10/11/2007 13:30

Image# 27990758150

### **FEC** FORM 3X

### **REPORT OF RECEIPTS AND DISBURSEMENTS**

		or Otner	Inan An Au	norizea	Commi	itee		Office Us	se Only	
1.			AILING LABEL R PRINT 🗑		nple:If typir the lines	ng, type				
L	Kindred Healthcare, Inc. PAC									
Ш					1 1 1		1 1 1		1 1 1	
AD	DRESS (number and street)	680 S. Fo	ourth St.							
	Check if different than previously reported. (ACC)	Louisville					KY	4	0202	
2.	FEC IDENTIFICATION NUME	BER 🔻	CI	TY 🛕			STATE	<b>L</b>	ZIPCOD	E 🛕
	C00242271			IS THIS REPORT	X	NEW (N) OR		AMENDED (A)		
4.	TYPE OF REPORT (Choose One)  (a) Quarterly Reports:	(b) Mor Rep Due	ort Fe	b 20 (M2) ar 20 (M3) r 20 (M4)		May 20 (M5) Jun 20 (M6) Jul 20 (M7)	X	Aug 20 (M8) Sep 20 (M9) Oct 20 (M10)	Ĭ	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)
	April 15 Quarterly Report(Q1) July 15 Quarterly Report(Q2) October 15	(c)	12-Day PRE-Election Report for the:	F	Primary (12 Convention	2P)	Ger	neral (12G)	$\overline{}$	Runoff (12R)
	Quarterly Report(Q3 January 31 Quarterly Report(YE		Elect	ion on					in the State of	
	July 31 Mid-Year Report(Non-election Year Only) (MY)  Termination Report (TER)	(d)	30-Day Post -Election Report for the: Elect	ion on	General (30	0G)	Rur	noff (30R)	in the State of	Special (30S)
5.	Covering Period 0 9	01	2007		through	0 9	30	2007		
	ertify that I have examined this Robe or Print Name of Treasurer	eport and to Hank Ro	•	iowledge ar	nd belief it	is true, correct	and comp	olete.		
Sig	nature of Treasurer Electroni	ically Filed b	y Hank Robins	on			Date	10 1	1 2	2007
NO	TE : Submission of false, errone	eous, or inco	omplete information	on may subj	ect the pe	rson signing th	is Report	to the penalties	of 2 U.S.	.C 437g.
	Office Use								FORN	

### Image# 27990758151

### **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Kindred Healthcare, Inc. PAC <sup>®</sup> D " D 0 9 2007 0 1 2007 0.9 3 0 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand <sup>°</sup>2007 119586.29 January 1 (b) Cash on Hand at 89299.99 Begining of Reporting Period ..... 11720.04 118597.74 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 101020.03 238184.03 6(a) and 6(c) for Column B) ..... 14500.00 151664.00 7. Total Disbursements (from Line 31) ...... Cash on Hand at Close of Reporting Period 86520.03 86520.03 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) .....

For further information contact:

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

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. 02/2003) Page 3

Write or Type Committee Name
Kindred Healthcare, Inc. PAC

Report Covering the Period:

м м 0 9

From:

01

<sup>Y</sup> 2 0 0 7

o. 0 9

<sup>D</sup> 3<sup>D</sup> 0

<sup>Y</sup> 2007

	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)	8108.04	53036.84
	(ii) Unitemized	3612.00	65560.90
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	11720.04	118597.74
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	11720.04	118597.74
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
0.	to Federal candidates and Other Political Committees	0.00	0.00
17.	Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18.	Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	11720.04	118597.74
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	11720.04	118597.74

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)
Page 4

IL DISPUIDSEMENTS
COLUMN A
COLUMN B

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Operating Expenditures: —	Total Tillo Teriou	Guicinal Teal to Bate
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	0.00	0.00
()	0.00	
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	0.00	64.00
Expenditures(c) Total Operating Expenditures	0.00	04.00
(add 21(a)(i), (a)(ii) and (b))	0.00	64.00
Transfers to Affiliated/Other Party	0.00	04.00
Committees	0.00	0.00
Contributions to		
Federal Candidates/Committeesand Other Political Committees	12500.00	146000.00
Independent Expenditure	0.00	0.00
(use Schedule E)	0.00	0.00
Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
(use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Louis riopaymonto Mado		
Loans Made	0.00	0.00
Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)(d) Total Contribution Refunds	0.00	0.00
(add Lines 28(a), (b), and (c))	0.00	0.00
(444 21100 25(4), (5), 4114 (5))		
Other Disbursements	2000.00	5600.00
Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity		
(from Schedule H6)		
(i) Federal Share	0.00	0.00
Г	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely	0.00	0.00
With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))		
Total Disbursements (add Lines 21(c), 22,	4.4500.00	454004.00
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	14500.00	151664.00
Total Foderal Diskum on the		
Total Federal Disbursements		
(subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)	14500.00	151664.00
	14500.00	151004.00

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Fotal Contributions (other than loans) rom Line 11(d), page 3)	11720.04	118597.74
_	Fotal Contribution Refunds from Line 28(d))	0.00	0.00
	let Contributions (other than loans) subtract Line 34 from Line 33)	11720.04	118597.74
	Total Federal Operating Expenditures add Line 21(a)(i) and Line 21(b))	0.00	64.00
	Offsets to Operating Expenditures from Line 15, page 3)	0.00	0.00
	let Operating Expenditures subtract Line 37 from Line 36)	0.00	64.00

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 / 56
ITEMIZED RECEIPTS			or each category of the	(check only one)  X 11a  11b  11c  12
			Detailed Summary Page	13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
/	Kindred Healthcare, Inc. PAC			
۹.	Full Name (Last, First, Middle Initial) Richard Myers			Date of Receipt
	Mailing Address 7216 Spring Hill Trace			09 25 2007
	City	State	Zip Code	Transaction ID: 21639420
	Crestwood	KY	40014-8554	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Kindred Healthcare, Inc.	Occupation Real Esta	n ate Counsel	
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
3.	Full Name (Last, First, Middle Initial) Clarence Wurdock			Date of Receipt
	Mailing Address 2511 Savannah Road	0 9 1 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 21778682
	Louisville	KY	40242	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		600.00
	Name of Employer Kindred Healthcare, Inc	Occupation Director of	n of Marketing and Planning	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		1150.00	
_	Full Name (Last, First, Middle Initial)			Date of Bookint
٠.	Teresa S Anderson  Mailing Address 7115 Coachwood Drive			Date of Receipt
	City	State	Zip Code	Transaction ID: PR1094183711973
	Georgetown	IN	47122	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Fir	n n Sys Dev	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		300.00	P/R Deduction (\$15.00 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			880.00
			<u> </u>	
T	OTAL This Period (last page this line number on	ly)	<b>&gt;</b>	

	EDULE A (FEC Form 3X) IIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 56 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any info	ormation copied from such Reports and Star ommercial purposes, other than using the na	tements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
\	ME OF COMMITTEE (In Full) dred Healthcare, Inc. PAC			
A. Rich	Name (Last, First, Middle Initial) nard E Chapman ing Address 680 S. Fourth Street			Date of Receipt
City		State	Zip Code	Transaction ID: PR1094183811973
<u>Lou</u>	uisville	KY	40202	Amount of Each Receipt this Period
	CID number of contributing ral political committee.	C		146.00
Nan Kind	ne of Employer dred Healthcare Inc.	Occupation Exec VP	n Chief Adm&InfoOff	
Rec	eipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1445.00	P/R Deduction (\$73.00 Bi- Weekly)
<b>3.</b> Edw	Name (Last, First, Middle Initial) vard L Kuntz			Date of Receipt
	ing Address 8807 Stable Crest Boule	M M / D D / Y Y Y Y		
City		State	Zip Code	<b>Transaction ID:</b> PR1094183911973
	uston	TX	77024	Amount of Each Receipt this Period
fede	CID number of contributing eral political committee.	C		200.00
	ne of Employer dred Healthcare Inc.		e Chairman	
Rec	eipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 2000.00	P/R Deduction (\$100.00 Bi- Weekly)
	Name (Last, First, Middle Initial) id R Windhorst			Date of Receipt
Mail ——	ing Address 2000 Spring Farms Roa	d		M M / D D / Y Y Y Y
City	yds Knobs	State IN	Zip Code 47119	Transaction ID: PR1094185011973
FEC	CID number of contributing eral political committee.	C	47113	Amount of Each Receipt this Period  80.00
Nan Kind	ne of Employer dred Healthcare Inc.			
Rec	eipt For:  Primary General  Other (specify) ▼		cial Sys Dev Year-to-Date ▼  800.00	P/R Deduction (\$40.00 Bi- Weekly)
SUBT	OTAL of Receipts This Page (optional)			426.00
ТОТА	L This Period (last page this line number or	nly)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 56 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
۹.	Full Name (Last, First, Middle Initial) Lawrence I Wolf Mailing Address 4826 N Winthrop Ave #	3.5		Date of Receipt
	·		7'- 0-1-	- DD400440574
	Chicago	State IL	Zip Code 60640	Transaction ID: PR1094185111973  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1 1 1 1 1 1	40.00
	Name of Employer Kindred Healthcare Inc.		Appl-Data Arch	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	P/R Deduction (\$20.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Katheryn J Markham Mailing Address 680 S. Fourth Street			Date of Receipt
	Mailing Address 680 S. Fourth Street	M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR1094185611973
	Louisville  FEC ID number of contributing federal political committee.	C	40202	Amount of Each Receipt this Period  90.00
	Name of Employer Kindred Healthcare Inc.		anning&FieldSvcs	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 860.00	P/R Deduction (\$45.00 Bi- Weekly)
<u> </u>	Full Name (Last, First, Middle Initial) Catherine A Gooch			Date of Receipt
Mailing Address 680 S. Fourth Street				M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1094185911973
	Louisville FEC ID number of contributing federal political committee.	C	40202	Amount of Each Receipt this Period 40.00
	Name of Employer Kindred Healthcare Inc.			
	Receipt For:  Primary General  Other (specify) ▼		n Sys Dev e Year-to-Date ▼ 400.00	P/R Deduction (\$20.00 Bi- Weekly)
S	UBTOTAL of Receipts This Page (optional)			170.00
	OTAL This Period (last page this line number o		·	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 56 (check only one)  X 11a 11b 11c 12
An	y information copied from such Reports and Sta	atements may	• •	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
$\rangle$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
	Full Name (Last, First, Middle Initial) Patrick J Gillenwater			Date of Receipt
	Mailing Address 680 S. Fourth Street			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1094186411973
	Louisville	KY	40202	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		35.00
	Name of Employer Kindred Healthcare Inc.	Occupation Adm Dir		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	350.00	P/R Deduction (\$17.50 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) William B Seibert			Date of Receipt
	Mailing Address 680 S. Fourth Street			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1094187411973
	Louisville	KY	40202	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		60.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Fir	า n Sys Dev	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	600.00	P/R Deduction (\$30.00 Bi- Weekly)
— Э.	Full Name (Last, First, Middle Initial) Deborah F Rickert			Date of Receipt
	Mailing Address 680 S. Fourth Street			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1094187711973
	Louisville	KY	40202	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Fir	n n Sys Dev	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 410.00	P/R Deduction (\$25.00 Bi- Weekly)
SI	UBTOTAL of Receipts This Page (optional)			145.00
т	OTAL This Period (last page this line number o	nly)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 10 / 56
ITEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17
Any information copied from such Reports and S	tatements may	y not be sold or used by any perso	n for the purpose of soliciting contributions
or for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  Kindred Healthcare, Inc. PAC			
Amureu rieatticare, IIIC. FAC			
Full Name (Last, First, Middle Initial)			Date of Receipt
A. Charles Wardrip  Mailing Address 2805 Chestnut Ridge F	Place		Date of Receipt
	1400		
City	State	Zip Code	Transaction ID: PR1094187911973
Louisville	KY	40245	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		70.00
Name of Employer Kindred Healthcare Inc.	Occupation		7
Receipt For:		os & Telecomm e Year-to-Date ▼	_
Primary General	riggrogate		P/R Deduction (\$35.00 Bi-
Other (specify) ▼		700.00	Weekly)
Full Name (Last, First, Middle Initial)  3. Stephen M Dobler			Date of Receipt
Mailing Address 680 S. Fourth Street			M M / D D / Y Y Y Y
C:4.	Ctata	7in Code	
City Louisville	State <b>KY</b>	Zip Code 40202	Transaction ID: PR1094188011973  Amount of Each Receipt this Period
FEC ID number of contributing		1000	
federal political committee.	C		90.00
Name of Employer Kindred Healthcare Inc.	Occupatio	n	7
		nance & Admin	
Receipt For:  Primary General	Aggregate	e Year-to-Date ▼	D/D D 1 1/1 1/2 (0.45 0.0 D)
Other (specify)		900.00	P/R Deduction (\$45.00 Bi- Weekly)
Full Name (Last, First, Middle Initial)  C. Terry Carrico			Date of Receipt
Mailing Address 680 S. Fourth Street			M M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR1094188211973
Louisville	KY	40202	Transaction ID: PR1094188211973  Amount of Each Receipt this Period
FEC ID number of contributing		1 1 1 1 1	40.00
federal political committee.	C		40.00
Name of Employer Kindred Healthcare Inc.	Occupation		7
		in Systems Dev e Year-to-Date ▼	_
Receipt For: Primary General	Aggregate	e Year-10-Dale V	P/R Deduction (\$20.00 Bi-
Other (specify) ▼	0 0	400.00	Weekly)
CURTOTAL of December This Dame (and tree!)	I		200.00
SUBTOTAL of Receipts This Page (optional)		······	
TOTAL This Period (last page this line number	only)	<b>)</b>	

SCHEDULE A (FEC Form	3X)	Hee congrete calculated	FOR LINE NUMBER: PAGE 11 / 56		
ITEMIZED RECEIPTS	<b>.</b>	Use separate schedule(s) or each category of the	(check only one)		
I EMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12		
			13 14 15 16 17		
any information copied from such Reports or for commercial purposes, other than us	s and Statements may sing the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
NAME OF COMMITTEE (In Full)					
Kindred Healthcare, Inc. PAC					
Full Name (Last, First, Middle Initial)  A. Steven J Paynter			Date of Receipt		
Mailing Address 680 S. Fourth St	reet		M M / D D / Y Y Y Y		
City	State	Zip Code	Transaction ID: PR1094188411973		
Louisville	KY	40202	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		40.00		
Name of Employer Kindred Healthcare Inc.	Occupation Sr Cnslt	n Tech Arch			
Receipt For:	Aggregate	e Year-to-Date ▼			
Primary General Other (specify) ▼		400.00	P/R Deduction (\$20.00 Bi- Weekly)		
Full Name (Last, First, Middle Initial)  3. Martin Ardron			Date of Receipt		
Mailing Address 41 La Sierra Dr.			M " M / D " D / Y " Y " Y " Y		
City	State	Zip Code	Transaction ID: PR1094189111973		
Phillips Ranch	CA	91766	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		50.00		
Name of Employer Kindred Healthcare Inc.	Occupation Reg Dir F	n Hosp Rehab-PRS			
Receipt For:	Aggregate	e Year-to-Date ▼			
Primary General Other (specify) ▼		500.00	P/R Deduction (\$25.00 Bi- Weekly)		
Full Name (Last, First, Middle Initial)  C. Michael Metzger			Date of Receipt		
Mailing Address 129 Foley Rd			M " M / D " D / Y " Y " Y " Y		
City	State	Zip Code	Transaction ID: PR1094189311973		
West Point	VA	23181	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.					
Name of Employer Kindred Healthcare Inc.	Occupation Chief Fin				
Receipt For:					
Primary General Other (specify) ▼		300.00	P/R Deduction (\$15.00 Bi- Weekly)		
SUBTOTAL of Receipts This Page (opti	onal)		120.00		
		•			
TOTAL This Period (last page this line n	umber only)	<b>&gt;</b>			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 12 / 56
IT	EMIZED RECEIPTS		or each category of the	(check only one)  X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	Kindred Healthcare, Inc. PAC			
۹.	Full Name (Last, First, Middle Initial) Linn Billingsley			Date of Receipt
	Mailing Address P.O. Box 122			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1094189811973
	Blue Diamond	NV	89004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		380.00	P/R Deduction (\$20.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Jan Turk			Date of Receipt
	Mailing Address 1314 Amelia St.	M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR1094190011973
	New Orleans	LA	70115	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		40.00
	Name of Employer Kindred Healthcare Inc.	Occupation		
	Receipt For:	Aggregate	e Year-to-Date ▼	1
	Primary General Other (specify) ▼		380.00	P/R Deduction (\$20.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Larry Foster			Date of Receipt
	Mailing Address 5700 N. Winthrop Apartment # 5			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1094190311973
	Chicago	IL	60660	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer Kindred Healthcare Inc.			
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		435.00	P/R Deduction (\$25.00 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			130.00
_				
T	OTAL This Period (last page this line number on	ly)	<b>&gt;</b>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 13/56		
ΙT	EMIZED RECEIPTS		or each category of the	(check only one)  X 11a 11b 11c 12		
			Detailed Summary Page	13 14 15 16 17		
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	/ not be sold or used by any perso	n for the purpose of soliciting contributions solicit contributions from such committee.		
$\overline{}$	NAME OF COMMITTEE (In Full)					
$\rangle$	Kindred Healthcare, Inc. PAC					
۹.	Full Name (Last, First, Middle Initial) Jack Shapiro			Date of Receipt		
	Mailing Address 22591 Covington Drive			M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR1094190411973		
	Deer Park	IL	60010	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		80.00		
	Name of Employer Kindred Healthcare Inc.	Occupation Executive				
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼		690.00	P/R Deduction (\$40.00 Bi- Weekly)		
3.	Full Name (Last, First, Middle Initial) Linda Tiemens			Date of Receipt		
	Mailing Address 9812 N.W. 2nd. Court	M " M / D " D / Y " Y " Y " Y				
	City	State	Zip Code	Transaction ID: PR1094190711973		
	Plantation	<u>FL</u>	33324	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		60.00		
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP & 0	n COO-East Group-HD			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼		600.00	P/R Deduction (\$30.00 Bi- Weekly)		
 C.	Full Name (Last, First, Middle Initial) Theodore Welding			Date of Receipt		
	Mailing Address 2448 Middle River Dr.			M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR1094191311973		
	Ft. Lauderdale	FL	33305	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		50.00		
	Name of Employer Kindred Healthcare Inc.	Occupation Executive				
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼		500.00	P/R Deduction (\$25.00 Bi- Weekly)		
s	UBTOTAL of Receipts This Page (optional)		······	190.00		
_						
T	OTAL This Period (last page this line number or	nly)	<b>)</b>			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 14 / 56
	EMIZED RECEIPTS		or each category of the	(check only one)
•			Detailed Summary Page	X   11a   11b   11c   12   15   16   17
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
/	Kindred Healthcare, Inc. PAC			
_	Full Name (Last, First, Middle Initial) Frank Battafarano			Date of Receipt
٦.	Mailing Address 680 S. Fourth Street			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1094191911973
	Louisville	KY	40202	Amount of Each Receipt this Period
	FEC ID number of contributing			100.00
	federal political committee.	С		100.00
	Name of Employer Kindred Healthcare Inc.	Occupation		
	Receipt For:		& President-HD e Year-to-Date ▼	_
	Primary General	Aggregate		P/R Deduction (\$50.00 Bi-
	Other (specify) ▼	0 0	1000.00	Weekly)
	Full Name (Last, First, Middle Initial)			
3.	Sean R Muldoon			Date of Receipt
	Mailing Address 680 S. Fourth Street	M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR1094192211973
	Louisville	KY	40202	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		125.00
	Name of Employer Kindred Healthcare Inc.	Occupation	n	7
		1	Chief Med Off-HD	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	D/D D   1   (475 00 D)
	Other (specify)		1025.00	P/R Deduction (\$75.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial)			
Э.	James L Lindberg			Date of Receipt
	Mailing Address 680 S. Fourth Street			M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR1094192511973
	Louisville	KY	40202	Amount of Each Receipt this Period
	FEC ID number of contributing	С		40.00
	federal political committee.	0		
	Name of Employer Kindred Healthcare Inc.	Occupation	n Facilities-HD	
		,	Year-to-Date ▼	-
	Primary General	1.55.15		P/R Deduction (\$20.00 Bi-
	Other (specify) ▼		400.00	Weekly)
	IIRTOTAL of Receipts This Page (entional)			265.00
3	UBTOTAL of Receipts This Page (optional)		······	
T	OTAL This Period (last page this line number or	nly)	<b>&gt;</b>	

S	CHEDULE A (FEC Form 3X)	Llas conserta cabadula(a)		FOR LINE NUMBER: PAGE 15 / 56		
ITEMIZED RECEIPTS		or each category of the		(check only one)		
••	LIMIZED HEOLII 10		Detailed Summary Page	X 11a 11b 11c 12		
Δr	y information copied from such Reports and Si	tatamente may	anot he cold or used by any nore	13 14 15 16 17		
or	for commercial purposes, other than using the	name and add	lress of any political committee to	osolicit contributions from such committee.		
$\setminus$	NAME OF COMMITTEE (In Full)					
	Kindred Healthcare, Inc. PAC					
A.				Date of Receipt		
	Mailing Address 680 S. Fourth Street			M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR1094193011973		
	Louisville	KY	40202	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.			30.00		
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Procu	n re Sys & Capital			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General Other (specify) ▼	0 0	300.00	P/R Deduction (\$15.00 Bi- Weekly)		
В.	Full Name (Last, First, Middle Initial) Joel W Day			Date of Receipt		
	Mailing Address 680 S. Fourth Street			M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR1094193111973		
	Louisville	KY	40202	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		30.00		
	Name of Employer Kindred Healthcare Inc.	Occupation VP & Cor	n ntroller-HD			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General Other (specify) ▼	0 0	300.00	P/R Deduction (\$15.00 Bi- Weekly)		
<u> </u>	Full Name (Last, First, Middle Initial) Susan Moss			Date of Receipt		
	Mailing Address 680 S. Fourth Street			M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR1094193311973		
	Louisville	KY	40202	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.		C		40.00		
	Kindrod ∐oolthooro Ino		n communications			
Receipt For:		Aggregate	Year-to-Date ▼			
	Primary General Other (specify) ▼	0 0	400.00	P/R Deduction (\$20.00 Bi- Weekly)		
s	UBTOTAL of Receipts This Page (optional)			100.00		
TOTAL This Period (last page this line number only)						

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 56 (check only one)    X
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	itements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
۹.	Full Name (Last, First, Middle Initial) Theresa M Graham Mailing Address 680 S. Fourth Street			Date of Receipt
	City	Ctata	7in Codo	
	City Louisville	State KY	Zip Code 40202	Transaction ID: PR1094193511973  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000	50.00
Kindrod Hoolthoore Inc		Occupation VP Comp	oliance	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 460.00	P/R Deduction (\$25.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Michael C Lozier			Date of Receipt
	Mailing Address 680 S. Fourth Street	M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR1094193711973
	Louisville	KY	40202	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		24.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Purch	n n Contract Admin	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		204.00	P/R Deduction (\$12.00 Bi- Weekly)
<u> </u>	Full Name (Last, First, Middle Initial) Charles Michael Grannan			Date of Receipt
٠.	Mailing Address 7109 Cannonade Court			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1094193911973
	Prospect	KY	40059	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Purch		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 592.00	P/R Deduction (\$30.00 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			134.00
т.	OTAL This Period (last page this line number o	nlv)		

SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 17 / 56 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X   11a
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
۸.	Full Name (Last, First, Middle Initial) Dennis J Hansen			Date of Receipt
	Mailing Address 1791 Connor Station Ro	ad		M M / D D / Y Y Y Y
	City Simpsonville	State <b>KY</b>	Zip Code 40067	Transaction ID: PR1094194111973  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10007	70.00
Kindrod Hoolthéara Inc		Occupation VP Reim		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 700.00	P/R Deduction (\$35.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Mary Suzanne Riedman			Date of Receipt
	Mailing Address 680 S. Fourth Street	M M / D D / Y Y Y Y		
	City	State KY	Zip Code	<b>Transaction ID:</b> PR1094194211973
	Louisville  FEC ID number of contributing federal political committee.	C	40202	Amount of Each Receipt this Period 40.00
	Name of Employer Kindred Healthcare Inc.	1	General Counsel	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	P/R Deduction (\$20.00 Bi- Weekly)
).	Full Name (Last, First, Middle Initial) Mary L Dennison			Date of Receipt
	Mailing Address 680 S. Fourth Street			M " M / D " D / Y " Y " Y " Y
	City Louisville	State KY	Zip Code 40202	Transaction ID: PR1094194811973
	FEC ID number of contributing federal political committee.	C	40202	Amount of Each Receipt this Period  35.00
	Name of Employer Kindred Healthcare Inc.	Occupation Mgr Rein		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	P/R Deduction (\$17.50 Bi- Weekly)
SI	UBTOTAL of Receipts This Page (optional)			145.00
т	OTAL This Period (last page this line number o	nly)	<b>)</b>	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 18/56
	MIZED RECEIPTS		or each category of the	(check only one)  X 11a  11b  11c  12
			Detailed Summary Page	X   11a   11b   11c   12   15   16   17
Any i	information copied from such Reports and Stater commercial purposes, other than using the na	ements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions
N	AME OF COMMITTEE (In Full)			
<b>)</b> к	indred Healthcare, Inc. PAC			_
_	ull Name (Last, First, Middle Initial) lichael J Bean			Date of Receipt
Mailing Address 8011 Kendrick Crossing Lane				M M M / D D / Y V V V Y
	ity 	State	Zip Code	Transaction ID: PR1094195111973
_	ouisville	KY	40291	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		С		40.00
Name of Employer Kindred Healthcare Inc.  Occupation VP Tax				
R	eceipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	400.00	P/R Deduction (\$20.00 Bi- Weekly)
	ull Name (Last, First, Middle Initial) nne S Woods			Date of Receipt
Mailing Address 680 S. Fourth Street				M M / D D / Y Y Y Y
	ity	State	Zip Code	<b>Transaction ID:</b> PR1094195411973
	ouisville	KY	40202	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		71.00
N K	ame of Employer indred Healthcare Inc.	Occupation VP Intern		
R	eceipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	681.00	P/R Deduction (\$36.00 Bi- Weekly)
_	ull Name (Last, First, Middle Initial) tephanie J Warren			Date of Receipt
M	lailing Address 680 S. Fourth Street			M M / D D / Y Y Y Y
	ity	State	Zip Code	Transaction ID: PR1094195711973
_	ouisville	KY	40202	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	С		30.00
N K	ame of Employer indred Healthcare Inc.		cility Mgmt	
R	eceipt For:	Aggregate	e Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		300.00	P/R Deduction (\$15.00 Bi- Weekly)
SUE	BTOTAL of Receipts This Page (optional)			141.00
T0-	FAL This David (Issues as It's P	I. A		
101	TAL This Period (last page this line number on	ıy)	<b>&gt;</b>	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 19/56
TEMIZED RECEIPTS			or each category of the	(check only one)
• •	LIMIZED REGEII 13		Detailed Summary Page	X 11a 11b 11c 12
۸n	y information copied from such Reports and Sta	ntomonte may	rot be sold or used by any perso	13 14 15 16 17
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
$\rangle$	Kindred Healthcare, Inc. PAC			
	Full Name (Last, First, Middle Initial)			
٩.	John Lucchese			Date of Receipt
	Mailing Address 680 S. Fourth Street			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1094195911973
	Louisville	KY	40202	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		76.94
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VD 8	n Corp Controller	
	Receipt For:		e Year-to-Date $ abla$	-
	Primary General	00 0		P/R Deduction (\$38.47 Bi-
	Other (specify) ▼		670.94	Weekly)
3.	Full Name (Last, First, Middle Initial) Rose M Michels			Date of Receipt
	Mailing Address 680 S. Fourth Street	M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR1094196011973
	Louisville	KY	40202	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation	n x Compliance	
	Receipt For:		e Year-to-Date ▼	_
	Primary General			P/R Deduction (\$15.00 Bi-
	Other (specify) ▼	0 0	300.00	Weekly)
`	Full Name (Last, First, Middle Initial) Richard A Lechleiter			Date of Receipt
٠.	Mailing Address 680 S. Fourth Street			M M / D D / Y Y Y Y
	City	State	Zip Code	<b>Transaction ID:</b> PR1094196211973
	Louisville	KY	40202	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer Kindred Healthcare Inc.	Occupation Exec VP		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1500.00	P/R Deduction (\$75.00 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			256.94
_	: _ :			
T	OTAL This Period (last page this line number o	nly)	<b>)</b>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 56 (check only one)
				13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
۸.	Full Name (Last, First, Middle Initial) Joseph Landenwich			Date of Receipt
	Mailing Address 680 S. Fourth Street			M " M / D " D / Y " Y " Y " Y "
	City	State	Zip Code	<b>Transaction ID:</b> PR1094196311973
	Louisville	KY	40202	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		120.00
	Name of Employer Kindred Healthcare Inc.	Occupation SVPCrpL	n .egalAffairs&CrpSec	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1200.00	P/R Deduction (\$60.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Arthur L Rothgerber			Date of Receipt
	Mailing Address 680 S. Fourth Street			M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR1094196411973
	Louisville	KY	40202	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP Re	n eimbursement	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		380.00	P/R Deduction (\$19.00 Bi- Weekly)
).	Full Name (Last, First, Middle Initial) Charles E Leanhart			Date of Receipt
	Mailing Address 680 S. Fourth Street			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1094196611973
	Louisville	KY	40202	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Kindred Healthcare Inc.		cts Payable	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	P/R Deduction (\$20.00 Bi- Weekly)
s	LUBTOTAL of Receipts This Page (optional)		······	198.00
	, -5- (			
T	OTAL This Period (last page this line number of	nly)	<b>&gt;</b>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 21 / 56
	EMIZED RECEIPTS		or each category of the	(check only one)
• •	LIMIZED RECEIF 13		Detailed Summary Page	X 11a 11b 11c 12
Λ	winformation assign from such Departs and Ct	tomonto mo	reat he cold or used by only never	13 14 15 16 17
or	y information copied from such Reports and Sta for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	Kindred Healthcare, Inc. PAC			
۹.	Full Name (Last, First, Middle Initial) Linda M O'Bryan			Date of Receipt
	Mailing Address 680 S. Fourth Street			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1094196711973
	Louisville	KY	40202	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Pa	n utientCare&QualHD	
	Receipt For:	Aggregate	e Year-to-Date ▼	7
	Primary General Other (specify) ▼	0 0	300.00	P/R Deduction (\$15.00 Bi- Weekly)
 3.	Full Name (Last, First, Middle Initial) Mark A Laemmle			Date of Receipt
	Mailing Address 680 S. Fourth Street			M   M   / D   D   / Y   Y   Y   Y
	City	State	Zip Code	Transaction ID: PR1094197111973
	Louisville	KY	40202	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		62.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Crp F		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		620.00	P/R Deduction (\$31.00 Bi- Weekly)
— Э.	Full Name (Last, First, Middle Initial) Douglas Curnutte			Date of Receipt
	Mailing Address 680 S. Fourth Street			M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR1094197211973
	Louisville	KY	40202	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Fac 8	n & Real Estate Dev	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		300.00	P/R Deduction (\$15.00 Bi- Weekly)
S	UBTOTAL of Receipts This Page (optional)			122.00
			•	
T	OTAL This Period (last page this line number o	nly)	<b>)</b>	

S	CHEDULE A (FEC Form 3X)		Llan apparata apha-lista(a)	FOR LINE NUMBER: PAGE 22 / 56
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
Ar or	ly information copied from such Reports and Sta for commercial purposes, other than using the n	itements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	Kindred Healthcare, Inc. PAC			
۹.	Full Name (Last, First, Middle Initial) Brian L Caudill			Date of Receipt
	Mailing Address 1647 Beechwood Avenu	ie		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1094197311973
	Louisville	KY	40204	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		52.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir HD		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		520.00	P/R Deduction (\$26.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Mary R Russell			Date of Receipt
	Mailing Address 680 S. Fourth Street			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1094197611973
	Louisville	KY	40202	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		44.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Ac	n counting-HSD	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		440.00	P/R Deduction (\$22.00 Bi- Weekly)
).	Full Name (Last, First, Middle Initial) William M Altman			Date of Receipt
	Mailing Address 680 S. Fourth Street			M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR1094198011973
	Louisville	KY	40202	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		272.30
	Name of Employer Kindred Healthcare Inc.		plGovtProg&IntAudit	
	Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼	P/P Doduction (\$102.20 Bi
	Other (specify) ▼		1312.30	P/R Deduction (\$192.30 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			368.30
			<u> </u>	
T	OTAL This Period (last page this line number or	nly)	<b>&gt;</b>	

SCHEDULE A (FEC Form 3X)		Llas concrete cobodulo(a)	FOR LINE NUMBER: PAGE 23/56				
TEMIZED RECEIPTS		or each category of the	(check only one)				
		Detailed Summary Page	X   11a   11b   11c   12   15   16   17				
Any information copied from such Reports and Sta	tements may	y not be sold or used by any perso	on for the purpose of soliciting contributions				
or for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.				
NAME OF COMMITTEE (In Full)  Kindred Healthcare, Inc. PAC							
Kindred Healthcare, Inc. PAC							
Full Name (Last, First, Middle Initial)  A. Bobby V Bas			Date of Receipt				
Mailing Address 2084 Wind River Road			M M / D D / Y Y Y Y				
011		7'- 0-4-	DD1004400044070				
City <u>El Cajon</u>	State CA	Zip Code 92019	Transaction ID: PR1094198311973  Amount of Each Receipt this Period				
FEC ID number of contributing							
federal political committee.	C		30.00				
Name of Employer Kindred Healthcare Inc.	Occupation		7				
	Radiolog	•	_				
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	P/R Deduction (\$15.00 Bi-				
Other (specify) ▼		300.00	Weekly)				
Full Name (Look First Middle Initial)			-				
Full Name (Last, First, Middle Initial)  Joseph Wainscott			Date of Receipt				
Mailing Address 8918 Serpent Circle			M M / D D / Y Y Y Y				
City	State	Zip Code	Transaction ID: PR1094199811973				
Indianapolis	IN	46236	Amount of Each Receipt this Period				
FEC ID number of contributing	C		30.00				
federal political committee.							
Name of Employer Kindred Healthcare Inc.	Occupation VP Finan	n nce-Central RegHSD					
Receipt For:		e Year-to-Date V	-				
Primary General		300.00	P/R Deduction (\$15.00 Bi-				
Other (specify)	0 0	300.00	Weekly)				
Full Name (Last, First, Middle Initial)							
D. J. Harold Walker  Mailing Address 429 Freedom Trail			Date of Receipt				
Mailing Address 429 Freedom Trail			M M / D D / Y Y Y Y				
City	State	Zip Code	Transaction ID: PR1094200111973				
Sparta	TN	38583	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		30.00				
Name of Employer	Occupation	n	-				
Name of Employer Kindred Healthcare Inc.		Operations II					
Receipt For:	Aggregate	e Year-to-Date ▼					
Primary General Other (specify)		300.00	P/R Deduction (\$15.00 Bi- Weekly)				
	0 0	0 0 0 0 0 0 0					
	90.00						
SUBTOTAL of Receipts This Page (optional)		······	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
TOTAL This Period (last page this line number or	nly)	<b>)</b>					

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 24 / 56 (check only one)
IT	EMIZED RECEIPTS		or each category of the	X   11a
			Detailed Summary Page	13 14 15 16 17
An	y information copied from such Reports and State for commercial purposes, other than using the na	ements may	not be sold or used by any perso	n for the purpose of soliciting contributions solicit contributions from such committee.
<u> </u>	NAME OF COMMITTEE (In Full)			
$\rangle$	Kindred Healthcare, Inc. PAC			
۸.	Full Name (Last, First, Middle Initial) Michael Comer			Date of Receipt
	Mailing Address 12 Lewis			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1094200411973
	Irvine	CA	92620	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		70.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP & CF	n O-West Group-HD	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		700.00	P/R Deduction (\$35.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Billy Wilcox			Date of Receipt
	Mailing Address 10000 N. Eldridge Pkwy	M " M / D " D / Y " Y " Y " Y		
	City	State	Zip Code	Transaction ID: PR1094200511973
	Houston	TX	77065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr CFO I	1	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	300.00	P/R Deduction (\$15.00 Bi- Weekly)
 C.	Full Name (Last, First, Middle Initial) Traci Shelton			Date of Receipt
	Mailing Address 2800 Nelson Way Apt. 5	506		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1094200611973
	Santa Monica	CA	90405	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		240.00
	Name of Employer Kindred Healthcare Inc.		COO-West Group-HD	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		2320.00	P/R Deduction (\$120.00 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			340.00
_	OTAL This Daving (lost page this line number and	lv)		
- 1 '	OTAL This Period (last page this line number on	ıy <i>)</i>		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 25 / 56
ITEMIZED RECEIPTS		or each category of the	(check only one)	
••	EWIZED RESERVES		Detailed Summary Page	X   11a     11b     11c     12     15     16     17
Δr	ny information copied from such Reports and St	atements may	not he sold or used by any nerso	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
$ \rangle$	Kindred Healthcare, Inc. PAC			
$\angle$	Full Name (Last, First, Middle Initial)			
A.	Steven Monaghan			Date of Receipt
	Mailing Address 508 W. Melrose #7-A			M M / D D / Y Y Y Y
	0		7' 0 1	
	City Chicago	State IL	Zip Code 60657	Transaction ID: PR1094200711973
			60637	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		170.00
	Name of Employer Kindred Healthcare Inc.	Occupation Exec VP-	n -West Grp-HD	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		1700.00	P/R Deduction (\$85.00 Bi-
	☐ Other (specify) ▼		1700.00	Weekly)
— В.	Full Name (Last, First, Middle Initial) Susan B Myers			Date of Receipt
	Mailing Address 959 Whetstone Way			M " M / D " D / Y " Y " Y " Y
City		State	Zip Code	Transaction ID: PR1094201511973
	Louisville	KY	40223	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Clin (	n Ops-CentralRegHSD	7
	Receipt For:		e Year-to-Date ▼	
	Primary General		300.00	P/R Deduction (\$15.00 Bi-
	Other (specify) ▼	0 0	300.00	Weekly)
C.	Full Name (Last, First, Middle Initial) John Miner			Date of Receipt
Ο.	Mailing Address 4730 Dunnie Drive			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1094202111973
	Tampa	<u>FL</u>	33614	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Fin		
			e Year-to-Date ▼	7
	Primary General		400.00	P/R Deduction (\$20.00 Bi-
	☐ Other (specify) ▼	0 0	400.00	Weekly)
[	IIPTOTAL of Possints This Page (entires)			240.00
$\vdash$	UBTOTAL of Receipts This Page (optional)		······································	
Т	OTAL This Period (last page this line number of	only)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 56 (check only one)  X 11a 11b 11c 12
			, ,	13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
۹.	Full Name (Last, First, Middle Initial) Pamela Marie Riter			Date of Receipt
	Mailing Address 5224 Hampton Beach Pl	ace		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1094202411973
	Tampa	FL	33609	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Exe		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	P/R Deduction (\$25.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Mary Craig			Date of Receipt
	Mailing Address 18602 Camellia Estates	M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR1094202611973
	Cypress	TX	77429	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Exe	ec Off III	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		285.00	P/R Deduction (\$15.00 Bi- Weekly)
<del></del>	Full Name (Last, First, Middle Initial) Julie Feasel			Date of Receipt
	Mailing Address 6211 Iroquios Ct.			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1094203011973
	Odessa	FL	33556	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Kindred Healthcare Inc.		Hosp Rehab-PRS	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	P/R Deduction (\$15.00 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			110.00
			·	
- 10	OTAL This Period (last page this line number or	1IY)	<b>P</b>	

SCH	HEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 27 / 56
	MIZED RECEIPTS		or each category of the	(check only one)  X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Any in	nformation copied from such Reports and Sta	itements may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
\ N	AME OF COMMITTEE (In Full)			
<b>)</b> к	indred Healthcare, Inc. PAC			
<b>4.</b> <u>C</u>	ull Name (Last, First, Middle Initial) harles D Doten			Date of Receipt
_	ailing Address 7644 Harbour Blvd.			M M / D D / Y Y Y Y
Ci	· ·	State	Zip Code	Transaction ID: PR1094203611973
	liramar	FL	33023	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		40.00
Na Ki	ame of Employer indred Healthcare Inc.	Occupation Chief Exe		
Re	eceipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		400.00	P/R Deduction (\$20.00 Bi- Weekly)
	ull Name (Last, First, Middle Initial) mothy L Simpson			Date of Receipt
M	ailing Address 140 Pioneer Trail	M M / D D / Y Y Y Y		
Ci		State	Zip Code	Transaction ID: PR1094204311973
<u>G</u>	reen Cove Springs	<u>FL</u>	32043	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	С		40.00
Na Ki	ame of Employer indred Healthcare Inc.	Occupation Executive		
Re	eceipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		400.00	P/R Deduction (\$20.00 Bi- Weekly)
	ull Name (Last, First, Middle Initial) ames D Thigpen			Date of Receipt
_	ailing Address 355 Woolsey Brooks			M " M / D " D / Y " Y " Y " Y
Ci	ity	State	Zip Code	Transaction ID: PR1094204611973
<u>F</u>	<u>ayetteville</u>	GA	30214	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	С		30.00
Na Ki	ame of Employer indred Healthcare Inc.	Occupation Dir Plant		
Re	eceipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	300.00	P/R Deduction (\$15.00 Bi- Weekly)
SUB	STOTAL of Receipts This Page (optional)			110.00
TOT	AL This Period (last page this line number or	nly)	<b>&gt;</b>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 56 (check only one)    X
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
۹.	Full Name (Last, First, Middle Initial) James J Novak  Mailing Address 9680 Ridgewalk Court			Date of Receipt
		State	Zip Code	PD1004005011070
	City Davie	FL	33328	Transaction ID: PR1094205311973  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		84.00
	Name of Employer Kindred Healthcare Inc.		-East Grp-HD	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 840.00	P/R Deduction (\$42.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Sally I Hoffmann Mailing Address 13739 Ogakor Drive			Date of Receipt
	Mailing Address 13739 Ogakor Drive			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1094205711973
	Riverview  FEC ID number of contributing federal political committee.	FL C	33569	Amount of Each Receipt this Period  30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Exe	ec Off III	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	P/R Deduction (\$15.00 Bi- Weekly)
).	Full Name (Last, First, Middle Initial) John Griffes			Date of Receipt
	Mailing Address 27240 Autumn Glen			M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR1094206811973
	Boerne FEC ID number of contributing	TX	78006	Amount of Each Receipt this Period
	federal political committee.	C		40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Exe		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	P/R Deduction (\$20.00 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			154.00
T	OTAL This Period (last page this line number o	nlv)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 29 / 56 (check only one)
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the r	atements may	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
Full Name (Last, First, Middle Initial)  A. Donna Kelsey			Date of Receipt
Mailing Address 2075 E. Tivoli Hills Driv	е		M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR1094210111973
<u>Draper</u>	UT	84020	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer Kindred Healthcare Inc.	Occupation Sr VP-Pa	n acific Reg-HSD	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	P/R Deduction (\$25.00 Bi- Weekly)
Full Name (Last, First, Middle Initial)  3. Katherine Davis			Date of Receipt
Mailing Address 8419 Oxford Woods Court			M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR1094210211973
Louisville	KY	40222	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer Kindred Healthcare Inc.	Occupation Reg Dir (	n Case Mgmt-HSD	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		300.00	P/R Deduction (\$15.00 Bi- Weekly)
Full Name (Last, First, Middle Initial)  C. Anita Tillery			Date of Receipt
Mailing Address 2531 Rock Creek Drive			M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR1094211011973
<u>Chesapeake</u>	VA	23325	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		40.00
Name of Employer Kindred Healthcare Inc.		cutive Dir	
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 400.00	P/R Deduction (\$20.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)			120.00
TOTAL This Period (last page this line number of	only)		

~				FOR LINE NUMBER: PAGE 30 / 56		
	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)		
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12		
			Detailed Summary Page	13 14 15 16 17		
۸n	y information copied from such Reports and State	omonte may	ret be sold or used by any perso			
or	for commercial purposes, other than using the na	me and add	dress of any political committee to	solicit contributions from such committee.		
$\overline{}$	NAME OF COMMITTEE (In Full)					
\	Kindred Healthcare, Inc. PAC					
/	Mildred Fleatificate, Ilic. FAC					
	Full Name (Last, First, Middle Initial)					
٩.	Donna M Nackers			Date of Receipt		
	Mailing Address 1760 Waters Ferry Drive			M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR1094212511973		
	Lawrenceville	GA	30043	Amount of Each Receipt this Period		
	FEC ID number of contributing					
	federal political committee.	C		30.00		
	Name of Employer Kindred Healthcare Inc.	Occupation				
			Operation Reimb			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General		300.00	P/R Deduction (\$15.00 Bi-		
	Other (specify)		300.00	Weekly)		
	Full Name (Last, First, Middle Initial)					
٥.	Celeste M Bentley			Date of Receipt		
	Mailing Address 4 Stuart Drive			M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR1094213311973		
	Barrington	NH	•			
	Darrington	INIT	03825	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		30.00		
	rederal political committee.					
	Name of Employer	Occupation	n	7		
	Kindred Healthcare Inc.	Dir Reim	b-HSD			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General		000,00	P/R Deduction (\$15.00 Bi-		
	Other (specify) ▼		300.00	Weekly)		
	Full Name (Last, First, Middle Initial)					
Ĵ.	Lane M Bowen			Date of Receipt		
	Mailing Address 680 South Fourth Ave			M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR1094213611973		
	Louisville	KY	40202			
	•	IXI	40202	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		100.00		
	rederal political committee.					
	Name of Employer Kindred Healthcare Inc.	Occupation	n	7		
	Niliured Healtricare Inc.	Exec VP	& President-HSD			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General		1000.00	P/R Deduction (\$50.00 Bi-		
	Other (specify) ▼		1000.00	Weekly)		
	400.00					
SI	UBTOTAL of Receipts This Page (optional)		·····	160.00		
T	OTAL This Period (last page this line number onl	y)	<b>&gt;</b>			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 31 / 56 (check only one)
•			Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
۹.	Full Name (Last, First, Middle Initial) Michael W Beal			Date of Receipt
	Mailing Address 10 Glenwood Road			M M / D D / Y Y Y Y
	City Windham	State NH	Zip Code 03087	Transaction ID: PR1094214111973  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	03007	40.00
	Name of Employer Northeast Region	Occupation Sr VP-Ea	n ist Reg-HSD	
	Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	P/R Deduction (\$20.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Susan A Kesterson			Date of Receipt
	Mailing Address 2334 Heritage Dr			M M / D D / Y Y Y Y
	Corona	State CA	Zip Code	Transaction ID: PR1094216211973
	Corona  FEC ID number of contributing federal political committee.	C	92882	Amount of Each Receipt this Period  30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Reg Fina	ncial Ana	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	P/R Deduction (\$15.00 Bi- Weekly)
<b>D.</b>	Full Name (Last, First, Middle Initial) Sylvia Burton			Date of Receipt
	Mailing Address 433 S. Plantation			M M / D D / Y Y Y Y
	City Cookeville	State TN	Zip Code 38506	Transaction ID: PR1094217611973
	FEC ID number of contributing federal political committee.	C	30300	Amount of Each Receipt this Period  30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00	P/R Deduction (\$15.00 Bi- Weekly)
SI	UBTOTAL of Receipts This Page (optional)			100.00
т	OTAL This Period (last page this line number or	nly)	<b>)</b>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 56 (check only one)    X
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
۹.	Full Name (Last, First, Middle Initial) Norine Cross Mailing Address 204 Highland Trail			Date of Receipt
	City Chapel Hill	State NC	Zip Code 27516	Transaction ID: PR1094221711973  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Kindred Healthcare Inc.		Rehab-PRS	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 380.00	P/R Deduction (\$20.00 Wee-kly)
3.	Full Name (Last, First, Middle Initial) Gloria J Miller Milling Address 212 Hornart Pour Court			Date of Receipt
	Mailing Address 213 Harvest Row Court			M M / D D / Y Y Y Y
	City	State NC	Zip Code	Transaction ID: PR1094222111973
	Cary  FEC ID number of contributing federal political committee.	C	27513	Amount of Each Receipt this Period  40.00
	Name of Employer Kindred Healthcare Inc.		Operations I	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 400.00	P/R Deduction (\$20.00 Bi- Weekly)
<b>-</b> C.	Full Name (Last, First, Middle Initial) Patricia Pruden Lennox			Date of Receipt
	Mailing Address 11 Cider Mill Road			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1094222811973
	Medway	MA	02053	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Reg Dir S	n Sales & MktingHSD	
	Receipt For:  ☐ Primary ☐ General  Other (specify) ▼		e Year-to-Date ▼ 400.00	P/R Deduction (\$20.00 Bi- Weekly)
S	UBTOTAL of Receipts This Page (optional)			120.00
т	OTAL This Period (last page this line number or	nlv)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 33 / 56
ITEMIZED RECEIPTS			or each category of the	(check only one)
••			Detailed Summary Page	X   11a     11b     11c     12     15     16     17
Ar	y information copied from such Reports and St	atements mav	not be sold or used by any perso	
or	for commercial purposes, other than using the	solicit contributions from such committee.		
$\setminus$	NAME OF COMMITTEE (In Full)			
	Kindred Healthcare, Inc. PAC			
Α.	Full Name (Last, First, Middle Initial) Ronald D Long			Date of Receipt
	Mailing Address 680 S. Fourth Street			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1094224511973
	Louisville	KY	40202	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Adm Dir (	n Contract Admin	
	Receipt For:		Year-to-Date ▼	
	Primary General		200.00	P/R Deduction (\$15.00 Bi-
	Other (specify)	0 0	300.00	Weekly)
В.	Full Name (Last, First, Middle Initial) Stephen F. Stoess			Date of Receipt
	Mailing Address 680 S. Fourth Street			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1094224611973
	Louisville	KY	40202	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		46.80
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Tel	n lecommunications	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	468.00	P/R Deduction (\$23.40 Bi- Weekly)
<u> </u>	Full Name (Last, First, Middle Initial) James E. Bell			Date of Receipt
٠.	Mailing Address 680 S. Fourth Street			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1094225011973
	Louisville	KY	40202	Amount of Each Receipt this Period
Kindred Healthéare Inc.  Sr Dir D  Receipt For:  Aggregat		C		30.00
		Occupation		
			Reimb-HD	
		Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		300.00	P/R Deduction (\$15.00 Bi- Weekly)
[	IIRTOTAL of Receipts This Page (options!)			106.80
۲	UBTOTAL of Receipts This Page (optional)			
T	OTAL This Period (last page this line number of	only)	<b>)</b>	

٥/	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 34 / 56			
	·		Use separate schedule(s)	(check only one)			
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12			
			Detailed Summary Fage	13 14 15 16 17			
An	y information copied from such Reports and Sta	tements may	y not be sold or used by any perso	n for the purpose of soliciting contributions			
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.			
$\overline{}$	NAME OF COMMITTEE (In Full)						
$\rangle$	Kindred Healthcare, Inc. PAC						
_							
	Full Name (Last, First, Middle Initial) Paul R. Eiseman			Date of Descipt			
٦.				Date of Receipt			
	Mailing Address 680 S. Fourth Street			M M / D D / Y Y Y Y			
	City	State	Zip Code	Transaction ID: PR1094225811973			
	Louisville	KY	40202	Amount of Each Receipt this Period			
	FEC ID number of contributing						
	federal political committee.	C		30.00			
	Name of Employer Kindred Healthcare Inc.	Occupation					
		1	Dev & Phys Rel-HD	_			
	Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼				
	Other (specify)		300.00	P/R Deduction (\$15.00 Bi- Weekly)			
	outlet (openity) \understand	0 0	1 1 1 1 1 1 1	1 23.377			
	Full Name (Last, First, Middle Initial)						
3.	Catharine C Young			Date of Receipt			
	Mailing Address 680 S. Fourth Street			M M / D D / Y Y Y Y			
	-						
	City	State	Zip Code	Transaction ID: PR1094228011973			
	Louisville	KY	40202	Amount of Each Receipt this Period			
	FEC ID number of contributing	С		30.00			
	federal political committee.						
	Name of Employer	Occupation	n	7			
	Kindred Healthcare Inc.	Sr Dir &	Litigat Counsel				
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General	1	300.00	P/R Deduction (\$15.00 Bi-			
	Other (specify) ▼	0 0	300.00	Weekly)			
	Full Name (Lant First Middle Latter)						
<b>)</b> .	Full Name (Last, First, Middle Initial) Charles K. Currens			Date of Receipt			
-	Mailing Address 7801 McCarthy			M M / D D / Y Y Y Y			
	Lane						
	City	State	Zip Code	Transaction ID: PR1094229111973			
	Louisville	KY	40222	Amount of Each Receipt this Period			
	FEC ID number of contributing			40.00			
	federal political committee.	C		40.00			
	Name of Employer	Occupation	n	┪			
	Name of Employer Kindred Healthcare Inc.	Dir IS Pr					
	Receipt For:		e Year-to-Date ▼	-			
	Primary General	1 1		P/R Deduction (\$20.00 Bi-			
	Other (specify) ▼		400.00	Weekly)			
	400.00						
S	UBTOTAL of Receipts This Page (optional)		······	100.00			
T	OTAL This Period (last page this line number or	nly)	<b>&gt;</b>				

	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 35 / 56 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
۸.	Full Name (Last, First, Middle Initial) Gaylia Bond			Date of Receipt
	Mailing Address 7015 Wooded Meadow	Rd		M M / D D / Y Y Y Y
	City Louisville	State KY	Zip Code	Transaction ID: PR1094229711973
	FEC ID number of contributing federal political committee.	C	40241	Amount of Each Receipt this Period  60.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP Hu	n Iman Resources-HD	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 600.00	P/R Deduction (\$30.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Keith Krein			Date of Receipt
	Mailing Address 7212 Deer Ridge Rd			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1094229811973
	Prospect	KY	40059	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP & 0	n Chief Med Off-HSD	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		400.00	P/R Deduction (\$20.00 Bi- Weekly)
— Э.	Full Name (Last, First, Middle Initial) Patricia M McGillan			Date of Receipt
	Mailing Address 680 S. Fourth Street			M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR1094229911973
	Louisville	KY	40202	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		60.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Pat S	n af & Reg Compl-HD	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 600.00	P/R Deduction (\$30.00 Bi- Weekly)
SI	JBTOTAL of Receipts This Page (optional)			160.00
т	OTAL This Period (last page this line number o	nly)	<b>)</b>	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 36 / 56
ITEMIZED RECEIPTS			or each category of the	(check only one)
			Detailed Summary Page	X   11a     11b     11c     12     15     16     17
An	y information copied from such Reports and St	atements may	not be sold or used by any perso	
or	for commercial purposes, other than using the	name and add	lress of any political committee to	solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	Kindred Healthcare, Inc. PAC			
Α.	Full Name (Last, First, Middle Initial) Barbara L Baylis			Date of Receipt
	Mailing Address 680 S. Fourth Street			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1094230011973
	Louisville	KY	40202	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP Cli	n & Res Svcs-HSD	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	1 1	400.00	P/R Deduction (\$20.00 Bi-
	Other (specify)	0 0	400.00	Weekly)
В.	Full Name (Last, First, Middle Initial) Richard H Starke			Date of Receipt
	Mailing Address 2404 Dundee Rd			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1094231511973
	Louisville	KY	40205	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP Re	hab Svcs-PRS	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	400.00	P/R Deduction (\$20.00 Bi- Weekly)
— С.	Full Name (Last, First, Middle Initial) Mary J Yesue			Date of Receipt
	Mailing Address P. O. Box 921			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1094232111973
	York Harbor	ME	03911	Amount of Each Receipt this Period
Kindred Healthcare Inc.  Dist Di Receipt For:  Aggreg		C		30.00
		Occupation Dist Dir C		7
		Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		300.00	P/R Deduction (\$15.00 Bi- Weekly)
	UBTOTAL of Receipts This Page (optional)			110.00
۲	COLOTAL OF HOOGIPIO THIS I' age (optional)		······	
Т.	OTAL This Period (last page this line number of	only)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 56 (check only one)    X
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
Α.	Full Name (Last, First, Middle Initial)  Jacqueline Lanter  Mailing Address 2355 W Noble Heights I	Orive		Date of Receipt
	City	State	Zip Code	Transaction ID: PR1094234311973
	Tucson	AZ	85742	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive	e Dir II	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 285.00	P/R Deduction (\$15.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Jeffrey F Luckett Mailing Address 1406 Hawkshead Ln			Date of Receipt
	1400 Hawkshead Life			
	City	State	Zip Code	Transaction ID: PR1094234411973
	Louisville  FEC ID number of contributing federal political committee.	C	40220	Amount of Each Receipt this Period  40.00
	Name of Employer Kindred Healthcare Inc.	1	nal Audit-IS	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	P/R Deduction (\$20.00 Bi- Weekly)
<del></del>	Full Name (Last, First, Middle Initial) Peter D Corless			Date of Receipt
	Mailing Address 3308 Overlook Ridge Ro	t		M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR1094235211973
	Prospect	KY	40059	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Kindred Healthcare Inc.	1	R & Admin-HSD	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 400.00	P/R Deduction (\$20.00 Bi- Weekly)
S	UBTOTAL of Receipts This Page (optional)			110.00
т	OTAL This Period (last page this line number or	nlv)	<b></b>	

	CHEDIII E A /EEC Earm 2V)			FOR LINE NUMBER: PAGE 38 / 56			
	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)			
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12			
			Detailed Summary Page	13 14 15 16 17			
۸n	y information copied from such Reports and Stat	tomonte may	, not be sold or used by any perso				
or i	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.			
$\overline{}$	NAME OF COMMITTEE (In Full)						
\	Kindred Healthcare, Inc. PAC						
/	Mildred HealthCare, Inc. FAC						
	Full Name (Last, First, Middle Initial)						
٩.	Tamila Johnson-White			Date of Receipt			
	Mailing Address 2615 Zhale Smith Rd.			M M / D D / Y Y Y Y			
	City	State	Zip Code	Transaction ID: PR1094235411973			
	LaGrange	KY	40031	Amount of Each Receipt this Period			
	FEC ID number of contributing						
	federal political committee.	C		40.00			
	Name of Employer Kindred Healthcare Inc.	Occupation					
			Mgmt-HSD				
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General		400.00	P/R Deduction (\$20.00 Bi-			
	Other (specify) ▼		400.00	Weekly)			
	Full Name (Last, First, Middle Initial)			<b>1 5</b>			
3.	Douglas Roth			Date of Receipt			
	Mailing Address 9891 Heytesbery	M M / D D / Y Y Y Y					
	City	State	Zip Code	- " - DD1004007041070			
	Sandy	UT	•	Transaction ID: PR1094237311973			
	<del>-</del>	UI	84092	Amount of Each Receipt this Period			
	FEC ID number of contributing	C		80.00			
	federal political committee.						
	Name of Employer	Occupation	n				
	Kindred Healthcare Inc.	VP Finar	ce-Pacific RegHSD				
	Receipt For:	Aggregate	e Year-to-Date ▼	7			
	Primary General			P/R Deduction (\$40.00 Bi-			
	Other (specify) ▼	1	800.00	Weekly)			
	Full Name (Last, First, Middle Initial)						
<b>)</b> .	Frank E. Perkins			Date of Receipt			
	Mailing Address 680 S. Fourth Avenue			M M / D D / Y Y Y Y			
	City.	Ct-t-	7in Cod-				
	City	State	Zip Code	Transaction ID: PR1094240311973			
	Louisville	KY	40202	Amount of Each Receipt this Period			
	FEC ID number of contributing	С		40.00			
	federal political committee.						
	Name of Employer Kindred Healthcare Inc.	Occupation	n	1			
	Kindred Healthćare Inc.	VP Finar					
	Receipt For:		e Year-to-Date ▼	7			
	Primary General			P/R Deduction (\$20.00 Bi-			
	Other (specify) ▼	1	400.00	Weekly)			
				<u> </u>			
SI	JBTOTAL of Receipts This Page (optional)		······	160.00			
T	OTAL This Period (last page this line number on	ıly)	<b>&gt;</b>				

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 39 / 56
ITEMIZED RECEIPTS			or each category of the	(check only one)
•			Detailed Summary Page	X   11a     11b     11c     12     15     16     17
An	y information copied from such Reports and St	atements may	not be sold or used by any perso	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
Ν	NAME OF COMMITTEE (In Full)			
$\rangle$	Kindred Healthcare, Inc. PAC			
Α.	Full Name (Last, First, Middle Initial) Douglas T Collins			Date of Receipt
	Mailing Address 680 S. Fourth Street			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1094241211973
	Louisville	KY	40202	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Fin Sy		
	Receipt For:		Year-to-Date ▼	
	Primary General	1 1	400.00	P/R Deduction (\$20.00 Bi-
	Other (specify)	0 0	400.00	Weekly)
В.	Full Name (Last, First, Middle Initial) Linda L Newberry-Ferguson			Date of Receipt
	Mailing Address 11310 Haleco Lane			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1094241911973
	Hales Corners	WI	53130	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Exe		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		950.00	P/R Deduction (\$50.00 Bi-
	Other (specify)	0 0	0 0 0 0 0 0	Weekly)
C.	Full Name (Last, First, Middle Initial) Amanda G Estes			Date of Receipt
	Mailing Address 4211 Wine Cellar Cour	t		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1094242311973
	Louisville	KY	40272	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		С		20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Mgr Inter		
			Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	260.00	P/R Deduction (\$10.00 Bi- Weekly)
	LIPTOTAL of Descripts This Descripts In	160.00		
S	UBTOTAL of Receipts This Page (optional)			
Т.	OTAL This Period (last page this line number of	only)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 40 / 56
ITEMIZED RECEIPTS			or each category of the	(check only one)
-			Detailed Summary Page	X   11a     11b     11c     12     15     16     17
An	y information copied from such Reports and St	atements may	not be sold or used by any perso	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	Kindred Healthcare, Inc. PAC			
Α.	Full Name (Last, First, Middle Initial) Gregory C. Miller			Date of Receipt
	Mailing Address 8000 Allielough Court			M M / D D / Y Y Y Y
	City State Prospect KY		Zip Code	Transaction ID: PR1094242811973
			40059	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP De	ı v & Fin Plan	7
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	1 1	800.00	P/R Deduction (\$40.00 Bi-
	Other (specify)	0 0	800.00	Weekly)
В.	Full Name (Last, First, Middle Initial) Diana Hanyak			Date of Receipt
	Mailing Address 17057 Rosebud Dr.			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1094243411973
	Yorba Linda	CA	92886	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Administr		7
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	300.00	P/R Deduction (\$15.00 Bi- Weekly)
<u> </u>	Full Name (Last, First, Middle Initial) Philip L. Jones			Date of Receipt
J.	Mailing Address 702 Helmsdale Place N	I.		M M / D D / Y Y Y Y
	City	C+-+-	Zin Cod-	
	City Brentwood	State TN	Zip Code 37027	Transaction ID: PR1094243511973  Amount of Each Receipt this Period
	FEC ID number of contributing		J1021	
	Name of Employer Kindred Healthcare Inc.  Occu Chie			40.00
			Off I	
			Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	400.00	P/R Deduction (\$20.00 Bi- Weekly)
[	UBTOTAL of Receipts This Page (optional)			150.00
۲	CDI OTAL OF HECEIPIS THIS Page (Optional)			
T	OTAL This Period (last page this line number of	only)		

SCHEDULE A (FEC Form 3X)		Llan apparata apha-lista(a)	FOR LINE NUMBER: PAGE 41 / 56			
ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)			
ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12			
A said a said for some land O	-1		13 14 15 16 17			
Any information copied from such Reports and Sta or for commercial purposes, other than using the	atements may name and add	not be sold or used by any perso dress of any political committee to	solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)						
Kindred Healthcare, Inc. PAC						
/						
Full Name (Last, First, Middle Initial)  1. Jerome J. Yarnish			Date of Receipt			
Mailing Address 1986 Wrenfield Lane			M M / D D / Y Y Y Y			
City	State	Zip Code	Transaction ID: PR1094245611973			
Oviedo	<u>FL</u>	32765	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		30.00			
Name of Employer Kindred Healthcare Inc.	Occupation	1	7			
Kindred Healthcare Inc.	VP Busin	ess Dev-PRS				
Receipt For:						
Primary General Other (specify) ▼	' '	300.00	P/R Deduction (\$15.00 Bi- Weekly)			
Citici (Specify)	1 1	0 0 0 0 0 0 0	Woodly)			
Full Name (Last, First, Middle Initial)  3. Raymond J Sierpina			Date of Receipt			
Mailing Address 14 Westwind Road			M M / D D / Y Y Y Y			
City	State	Zip Code	Transaction ID: PR1094246611973			
Louisville	KY	40207	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		80.00			
Name of Employer Kindred Healthcare Inc.	Occupation	n overnment Program				
Receipt For:		Year-to-Date <b>V</b>	-			
Primary General	00 0		P/R Deduction (\$40.00 Bi-			
Other (specify) ▼		800.00	Weekly)			
Full Name /Leat Fixet Middle Leitin						
Full Name (Last, First, Middle Initial)  Steven Tanner			Date of Receipt			
Mailing Address 6622 Rosebud Lane			M " M / D " D / Y " Y " Y " Y			
City	State	Zip Code	Transaction ID: PR1094246811973			
<u>Indianapolis</u>	IN	46237	Amount of Each Receipt this Period			
FEC ID number of contributing		1 1 1 1 1				
federal political committee.	C		40.00			
Name of Employer	Occupation	 1	-			
Name of Employer Kindred Healthcare Inc.	Executive					
Receipt For:	Aggregate	e Year-to-Date ▼				
Primary General	1	380.00	P/R Deduction (\$20.00 Bi-			
Other (specify)			Weekly)			
SUBTOTAL of Receipts This Page (optional)		·····	150.00			
TOTAL This Period (last page this line number of	only)	<b>)</b>	. L			

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 42 / 56
ITEMIZED RECEIPTS			or each category of the	(check only one)
• •	LIMIZED REGEN 13		Detailed Summary Page	X 11a 11b 11c 12
۸۰	ny information copied from such Reports and Sta	tomonto mo	, not be cold or used by any person	13 14 15 16 17
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
$\rangle$	Kindred Healthcare, Inc. PAC			
۹.	Full Name (Last, First, Middle Initial) Mark A Bush			Date of Receipt
	Mailing Address 6208 Tiara Court			M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR1094247111973
	Louisville	KY	40219	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation	n ncial Ana	
	Receipt For:		e Year-to-Date ▼	
	Primary General			P/R Deduction (\$15.00 Bi-
	Other (specify) ▼	0 0	300.00	Weekly)
3.	Full Name (Last, First, Middle Initial) Thomas Wood			Date of Receipt
	Mailing Address 2949 Glascock Street			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1094247211973
	Oakland	CA	94601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		130.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir C	n Operations I	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1300.00	P/R Deduction (\$65.00 Bi- Weekly)
 C.	Full Name (Last, First, Middle Initial) Gwynn Rucker			Date of Receipt
	Mailing Address 15106 59th Place NE			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1094247811973
	Kenmore	WA	98028	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir C	n Operations I	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	P/R Deduction (\$25.00 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			210.00
_	, -0- (-p 34)			
Т	OTAL This Period (last page this line number or	nly)		

SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 43/56
	EMIZED RECEIPTS		or each category of the	(check only one)
			Detailed Summary Page	X   11a   11b   11c   12   15   16   17
An	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	
or 1	for commercial purposes, other than using the r	ame and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
/	Kindred Healthcare, Inc. PAC			
٩.	Full Name (Last, First, Middle Initial) Kristie A Frock			Date of Receipt
	Mailing Address RR 6 Box 20 Redcoat R	oad		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1094249511973
	Nevada	MO	64772	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation	n Compl Cnslt-HSD	
	Receipt For:	+	Year-to-Date ▼	
	Primary General		205.00	P/R Deduction (\$15.00 Bi-
	Other (specify)		285.00	Weekly)
	Full Name (Last, First, Middle Initial) Larry J Green			Date of Receipt
	Mailing Address 680 S. Fourth Street	M " M / D " D / Y " Y " Y " Y		
	City	State	Zip Code	Transaction ID: PR1094249811973
	Louisville	KY	40202	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		36.00
	Name of Employer Kindred Healthcare Inc.	Occupation Adm Dir	n Planning & Dev	
	Receipt For:		Year-to-Date ▼	
	Primary General		360.00	P/R Deduction (\$18.00 Bi-
	Other (specify)	0 0		Weekly)
Э.	Full Name (Last, First, Middle Initial) Sharon Spittle			Date of Receipt
	Mailing Address 26 Estes Street			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1094250011973
	Ipswich	MA	01938	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive		
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		530.00	P/R Deduction (\$10.00 Wee-kly)
SI	UBTOTAL of Receipts This Page (optional)			106.00
T	OTAL This Period (last page this line number o	nly)	<b>)</b>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 56 (check only one)  X 11a 11b 11c 12
An	y information copied from such Reports and Sta for commercial purposes, other than using the r	itements may	y not be sold or used by any perso	n for the purpose of soliciting contributions
$\frac{\text{or}}{}$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC	ame and add	ress of any political committee to	solicit contributions from such committee.
<b>A</b> .	Full Name (Last, First, Middle Initial) Benjamin A Breier Mailing Address 680 S. Fourth Avenue			Date of Receipt
	City	State	Zip Code	Transaction ID: PR1094250911973
	Louisville FEC ID number of contributing federal political committee.	C	40202	Amount of Each Receipt this Period  40.00
	Name of Employer Kindred Healthcare Inc.  Receipt For:  Primary General Other (specify) ▼	Occupation President Aggregate		P/R Deduction (\$20.00 Bi-Weekly)
3.	Full Name (Last, First, Middle Initial) Steve Ross Mailing Address 35069 Roberts Lane			Date of Receipt
	City	State	Zip Code	Transaction ID: PR1135252611973
	St Helens  FEC ID number of contributing federal political committee.	OR	97051	Amount of Each Receipt this Period 40.00
	Name of Employer Kindred Healthcare Inc.  Receipt For:	Occupation Executive		
	Primary General Other (specify) ▼	Aggregate	380.00	P/R Deduction (\$20.00 Wee-kly)
 C.	Full Name (Last, First, Middle Initial) Clark D McNatt			Date of Receipt
	Mailing Address 63 Indian Hills Trail			M " M / D " D / Y " Y " Y " Y
	City Louisville	State KY	Zip Code 40207	Transaction ID: PR1135285611973  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1 1 1 1 1	30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 300.00	P/R Deduction (\$15.00 Bi- Weekly)
S	UBTOTAL of Receipts This Page (optional)			110.00
т	OTAL This Period (last page this line number o	nly)	<b></b>	

_	OUEDINE A (EEOE OV)			FOR LINE NUMBER: PAGE 45 / 56
5(	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the	
•	LIMILED REGENTIO		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An	y information copied from such Reports and Stat	ements may	y not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full)			
$\rangle$	Kindred Healthcare, Inc. PAC			
/				
	Full Name (Last, First, Middle Initial)			
٩.	Josephine Litzenberger			Date of Receipt
	Mailing Address 11401 Dr. M.L.K. Jr. Str	eet N.		M M / D D / Y Y Y Y
	Apt 1201			
	City	State	Zip Code	Transaction ID: PR1135286911973
	St Petersburg	FL	33716	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		36.00
	reactal political committee.			
	Name of Employer Kindred Healthcare Inc.	Occupatio	n	7
	Kindred Healthcare Inc.	Grp SrDi	r Managed Care-HD	
	Receipt For:	•	e Year-to-Date ▼	
	Primary General	33 -3		D/D Deduction (\$10.00 Bi
	Other (specify) ▼		360.00	P/R Deduction (\$18.00 Bi- Weekly)
		0 0	0 0 0 0 0 0 0	1
	Full Name (Last, First, Middle Initial)			
3.	Martha Heubach			Date of Receipt
-	Mailing Address 8000 Redbud Creek Dr.			M M / D D / Y Y Y Y
	Walling Address 8000 Nedbud Creek Dr.			
	City	State	Zip Code	Transaction ID: PR1135288911973
	Edmond	OK	•	
	Editiona	UK	73034	Amount of Each Receipt this Period
	FEC ID number of contributing	C		40.00
	federal political committee.			
	Name of Employer	Occupation	n	┪
	Kindred Healthcare Inc.	Administ		
	Receipt For:		Year-to-Date ▼	-
	Primary General	Aggregate	e fear-to-Date V	
			400.00	P/R Deduction (\$20.00 Bi- Weekly)
	Other (specify)	0 0		VV GERIY)
•	Full Name (Last, First, Middle Initial)			Date of Receipt
٥.	Gregory T Hayden  Mailing Address 680 S. Fourth Street			<u> </u>
	Mailing Address 680 S. Fourth Street			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1150400111973
	•	KY	·	
	Louisville	KI	40202	Amount of Each Receipt this Period
	FEC ID number of contributing	C		30.00
	federal political committee.			
	Name of Employer	Occupation	n	┪
	Name of Employer Kindred Healthcare Inc.	Dir State		
	Receipt For:		e Year-to-Date ▼	-
	Primary General	riggrogate	Tour to Bate ¥	D/D D -1 -1' (045 00 D'
	Other (specify)	' '	300.00	P/R Deduction (\$15.00 Bi- Weekly)
	Caron (opcomy) 🔻		1 1 1 1 1 1 1	1.00.4,
_	UPTOTAL ACRAS IN THE RESIDENCE			106.00
S	UBTOTAL of Receipts This Page (optional)		<u> </u>	
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T	OTAL This Period (last page this line number on	ly)	<b>&gt;</b>	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 46 / 56			
ITEMIZED RECEIPTS			or each category of the	(check only one)			
•			Detailed Summary Page	X   11a     11b     11c     12     15     16     17			
An	y information copied from such Reports and Sta	atements may	not be sold or used by any perso				
or	for commercial purposes, other than using the	name and add	lress of any political committee to	solicit contributions from such committee.			
Ν	NAME OF COMMITTEE (In Full)						
	Kindred Healthcare, Inc. PAC						
Α.	Full Name (Last, First, Middle Initial) Joan Strohm			Date of Receipt			
	Mailing Address 19520 French Lace Drive			M M / D D / Y Y Y Y			
	City State		Zip Code	Transaction ID: PR1150401411973			
	<u>Lutz                                    </u>		33558	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.			30.00			
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Clir	nical Off III				
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General		300.00	P/R Deduction (\$15.00 Bi-			
	Other (specify) ▼	0 0		Weekly)			
В.	Full Name (Last, First, Middle Initial) Rachael L Parker			Date of Receipt			
	Mailing Address 70 Birch Ridge Rd		M M / D D / Y Y Y Y				
	City		Zip Code	Transaction ID: PR1150411111973			
	Westford	VT	05494	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		40.00			
	Name of Employer Kindred Healthcare Inc.	Occupation Executive					
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General Other (specify)		390.00	P/R Deduction (\$10.00 Wee-kly)			
		0 0	0 0 0 0 0 0 0	"			
C.	Full Name (Last, First, Middle Initial) Michael Speidel			Date of Receipt			
	Mailing Address 476 Pluto Court			M M / D D / Y Y Y Y			
	City	State	Zip Code	Transaction ID: PR1150411811973			
	Littleton	CO	80124	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.		C		30.00			
	Name of Employer Kindred Healthcare Inc.  Cocupa  Execut						
		Aggregate	Year-to-Date ▼				
	Primary General Other (specify) ▼		285.00	P/R Deduction (\$15.00 Wee-kly)			
	LIPTOTAL of Possints This Page (antisms!)			100.00			
S	UBTOTAL of Receipts This Page (optional)		<b></b>				
T	OTAL This Period (last page this line number of	TOTAL This Period (last page this line number only)					

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 47/56 (check only one)
			Detailed Summary Page	X   11a   11b   11c   12   15   16   17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
۹.	Full Name (Last, First, Middle Initial) Pamela M Bresee			Date of Receipt
	Mailing Address 4155 SW 192nd Avenue	9		M M / D D / Y Y Y Y
	City Aloha	State OR	Zip Code 97007	Transaction ID: PR1227852411973
	FEC ID number of contributing federal political committee.	C	97007	Amount of Each Receipt this Period  30.00
	Name of Employer Kindred Healthcare Inc.		n ncial Ana	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 300.00	P/R Deduction (\$15.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Grant Gloor			Date of Receipt
	Mailing Address 587 Old Waverly Way	M M / D D / Y Y Y Y		
	City	State OR	Zip Code	Transaction ID: PR1227854811973
	Eagle Point  FEC ID number of contributing federal political committee.	C	97524	Amount of Each Receipt this Period 40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive	e Dir II	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 380.00	P/R Deduction (\$20.00 Wee-kly)
Э.	Full Name (Last, First, Middle Initial) Russell D Ragland			Date of Receipt
	Mailing Address 9902 Palace Green Way	′		M M / D D / Y Y Y Y
	City Vienna	State VA	Zip Code	Transaction ID: PR1267998111973
	FEC ID number of contributing federal political committee.	C	22181	Amount of Each Receipt this Period  100.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP Fir		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1000.00	P/R Deduction (\$50.00 Bi- Weekly)
SI	JBTOTAL of Receipts This Page (optional)			170.00
т	OTAL This Period (last page this line number or	nly)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 48 / 56
TEMIZED RECEIPTS			or each category of the	(check only one)
• •	LIMIZED REGEN 13		Detailed Summary Page	X 11a 11b 11c 12
•	· · · · · · · · · · · · · · · · · · ·	.1		13 14 15 16 17
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	Kindred Healthcare, Inc. PAC			
٩.	Full Name (Last, First, Middle Initial) Catherine Nurmela			Date of Receipt
	Mailing Address 1409 W. Elmdale			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1267998411973
	Chicago	IL	60660	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Clin	n nical Off II	
	Receipt For:		e Year-to-Date ▼	7
	Primary General		005.00	P/R Deduction (\$15.00 Bi-
	Other (specify) ▼		285.00	Weekly)
3.	Full Name (Last, First, Middle Initial) Donna Sroczynski			Date of Receipt
	Mailing Address 399 Fountain Drive	M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR1281185311973
	<u>Elgin</u>	<u>IL</u>	60124	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir C	n Operations I	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		400.00	P/R Deduction (\$20.00 Bi- Weekly)
).	Full Name (Last, First, Middle Initial) Diane L. Otteman			Date of Receipt
	Mailing Address 40 East Cedar Apt. #21A			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1300206411973
	Chicago	IL	60611	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Exe		
	Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼	P/R Deduction (\$15.00 Bi-
	Other (specify) ▼		285.00	Weekly)
s	UBTOTAL of Receipts This Page (optional)			100.00
	,		•	
T	OTAL This Period (last page this line number o	nly)		

	CHEDULE A (FEC Form 3X)		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 49 / 56 (check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Star for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
۸.	Full Name (Last, First, Middle Initial) Rita D Simmons			Date of Receipt
	Mailing Address 680 S. Fourth Street			M M / D D / Y Y Y Y
	City Louisville	State KY	Zip Code	Transaction ID: PR1333437011973
	FEC ID number of contributing federal political committee.	C	40202	Amount of Each Receipt this Period  32.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Op	n os Risk Mgmt	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 392.00	P/R Deduction (\$16.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Mark D. Johnson			Date of Receipt
	Mailing Address 3011 Springcrest Drive			M ' M / D ' D / Y ' Y ' Y ' Y
	City	State	Zip Code	Transaction ID: PR1336786711973
	Louisville FEC ID number of contributing	C	40241	Amount of Each Receipt this Period  30.00
	federal political committee.			
	Name of Employer Kindred Healthcare Inc.	Occupation Mgr Desk	n ktop Supp	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	300.00	P/R Deduction (\$15.00 Bi- Weekly)
).	Full Name (Last, First, Middle Initial) Ann Bumb			Date of Receipt
	Mailing Address 9301 S. Mitthoeffer Road	d		M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR1336786911973
	Indianapolis	IN	46259	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Quali		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 285.00	P/R Deduction (\$15.00 Bi- Weekly)
SI	UBTOTAL of Receipts This Page (optional)			92.00
т	OTAL This Period (last page this line number or	nly)	<b>)</b>	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 50 / 56				
	EMIZED RECEIPTS		or each category of the	(check only one)				
••			Detailed Summary Page	X   11a   11b   11c   12   15   16   17				
Δη	y information copied from such Reports and Si	tatements may	y not he sold or used by any ners					
or	for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.				
$\setminus$	NAME OF COMMITTEE (In Full)							
	Kindred Healthcare, Inc. PAC							
Α.	Full Name (Last, First, Middle Initial) Patrick Herm			Date of Receipt				
	Mailing Address 680 S. Fourth Street			M M / D D / Y Y Y Y				
	City	State	Zip Code	Transaction ID: PR1336787111973				
	Louisville	KY	40202	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		30.00				
	Name of Employer Kindred Healthcare Inc	Occupation Adm Mgr	r Fin Rpting					
	Receipt For:	Aggregate	e Year-to-Date ▼					
	Primary General	' '	300.00	P/R Deduction (\$15.00 Bi-				
	Other (specify) ▼	0 0		Weekly)				
В.	Full Name (Last, First, Middle Initial) Ross A Johnson			Date of Receipt				
	Mailing Address 680 S. Fourth Avenue			M " M / D " D / Y " Y " Y " Y				
	City	State	Zip Code	Transaction ID: PR1359729011973				
	Louisville	KY	40202	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		50.00				
	Name of Employer Kindred Healthcare Inc.	Occupation VP Recru	n uiting-PRS					
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General Other (specify) ▼	0 0	500.00	P/R Deduction (\$25.00 Bi- Weekly)				
<u> </u>	Full Name (Last, First, Middle Initial) Donella Vandermay			Date of Receipt				
٠.	Mailing Address 1968 Mac Arthur Place	!		M M / D D / Y Y Y Y				
	City	State	Zip Code	Transaction ID: PR1359729411973				
	Oxnard	CA	93033	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		40.00				
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Nursi						
	Receipt For:		e Year-to-Date ▼					
	Primary General Other (specify) ▼		380.00	P/R Deduction (\$20.00 Wee-kly)				
	UBTOTAL of Receipts This Page (optional)			120.00				
۲	ODI OTAL OF HEGERIES THIS EAGE (OPTIONAL)							
T	OTAL This Period (last page this line number	only)						

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 51 / 56				
	IZED RECEIPTS		or each category of the	(check only one)				
–	izeb neden 10		Detailed Summary Page	X 11a 13	11b 11c 12 14 15 16 17			
Any info	ormation copied from such Reports and Sta	tements may	not be sold or used by any perso					
or for co	ommercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributio	ons from such committee.			
\ NAM	ME OF COMMITTEE (In Full)							
Kind	dred Healthcare, Inc. PAC							
	Name (Last, First, Middle Initial) es C Hansen			Date of Re	ceipt			
Maili	ng Address 1944 South 275 East			M M /	D D / Y Y Y Y			
City		State	Zip Code	Transactio	n ID: PR1394177111973			
<u>Clea</u>	arfield	UT	84015	Amount of	Each Receipt this Period			
	ID number of contributing ral political committee.	C			30.00			
Nam Kind	e of Employer Ired Healthcare Inc.	Occupation Reg Mar	n Operation Reimb					
Rece	eipt For:		Year-to-Date ▼					
	Primary General		255.00	P/R Deduc	tion (\$15.00 Bi-			
	Other (specify) ▼	0 0	255.00	Weekly)				
	Name (Last, First, Middle Initial) D Van De Kamp			Date of Re	ceipt			
Maili	ng Address 251 Arbor Lane			M M /	D D / Y Y Y Y			
City		State	Zip Code	Transactio	n ID: PR1408953111973			
<u>Gre</u>	en Bay	WI	54301	Amount of	Each Receipt this Period			
	ID number of contributing ral political committee.	C			30.00			
Nam Kind	le of Employer Ired Healthcare Inc.	Occupation VP Clinic	n al Rehab-PRS					
Rece	eipt For:	Aggregate	Year-to-Date ▼					
	Primary General Other (specify) ▼		310.00	P/R Deduc Weekly)	etion (\$15.00 Bi-			
_	Name (Last, First, Middle Initial) ela A. Justice			Date of Re	ceint			
	ng Address 680 S. Fourth Street			M M /	D D / Y Y Y Y Y			
City		State	Zip Code	Transactio	n ID: PR1408953211973			
<u>Lou</u>	isville	KY	40202		Each Receipt this Period			
FEC	ID number of contributing				40.00			
	ral political committee.	C			40.00			
Nam Kind	ne of Employer Ired Healthcare Inc.	Occupation Dir Fin S	ys Dev					
Rece	eipt For:	Aggregate	Year-to-Date ▼					
	Primary General Other (specify) ▼		320.00	P/R Deduc Weekly)	tion (\$20.00 Bi-			
SUBTO	DTAL of Receipts This Page (optional)				100.00			
				-				
TOTAL	This Period (last page this line number or	nly)						

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 52 / 56 (check only one)
ı I	EIVIIZED NECEIP I 3		Detailed Summary Page	X   11a   11b   11c   12   17   13   14   15   16   17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
۸.	Full Name (Last, First, Middle Initial) Timothy Bugin			Date of Receipt
	Mailing Address 2030 Trillium Court			M " M / D " D / Y " Y " Y " Y
	City Canonsburg	State PA	Zip Code 15317	Transaction ID: PR1408953511973  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	13077	40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Administ		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 320.00	P/R Deduction (\$20.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Sheila Nelson-Seybold			Date of Receipt
	Mailing Address N7782 Highway 49			M " M / D " D / Y " Y " Y " Y "
	City	State WI	Zip Code 54945	Transaction ID: PR1421450311973
	FEC ID number of contributing federal political committee.	C	34943	Amount of Each Receipt this Period 40.00
	Name of Employer Kindred Healthcare Inc.		Operations I	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 280.00	P/R Deduction (\$20.00 Bi- Weekly)
<u> </u>	Full Name (Last, First, Middle Initial) Sharon Noro			Date of Receipt
	Mailing Address 24 Third St			M M / D D / Y Y Y Y
	City Aspinwall	State PA	Zip Code 15215	Transaction ID: PR1421460311973
	FEC ID number of contributing federal political committee.	C	13213	Amount of Each Receipt this Period  40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 260.00	P/R Deduction (\$20.00 Bi- Weekly)
SI	UBTOTAL of Receipts This Page (optional)			120.00
т	OTAL This Period (last page this line number o	nly)	<b>&gt;</b>	

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

FOR LINE NUMBER: PAGE 53/56 Use separate schedule(s) (check only one) or each category of the 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) A. Deborah A Foushee Date of Receipt Mailing Address 1106 Indiana Ave. M M / D D City State Zip Code Transaction ID: PR1425258811973 New Albany IN 47150 Amount of Each Receipt this Period FEC ID number of contributing C 32.00 federal political committee. Name of Employer Kindred Healthcare Inc. Occupation State Dir of Risk Mgmt Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$16.00 Bi-Weekly) 208.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	32.00
TOTAL This Period (last page this line number only)	<b>•</b>	8108.04

	SHEDOLL B (I LCI OIIII 3X)	Use seperate schedule(s	)		-OR LINE check onl		.H:			PAGE	: 54/	56
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		È	21b 27	22 28a	Х	23 28b	$\Box$	24 <u> </u>	25 29	26 30b
	y Information copied from such Reports and State											ıs
or	for commercial purposes, other than using the nat	ne and address of any politica	l com	nm	littee to so	olicit conti	ibut	ions fr	om su	ich com	mittee	
$ \rangle$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC											
V	Kindred Healthcare, Inc. PAC											
_	Full Name (Last, First, Middle Initial)					Trans	acti	ion ID:	: 216	35686		
Α.	Battle Born PAC							isburs			.,, .	
	Mailing Address PO Box 40366					0 9	М	<sup>/</sup> <sup>D</sup> 2	24	2	ž 0 ŏ	7
	City	State Zip Code				Amou	ınt o	f Each	Disb	urseme	nt this	Period
	Washington	DC 20016									2000.	00
	Purpose of Disbursement Contribution			٥	11	L	_	_			2000.	00
	Candidate Name		-		egory/							
					уре							
		sement For:				Contr	ibut	tion				
	Senate President	Primary General Other (specify)										
	State: District:	Curior (opeciny) •										
_	Full Name (Last, First, Middle Initial)					Trans	acti	ion ID:	:214	14227		
В.	Friends of Kent Conrad							isburs				
	Mailing Address P.O. Box 812					0 <sup>™</sup> 9	М	/ <b>1</b>	0	Y 2	žoŏ	7 <sup>Y</sup>
	City	State Zip Code				Amou	ınt o	f Each	Disb	ursemei	nt this	Period
	Bismarck	ND 58502					_				2000	00
	Purpose of Disbursement Contribution 011						_				3000.	00
	Candidate Name Category/											
	Sen. Kent Conrad Type											
	Ŭ   →	sement For: 2012				Contr	ibut	tion				
	X Senate President	X Primary General Other (specify) ▼										
	State: ND District: 1	Canon (opening)										
_	Full Name (Last, First, Middle Initial)					Trans	acti	ion ID:	: 214	14270		
C.	Friends of Kent Conrad						_	isburs				_
	Mailing Address P.O. Box 812					0 9	М	/ D 1	0	2	ž 0 ŏ :	7 <sup>Y</sup>
	City Bismarck	State Zip Code ND 58502				Amou	int o	f Each	Disb	urseme	nt this	Period
	Purpose of Disbursement Contribution 011				11	L.					1000.	00
	Candidate Name Category/											
		sement For: 2012		1 )	ype							
	x Senate	Primary X General				Contr	ibut	tion				
	President	Other (specify)										
_	State: ND District: 1											
s	UBTOTAL of Disbursements This Page (optional	)								6	6000.	00
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C	CHEDINE B /EEC Farm OV	<b>\</b>		
	CHEDULE B (FEC Form 3X	' Use seperate schedu	IIe(s) (check only	E NUMBER: PAGE 55 / 56
ΙT	EMIZED DISBURSEMENTS		ine là r	□ 22
		Detailed Summary Pa	age 27 27	28a 28b 28c 29 30b
	y Information copied from such Reports and			
or	for commercial purposes, other than using t	he name and address of any pol	litical committee to so	olicit contributions from such committee
Ν	NAME OF COMMITTEE (In Full)			
17	Kindred Healthcare, Inc. PAC			
$\mathbb{L}$				1
A.	Full Name (Last, First, Middle Initial)	•		Transaction ID: 21778493
Α.	Democratic Congressional Campaig	gn Committee		Date of Disbursement
	Mailing Address 430 South Capitol	Stroot SE		09 26 2007
	2nd Floor	Street, SE		
	City	State Zip Code		Amount of Each Disbursement this Period
	Washington	DC 20003		
	Purpose of Disbursement			5000.00
	Contribution		011	
	Candidate Name		Category/	
			Туре	
		Disbursement For:		Contribution
	Senate	Primary Gene	eral	
	President	Other (specify)		
	State: District:			
В.	Full Name (Last, First, Middle Initial)			Transaction ID: 21526499
ъ.	ORRINPAC			Date of Disbursement
	Mailing Address 175 S. West Temp	ala Suita 650		09 13 7 2007
	175 G. West Temp	ole duite 000		
	City	State Zip Code		Amount of Each Disbursement this Period
	Salt Lake City	UT 84101		
	Purpose of Disbursement			1500.00
	Contribution		011	
	Candidate Name		Category/	
	05.00	National Fran	Туре	_
	Office Sought: House Senate	Disbursement For:  Primary General	oral	Contribution
	President	Primary Gene Other (specify) ▼	51 <b>a</b> 1	
	State: District:	Citier (specify)		
	Ciaic. District.			

SUBTOTAL of Disbursements This Page (optional)	<b>•</b>	6500.00
TOTAL This Period (last page this line number only)	•	12500.00

0		v -		
	CHEDULE B (FEC Form 3	' Use seperate sched	dule(s) FOR LIN	NE NUMBER: PAGE 56 / 56
IT	EMIZED DISBURSEMENT		tne   🖳	
		Detailed Summary I	Page     210 27	28a
An	y Information copied from such Reports a	and Statements may not be sold o	or used by any perso	n for the purpose of solicating contributions
				solicit contributions from such committee
$\setminus$	NAME OF COMMITTEE (In Full)			
	Kindred Healthcare, Inc. PAC			
$\mathbb{L}$				
۸	Full Name (Last, First, Middle Initial)			Transaction ID: 21778595
Α.	Beshear for Governor			Date of Disbursement
	Mailing Address 3100 Jones Nurs	sery Road		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	Walling Address 3100 Jones Null	sery nuau		
	City	State Zip Code	<del></del>	Amount of Each Disbursement this Period
	Lexington	KY 40509		
	Purpose of Disbursement			1000.00
	Contribution		011	
	Candidate Name Steven L Beshear		Category/	
		Disbursement For: 200	Type	_
	Office Sought: House Senate	Primary X Ge		Contribution
	President	Other (specify)	norai	
	State: KY District:	Carlot (openity)		
	Full Name (Last, First, Middle Initial)			Transaction ID: 21414223
В.	Friends of Governor Fletcher			Date of Disbursement
				09
	Mailing Address P.O. Box 91050	4		09 10 2007
	City	State Zip Code	<u> </u>	Amount of Each Disbursement this Period
	Lexington	KY 40591-		
	Purpose of Disbursement		0 0	1000.00
	Ernie Fletcher, GOVERNOR KY		011	
	Candidate Name Gov. Ernie Fletcher		Category/	
		Dishumanant Fam. 2007	Туре	
	Office Sought: House Senate	Disbursement For: 200 X Ge		Ernie Fletcher, GOVERNOR KY
	President	Other (specify)	ı ıcı aı	KY
	State: KY District:	Curici (specify)		

SUBTOTAL of Disbursements This Page (optional)	•	2000.00
TOTAL This Period (last page this line number only)	•	2000.00