
 City Newton State MA Zip Code 02460  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Chief Exec Off II  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **205.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2011  
**Transaction ID : PR1267997023163**  
 Amount of Each Receipt this Period  
 20.00  
 P/R Deduction (\$5.00 Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **70.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Loretta R Jordan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4017 Ballard Woods Drive  
 City Smithfield State KY Zip Code 40068  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Mgr Fin Sys Dev  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2011  
**Transaction ID : PR126799723163**  
 Amount of Each Receipt this Period 20.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. Russell D Ragland**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9902 Palace Green Way  
 City Vienna State VA Zip Code 22181  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Sr VP Fin-NCD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1150.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2011  
**Transaction ID : PR1267998123163**  
 Amount of Each Receipt this Period 100.00  
 P/R Deduction (\$50.00 Bi-Weekly)

**C. Catherine Nurmela**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1409 W. Elmdale  
 City Chicago State IL Zip Code 60660  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Chief Clinical Off II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2011  
**Transaction ID : PR1267998423163**  
 Amount of Each Receipt this Period 30.00  
 P/R Deduction (\$15.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 53 OF 69
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Donna Sroczynski</b>		Date of Receipt 11 / 30 / 2011 <b>Transaction ID : PR1281185323163</b>
Mailing Address 399 Fountain Drive		Amount of Each Receipt this Period 40.00
City Elgin	State IL	Zip Code 60124
FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc.	Occupation VP Clin Ops-CentralRegNCD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00	

Full Name (Last, First, Middle Initial) <b>B. Diane L. Otteman</b>		Date of Receipt 11 / 30 / 2011 <b>Transaction ID : PR1300206423163</b>
Mailing Address 40 East Cedar Apt. #21A		Amount of Each Receipt this Period 30.00
City Chicago	State IL	Zip Code 60611
FEC ID number of contributing federal political committee. C		P/R Deduction (\$15.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc.	Occupation Chief Exec Off II	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) <b>C. Jane Mathews</b>		Date of Receipt 11 / 30 / 2011 <b>Transaction ID : PR1300207323163</b>
Mailing Address 464 E. Cynthia Way		Amount of Each Receipt this Period 20.00
City North Salt Lake	State UT	Zip Code 84054
FEC ID number of contributing federal political committee. C		P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc.	Occupation Reg Dir HR-NCD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	90.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Rita D Simmons**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 Franck Avenue  
 City Louisville State KY Zip Code 40206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Ops Risk Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 368.00

Date of Receipt 11 / 30 / 2011  
**Transaction ID : PR1333437023163**  
 Amount of Each Receipt this Period 32.00  
 P/R Deduction (\$16.00 Bi-Weekly)

**B. Bobby G. Muse Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4514 Oak Pointe Drive  
 City Louisville State KY Zip Code 40245  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Dir Rec Mgmt & Bus Contin  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 30 / 2011  
**Transaction ID : PR1333437123163**  
 Amount of Each Receipt this Period 20.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. Mark D. Johnson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3011 Springcrest Drive  
 City Louisville State KY Zip Code 40241  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Mgr Desktop Supp  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 11 / 30 / 2011  
**Transaction ID : PR1336786723163**  
 Amount of Each Receipt this Period 30.00  
 P/R Deduction (\$15.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	82.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Kindred Healthcare, Inc. PAC**

Full Name (Last, First, Middle Initial) <b>A. Patrick Herm</b>		Date of Receipt MM / DD / YYYY 11 / 30 / 2011 <b>Transaction ID : PR1336787123163</b>
Mailing Address 11004 Fox Moore Court		Amount of Each Receipt this Period 30.00
City Louisville	State KY	Zip Code 40223
FEC ID number of contributing federal political committee. C	Name of Employer Kindred Healthcare Inc	Occupation Reg Financial Ana
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 345.00	P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. Lisa J Schmidt</b>		Date of Receipt MM / DD / YYYY 11 / 30 / 2011 <b>Transaction ID : PR1346288223163</b>
Mailing Address 7840 Broad Run Road		Amount of Each Receipt this Period 20.00
City Louisville	State KY	Zip Code 40291
FEC ID number of contributing federal political committee. C	Name of Employer Kindred Healthcare Inc.	Occupation Mgr Fin Sys Dev
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. Julieta C Morton</b>		Date of Receipt MM / DD / YYYY 11 / 30 / 2011 <b>Transaction ID : PR1355829323163</b>
Mailing Address 5105 Deerchase Tr		Amount of Each Receipt this Period 20.00
City Wake Forest	State NC	Zip Code 27587
FEC ID number of contributing federal political committee. C	Name of Employer Kindred Healthcare Inc.	Occupation Rehab Mgr-PT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	70.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. James C Hansen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1944 South 275 East  
City Clearfield State UT Zip Code 84015  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Reg Mgr Operation Reimb  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **345.00**

Date of Receipt **11 / 30 / 2011**  
**Transaction ID : PR1394177123163**  
Amount of Each Receipt this Period **30.00**  
P/R Deduction (\$15.00 Bi-Weekly)

**B. Mary D Van De Kamp**  
Full Name (Last, First, Middle Initial)  
Mailing Address 251 Arbor Lane  
City Green Bay State WI Zip Code 54301  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Sr VP Clinical Ops-RHB  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **345.00**

Date of Receipt **11 / 30 / 2011**  
**Transaction ID : PR1408953123163**  
Amount of Each Receipt this Period **30.00**  
P/R Deduction (\$15.00 Bi-Weekly)

**C. Pamela A. Justice**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5912 Mercury Dr  
City Louisville State KY Zip Code 40291  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Dir Fin Sys Dev  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **460.00**

Date of Receipt **11 / 30 / 2011**  
**Transaction ID : PR1408953223163**  
Amount of Each Receipt this Period **40.00**  
P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **100.00**  
**TOTAL** This Period (last page this line number only).....



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 57 OF 69
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Katherine W Gilchrist</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2011
Mailing Address 1668 Victory Court		<b>Transaction ID : PR1524244423163</b>
City Prospect	State KY	Zip Code 40059
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Kindred Healthcare Inc.	Occupation Sr VP Finance-RHB	P/R Deduction (\$50.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 670.00	

Full Name (Last, First, Middle Initial) <b>B. Juanita D Blevens</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2011
Mailing Address 1712 Penile Road		<b>Transaction ID : PR1541444223163</b>
City Louisville	State KY	Zip Code 40272
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Kindred Healthcare Inc.	Occupation Dir Casualty Insurance	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) <b>C. Cassandra Rocke</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2011
Mailing Address 15230 Kingston Ct. Foxridge Estates		<b>Transaction ID : PR1582894123163</b>
City Brighton	State CO	Zip Code 80602
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir Operations I	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Christopher Murphy**  
Full Name (Last, First, Middle Initial)  
Mailing Address 17108 Deercrossing Trail  
City Fisherville State KY Zip Code 40023  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Sr VP-Central Reg-NCD  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 460.00

Date of Receipt 11 / 30 / 2011  
**Transaction ID : PR1582894523163**  
Amount of Each Receipt this Period 40.00  
P/R Deduction (\$20.00 Bi-Weekly)

**B. Marilyn Weaver**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1700 Penile Rd  
City Valley Station State KY Zip Code 40272  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Occupation Mgr Leased Property  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 30 / 2011  
**Transaction ID : PR1618127223163**  
Amount of Each Receipt this Period 20.00  
P/R Deduction (\$10.00 Bi-Weekly)

**C. Mary Jane Dailey**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10411 Loving Trail Drive  
City Frisco State TX Zip Code 75035  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare, Inc. Occupation VP & CCOSoWest Reg-HD  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2300.00

Date of Receipt 11 / 30 / 2011  
**Transaction ID : PR1618127523163**  
Amount of Each Receipt this Period 200.00  
P/R Deduction (\$100.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	260.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Kathy Adkins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6522 State Rd. 250  
 City Calhoun State KY Zip Code 42327  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Rehab Mgr-OT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2011  
**Transaction ID : PR1618128623163**  
 Amount of Each Receipt this Period 20.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. Jeanna R. Conder**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 707 Quisenberry Lane  
 City Winchester State KY Zip Code 40391  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Occupation Dir Clinical Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2011  
**Transaction ID : PR1618128923163**  
 Amount of Each Receipt this Period 20.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. John Williams**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 520 East 9000 South  
 City Sandy State UT Zip Code 84070  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Occupation Executive Dir II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2011  
**Transaction ID : PR1618129023163**  
 Amount of Each Receipt this Period 20.00  
 P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 60 OF 69
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Darrin Hull**  
Full Name (Last, First, Middle Initial)  
Mailing Address 277 Bark River Court  
City Delafield State WI Zip Code 53018  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Executive Dir III  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **460.00**

Date of Receipt **11 / 30 / 2011**  
**Transaction ID : PR1622380123163**  
Amount of Each Receipt this Period **40.00**  
P/R Deduction (\$20.00 Bi-Weekly)

**B. Susan D. Rose**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3402 Acacia Avenue  
City Shepherdsville State KY Zip Code 40165  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Dir Internal Audit  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **345.00**

Date of Receipt **11 / 30 / 2011**  
**Transaction ID : PR1622380223163**  
Amount of Each Receipt this Period **30.00**  
P/R Deduction (\$15.00 Bi-Weekly)

**C. Robert Groezinger**  
Full Name (Last, First, Middle Initial)  
Mailing Address 25537 Jane Street  
City San Bernardino State CA Zip Code 92404  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Area Mgr Maint  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **345.00**

Date of Receipt **11 / 30 / 2011**  
**Transaction ID : PR1668092323163**  
Amount of Each Receipt this Period **30.00**  
P/R Deduction (\$15.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>100.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Richard C Gandersman**  
Full Name (Last, First, Middle Initial)

Mailing Address 6685 Miami Woods Drive

City Loveland State OH Zip Code 45140

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

Name of Employer Kindred Healthcare Inc. Occupation SVP Hospice&Home Health

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt **11 / 30 / 2011**

**Transaction ID : PR1724379223163**

Amount of Each Receipt this Period **20.00**

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

**B. Derrick Glum**  
Full Name (Last, First, Middle Initial)

Mailing Address 1125 Sherman Cir.

City St. George State UT Zip Code 84790

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

Name of Employer Kindred Healthcare Inc. Occupation Executive Dir II

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt **11 / 30 / 2011**

**Transaction ID : PR1767984923163**

Amount of Each Receipt this Period **20.00**

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

**C. Michelle Mullen**  
Full Name (Last, First, Middle Initial)

Mailing Address 6411 Mallard Creek Run

City Lorain State OH Zip Code 44053

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **345.00**

Date of Receipt **11 / 30 / 2011**

**Transaction ID : PR1774751223163**

Amount of Each Receipt this Period **30.00**

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 62 OF 69
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. David M Mikula**  
Full Name (Last, First, Middle Initial)

Mailing Address 680 South 4th Avenue

City Louisville State KY Zip Code 40207

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

Name of Employer Kindred Healthcare Inc. Occupation SVP Sales & Marketing HD

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 11 / 30 / 2011  
**Transaction ID : PR1774751723163**

Amount of Each Receipt this Period 40.00

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

**B. Philip B Ragsdell**  
Full Name (Last, First, Middle Initial)

Mailing Address 12004 Log Cabin Lane

City Louisville State KY Zip Code 40223

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

Name of Employer Kindred Healthcare Occupation Dir Customer Supp

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 506.00

Date of Receipt 11 / 30 / 2011  
**Transaction ID : PR1784229523163**

Amount of Each Receipt this Period 44.00

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

**C. Andrea R. Romisher**  
Full Name (Last, First, Middle Initial)

Mailing Address 1846 Douglass Blvd

City Louisville State KY Zip Code 40205

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

Name of Employer Kindred Healthcare Inc. Occupation VP Benefits & Comp

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 30 / 2011  
**Transaction ID : PR1784229923163**

Amount of Each Receipt this Period 20.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	104.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Timmy L. Hesson**  
Full Name (Last, First, Middle Initial)

Mailing Address 2710 Pikes Peak Boulevard

City	State	Zip Code
Louisville	KY	40214

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

Name of Employer	Occupation
Kindred Healthcare Inc.	Dir Wintel & Storage Mgmt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **345.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2011

**Transaction ID : PR1784230723163**

Amount of Each Receipt this Period  

30.00
-------

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

**B. Lawrence J. Toyé**  
Full Name (Last, First, Middle Initial)

Mailing Address 3 September Lane

City	State	Zip Code
Burlington	MA	01803

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

Name of Employer	Occupation
Kindred Healthcare	Controller

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **460.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2011

**Transaction ID : PR1784230823163**

Amount of Each Receipt this Period  

40.00
-------

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

**C. Carol Falo**  
Full Name (Last, First, Middle Initial)

Mailing Address 7041 Clubview Dr

City	State	Zip Code
Bridgeville	PA	15017

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

Name of Employer	Occupation
Kindred Healthcare	Chief Clinical Off II

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2011

**Transaction ID : PR1784231523163**

Amount of Each Receipt this Period  

40.00
-------

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>110.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 64 OF 69
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Elnora DeLeon-Flores</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2011
Mailing Address 3711 Bechelli Lane		<b>Transaction ID : PR1784231923163</b>
City Redding	State CA	Zip Code 96002
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir II	P/R Deduction (\$10.00 Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>B. Michael J Warrington</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2011
Mailing Address 118 Frosted Pond PL.		<b>Transaction ID : PR1797971023163</b>
City The Woodlands	State TX	Zip Code 77381
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Kindred Healthcare Inc.	Occupation Division VP-HD	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) <b>C. Kim K Baker</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2011
Mailing Address 164 River Road		<b>Transaction ID : PR1826753823163</b>
City Hanover	State MA	Zip Code 02339
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir Operations I	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Janet L Seawell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18 Elton Court  
 City Pleasant Hill State CA Zip Code 94523  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Executive Dir III  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2011  
**Transaction ID : PR1829395423163**  
 Amount of Each Receipt this Period 20.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. Robert Gundersen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9 Barnside Lane  
 City Sandwich State MA Zip Code 02563  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Market Chief Exec Off III  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2011  
**Transaction ID : PR1829395723163**  
 Amount of Each Receipt this Period 20.00  
 P/R Deduction (\$5.00 Weekly)

**C. Barry Somervell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 339 Gillette Drive  
 City Franklin State TN Zip Code 37069  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation SVP Sales & Bus Dev NCD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1150.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2011  
**Transaction ID : PR1835833723163**  
 Amount of Each Receipt this Period 100.00  
 P/R Deduction (\$50.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 140.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 66 OF 69
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Laura Hoffpaur</b>		Date of Receipt 11 / 30 / 2011 <b>Transaction ID : PR1887633323163</b>
Mailing Address 1805 Pintail Pkwy		Amount of Each Receipt this Period 30.00
City Eules	State TX	Zip Code 76039
FEC ID number of contributing federal political committee.	C	
Name of Employer Kindred Healthcare, Inc.	Occupation Executive Dir II	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	
		P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. Jeffrey M Jasnoff</b>		Date of Receipt 11 / 30 / 2011 <b>Transaction ID : PR1961243323163</b>
Mailing Address 9103 Crowne Springs Circle Apt 301		Amount of Each Receipt this Period 100.00
City Louisville	State KY	Zip Code 40241
FEC ID number of contributing federal political committee.	C	
Name of Employer Kindred Healthcare, Inc.	Occupation Sr VP Human Resources-HD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
		P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
		Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	130.00
<b>TOTAL</b> This Period (last page this line number only).....▶	8613.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Jim Renacci For Congress**

Mailing Address 150 Smokerise Drive

City Wadsworth State OH Zip Code 44281

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. James Renacci**

Office Sought:  House  
 Senate  
 President  
State: OH District: 16

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 04 / 2011

**Transaction ID : 42795880**

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Federation of American Hospitals PAC**

Mailing Address 750 9th Street, NW  
Suite 600

City Washington State DC Zip Code 20001

Purpose of Disbursement  
Contribution

Candidate Name

**Federation of American Hospitals PAC**

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 11 / 2011

**Transaction ID : 42836040**

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Ben Chandler For Congress**

Mailing Address P.O. Box 12678

City Lexington State KY Zip Code 40508

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Benjamin Chandler**

Office Sought:  House  
 Senate  
 President  
State: KY District: 06

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 11 / 2011

**Transaction ID : 42836291**

Amount of Each Disbursement this Period

2500.00

Contribution

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

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

9500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Democratic Senatorial Campaign Committee**

Mailing Address 120 Maryland Avenue, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Contribution

011

Candidate Name

**Democratic Senatorial Campaign Committee**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 14 / 2011

**Transaction ID : 42843566**

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Democratic Congressional Campaign Committee**

Mailing Address 430 South Capitol Street, SE  
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contribution

011

Candidate Name

**Democratic Congressional Campaign Committee**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 14 / 2011

**Transaction ID : 42843567**

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. National Republican Senatorial Committee**

Mailing Address 425 Second Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Void - Check dated 08/02/2011

011

Candidate Name

**National Republican Senatorial Committee**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 15 / 2011

**Transaction ID : 42851688**

Amount of Each Disbursement this Period

-5000.00

Void - Check dated 08/02/2011

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

2000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. National Republican Senatorial Committee**

Mailing Address 425 Second Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Contribution

011

Candidate Name

**National Republican Senatorial Committee**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 21 / 2011

**Transaction ID : 42852046**

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

5000.00

16500.00