01/27/2010 14:03

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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines Kindred Healthcare, Inc. PAC 680 S. Fourth St. ADDRESS (number and street) Check if different than previously Louisville ΚY 40202 reported. (ACC) FEC IDENTIFICATION NUMBER STATE A ZIPCODE 🛋 CITY A IS THIS NEW **AMENDED** C00242271 Х REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 12 0 1 2009 12 3 1 2009 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Hank Robinson Type or Print Name of Treasurer Hank Robinson Electronically Filed by 0 1 27 2010 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

2/82

Write or Type Committee Name Kindred Healthcare, Inc. PAC

FEC Form 3X (Rev. 02/2003)

D " D 12 0 1 2009 12 31 2009 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2009° 33510.72 January 1 (b) Cash on Hand at 47423.91 Begining of Reporting Period 18630.00 187073.29 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 66053.91 220584.01 6(a) and 6(c) for Column B) 185530.10 31000.00 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 35053.91 35053.91 (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)

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

For further information contact:

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

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

FE6AN026

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 82

Write or Type Committee Name
Kindred Healthcare, Inc. PAC

Report Covering the Period:

From: M M 1 2

D D D

2009

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м м 1 2 ^D 31

^Y 2009

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. C	contributions (other than loans) From: a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	17129.50	125465.64
	(ii) Unitemized	1500.50	56607.65
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	18630.00	182073.29
(t	o) Political Party Committees	0.00	0.00
(c	(such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	18630.00	182073.29
	ransfers From Affiliated/Other arty Committees	0.00	0.00
3. A	Il Loans Received	0.00	0.00
	oan Repayments Received	0.00	0.00
(C	Refunds, Rebates, etc.) Carry Totals to Line 37, page 5)	0.00	0.00
to	o Federal candidates and Other olitical Committees	0.00	5000.00
	other Federal Receipts Dividends, Interest, etc.)	0.00	0.00
	ransfers from Non-Federal and Levin Funds		
(a	a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b	b) Levin Funds (from Schedule H5)	0.00	0.00
(c	e) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
	otal Receipts (add Lines 11(d), 2, 13, 14, 15, 16, 17, and 18(c))	18630.00	187073.29
	otal Federal Receipts ubtract Line 18(c) from Line 19)	18630.00	187073.29

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 82

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	0.00	30.10
	Expenditures(c) Total Operating Expenditures	0.00	30.10
	(add 21(a)(i), (a)(ii) and (b))	0.00	30.10
2.	Transfers to Affiliated/Other Party	0.00	0.00
3.	Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	30000.00	180500.00
4.	Independent Expenditure	0.00	0.00
5.	(use Schedule E)	0.00	0.00
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
7	Loans Made	0.00	0.00
	Refunds of Contributions To:		
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees		
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
	(add Emos 20(a), (b), and (b))		
9.	Other Disbursements	1000.00	5000.00
0.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(i) i edelai Silaie		
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22,	31000.00	185530.10
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	31000.00	100000.10
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	31000.00	185530.10

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 82

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Total Contributions (other than loans) from Line 11(d), page 3)	18630.00	182073.29
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	18630.00	182073.29
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	30.10
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	30.10

FE6AN026

S	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 / 82
	TEMIZED RECEIPTS		for each category of the	(check only one)
•			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16
	Any information copied from such Reports and S	tatements may	v not be sold or used by any perso	
Ċ	r 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			
_	Full Name (Last, First, Middle Initial) Jeffrey B. Reeves			Date of Receipt
	Mailing Address 8236 Kesegs Way			M M / D D / Y Y Y Y Y Y 1 1 2 0 0 9
	City	State	Zip Code	Transaction ID: 32696797
	Blacklick	OH	43004-8637	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Kindred Healthcare, Inc.	Occupatio Sr VP Hu	n uman Resources - Hospital [— Divis
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify)		250.00	
	Full Name (Last, First, Middle Initial) Richard A Lechleiter	l		Date of Receipt
	Mailing Address 601 Club Lane			M M / D D / Y Y Y Y
	-			12 18 2009
	City	State KY	Zip Code	Transaction ID: 32823537
	Louisville	N I	40207-1408	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		5000.00
	Name of Employer Kindred Healthcare Inc.	Occupatio		
	Receipt For:	Exec VP		
	Primary General	Aggregate	e Year-to-Date ▼	1
	Other (specify)	0 0	5000.00	
	Full Name (Last, First, Middle Initial) John R Stephenson II			Date of Receipt
	Mailing Address 1111 Cliffwood Drive			1 2 3 1 2 0 0 9
	City	State	Zip Code	Transaction ID: PR1094170118513
	Goshen	KY	40026	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Kindred Healthcare Inc.	Occupatio Dir Fac N	n Mgmt-HD	
	Receipt For:	Aggregate	e Year-to-Date	
	Primary General		270.00	P/R Deduction (\$10.00 Bi-
	Other (specify)			Weekly)

TOTAL This Period (last page this line number only)

Γ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 82 (check only one) X 11a
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC	e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
. ∠ 	Full Name (Last, First, Middle Initial) Teresa S Anderson		Date of Receipt
	Mailing Address 7115 Coachwood Drive	е	12 31 2009
	City Georgetown	State Zip Code IN 47122	Transaction ID: PR1094183718513 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 Dir Fin Sys Dev	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	P/R Deduction (\$20.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Edward L Kuntz Mailing Address 8807 Stable Crest Bou	ılevard	Date of Receipt
	City	1 2 3 1 2 0 0 9 Transaction ID: PR1094183918513	
	Houston	TX 77024	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	300.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chairman of the BOD	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 2700.00	P/R Deduction (\$100.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) David R Windhorst	Date of Receipt	
	Mailing Address 2000 Spring Farms Ro	12 31 2009	
	City Floyds Knobs	State Zip Code IN 47119	Transaction ID: PR1094185018513 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	120.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Financial Sys Dev	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1080.00	P/R Deduction (\$40.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)		480.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	for e	e separate schedule(s) each category of the ailed Summary Page	FOR LINE NUMBER: PAGE 8 / 82 (check only one) X 11a 11b 11c 12 13 14 15 16 11
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be name and address of	sold or used by any perso f any political committee to	n for the purpose of soliciting contributions
	Kindred Healthcare, Inc. PAC			
	Full Name (Last, First, Middle Initial) Lawrence I Wolf			Date of Receipt
	Mailing Address 4826 N Winthrop Ave	#3S		12 31 2009
	City		p Code	Transaction ID: PR1094185118513
	Chicago FEC ID number of contributing		0640	Amount of Each Receipt this Period
	federal political committee.	C		60.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Cnslt Appl-E)ata Arch	
	Receipt For:	Aggregate Year-to		
	Primary General Other (specify) ▼	0 0 0	540.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mary Jane Frappier-Neff			Date of Receipt
	Mailing Address 2883 Bellwind Circle	1 2 3 1 2 0 0 9		
	City	State Zi	p Code	Transaction ID: PR1094185218513
	Rockledge	FL 32	2955	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Reg IS		
	Receipt For:	Aggregate Year-to	o-Date ▼	
	Primary General Other (specify) ▼	0 0 0	270.00	P/R Deduction (\$10.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Katheryn J Markham			Date of Receipt
	Mailing Address 10602 Taylor Farm Ct			M M / D D / Y Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1
	City	State Zi	p Code	Transaction ID: PR1094185618513
	Prospect	KY 40	0059	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		135.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP IS Planning	&FieldSvcs	
	Receipt For: Primary General Other (specify)	Aggregate Year-to		P/R Deduction (\$45.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)	l		225.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 82 (check only one) X 11a
A	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	not be sold or used by any persitress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
. K	Full Name (Last, First, Middle Initial) Dan McReynolds			Date of Receipt
	Mailing Address 7620 Beech Spring C	ourt		1 2 3 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Louisville	State KY	Zip Code 40241	Transaction ID: PR1094185718513 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 Sys Dev	
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 270.00	P/R Deduction (\$10.00 Bi-Weekly)
_	Full Name (Last, First, Middle Initial) Catherine A Gooch			Date of Receipt
	Mailing Address 14516 Clear Meadow	12 31 2009		
	City	State	Zip Code	Transaction ID: PR1094185918513
	Louisville	KY	40245	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 Dir Fir	n n Sys Dev	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		540.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Patrick J Gillenwater			Date of Receipt
	Mailing Address 402 Erin Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1094186418513
	<u>Jeffersonville</u>	IN	47130	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		52.50
	Name of Employer Kindred Healthcare Inc.	Occupation Adm Dir		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 472.50	P/R Deduction (\$17.50 Bi- Weekly)
Γ	SUBTOTAL of Receipts This Page (optional) .			142.50

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 82 (check only one) X
,	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
/	Kindred Healthcare, Inc. PAC Full Name (Last, First, Middle Initial)		Balant Barata
۱.	Mona Euler Mailing Address 12568 Sandstone Run		Date of Receipt 1 2 3 1 2 0 0 9
	City <u>Ca</u> rmel	State Zip Code IN 46033	Transaction ID: PR1094186718513 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C 40033	20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Exec Off I	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi- Weekly)
. –	Full Name (Last, First, Middle Initial) William B Seibert		Date of Receipt
	Mailing Address 4706 Wolfcreek Pkwy		12 31 2009
	City	State Zip Code	Transaction ID: PR1094187418513
	Louisville FEC ID number of contributing federal political committee.	KY 40241	Amount of Each Receipt this Period 90.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Fin Sys Dev	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 810.00	P/R Deduction (\$30.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Deborah F Rickert		Date of Receipt
	Mailing Address 7003 Shallow Lake Ro	12 31 2009	
	City	State Zip Code	Transaction ID: PR1094187718513
	Prospect FEC ID number of contributing federal political committee.	KY 40059	Amount of Each Receipt this Period 75.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Fin Sys Dev	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 675.00	P/R Deduction (\$25.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)		185.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 82 (check only one) X 11a
A 0	ny information copied from such Reports and S for commercial purposes, other than using the	Statements may not be sold or used by any person ename and address 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) Charles Wardrip		Date of Receipt
	Mailing Address 2805 Chestnut Ridge F		12 / 31 / 2009
	City	State Zip Code	Transaction ID: PR1094187918513
	Louisville	KY 40245	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	150.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP IS Ops & Telecomm	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1350.00	P/R Deduction (\$50.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Stephen M Dobler		Date of Receipt
	Mailing Address 1106 Holly Springs Dri	12 31 2009	
	City	State Zip Code	Transaction ID: PR1094188018513
	Louisville	KY 40242	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	135.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP IS Finance & Admin	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1215.00	P/R Deduction (\$45.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Terry Carrico	Date of Receipt	
	Mailing Address 3311 Cobblers Ct		12 DD / YYYYY 12 31 2009
	City	State Zip Code	Transaction ID: PR1094188218513
	New Albany	IN 47150	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 Dir Clin Systems Dev	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼	540.00	P/R Deduction (\$20.00 Bi- Weekly)
Г			345.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 82 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any pers name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
Full Name (Last, First, Middle Initial) Steven J Paynter		Date of Receipt
Mailing Address 3105 Crestmoor Court		12 / 31 / 2009
City	State Zip Code	Transaction ID: PR1094188418513
Prospect FEC ID number of contributing federal political committee.	KY 40059	Amount of Each Receipt this Period 60.00
Name of Employer Kindred Healthcare Inc.	Occupation	
	Sr Cnslt Tech Arch	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 540.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Kimberly Ann Beach		Date of Receipt
Mailing Address 6615 Leland Drive		1 2 3 1 2 0 0 9
City	State Zip Code	Transaction ID: PR1094188618513
Crestwood	KY 40014	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 Operation Sys-HSD	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	270.00	P/R Deduction (\$10.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) William R Rhodes		Date of Receipt
Mailing Address 11303 Vista Greens Di	rive	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: PR1094188918513
Louisville	KY 40241	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer Kindred Healthcare Inc.	Occupation Tech Cnslt	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	P/R Deduction (\$10.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)		120.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 82 (check only one) X 11a
0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personal ename and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Kindred Healthcare, Inc. PAC		
۸.	Full Name (Last, First, Middle Initial) Martin Ardron		Date of Receipt
	Mailing Address 41 La Sierra Dr.		12 31 2009
	City Phillips Ranch	State Zip Code CA 91766	Transaction ID: PR1094189118513
	FEC ID number of contributing federal political committee.	CA 91766	Amount of Each Receipt this Period 75.00
	Name of Employer Kindred Healthcare Inc.	Occupation Div VP Hosp Rehab-PRS	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 675.00	P/R Deduction (\$25.00 Bi- Weekly)
- 3.	Full Name (Last, First, Middle Initial) Michael Metzger		Date of Receipt
	Mailing Address 129 Foley Rd		12 31 2009
	City	State Zip Code	Transaction ID: PR1094189318513
	West Point	VA 23181	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	45.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Fin Off III	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	405.00	P/R Deduction (\$15.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Jan Turk	1	Date of Receipt
	Mailing Address 1314 Amelia St.		1 2 3 1 2 0 0 9
	City	State Zip Code	Transaction ID: PR1094190018513
	New Orleans	LA 70115	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 Exec Off II	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	P/R Deduction (\$20.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)		160.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	for eacl	parate schedule(s) h category of the d Summary Page	FOR LINE NUMBER: PAGE 14 / 82 (check only one) X 11a 11b 11c 12 13 14 15 16
0	ny information copied from such Reports and S r for commercial purposes, other than using the	tatements may not be so name and address of an	ld or used by any persor y 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) Larry Foster			Date of Receipt
	Mailing Address 1134 W. Granville Ave Unit 815	nue		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Chicago	State Zip C		Transaction ID: PR1094190318513
	Chicago FEC ID number of contributing federal political committee.	IL 6066		Amount of Each Receipt this Period 50.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Exec Off III		_
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-D	ate ▼ 650.00	P/R Deduction (\$25.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Jack Shapiro			Date of Receipt
	Mailing Address 22591 Covington Drive			1 2 3 1 2 0 0 9
	City	State Zip C		Transaction ID: PR1094190418513
	Deer Park	IL 6001	0	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive Director	·	
	Receipt For:	Aggregate Year-to-D	ate V	
	Primary General Other (specify) ▼		1300.00	P/R Deduction (\$50.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Adrienne Lyons			Date of Receipt
	Mailing Address 1220 North Oak Park Avenue			1 2 3 1 2 0 0 9
	City	State Zip C	ode	Transaction ID: PR1094190518513
	Oak Park	IL 6030	2	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Reg SrDir Clinical	Ops-HD	
	Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate Year-to-D	ate ▼ 270.00	P/R Deduction (\$10.00 Bi- Weekly)
Γ	SUBTOTAL of Receipts This Page (optional)			180.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 82 (check only one) X 11a 11b 11c 12 13 14 15 16 1
4	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any per e name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
	Full Name (Last, First, Middle Initial) Linda Mcquade		Date of Receipt
	Mailing Address 4712 Sw 24 Ave		12 31 2009
	City <u>Ft Lauderdale</u>	State Zip Code FL 33312	Transaction ID: PR1094191018513 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Mgr Health Info Mgmt	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)
_	Full Name (Last, First, Middle Initial) Theodore Welding		Date of Receipt
	Mailing Address 2448 Middle River Dr.		12 31 2009
	City	State Zip Code	Transaction ID: PR1094191318513
	Ft. Lauderdale FEC ID number of contributing	FL 33305	Amount of Each Receipt this Period
	federal political committee.	C	75.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive Director I	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	675.00	P/R Deduction (\$25.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Sean R Muldoon		Date of Receipt
	Mailing Address 239 Fairfax Avenue		1 2 3 1 2 0 0 9
	City	State Zip Code	Transaction ID: PR1094192218513
	<u>Louisville</u>	KY 40207	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	225.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP & Chief Med Off-HD	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2025.00	P/R Deduction (\$75.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional) .	•	320.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	• /	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may	y not be sold or used by any perse dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		, , , , , , , , , , , , , , , , , , , ,	
Full Name (Last, First, Middle Initial) Deborah R Doddridge			Date of Receipt
Mailing Address 312 Hill Street NW			M M / D D / Y Y Y Y
City	State	Zip Code	1 2 3 1 2 0 0 9 Transaction ID: PR1094193018513
<u>Depauw</u>	IN	47115	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		45.00
Name of Employer Kindred Healthcare Inc.	Occupatio Dir Procu	n ure Sys & Capital	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 405.00	P/R Deduction (\$15.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Joel W Day	L		Date of Receipt
Mailing Address 2017 Spring Farms Drive			12 31 YYYYY 12009
City Floyds Knobs	State IN	Zip Code 47119	Transaction ID: PR1094193118513
FEC ID number of contributing federal political committee.	C	47113	Amount of Each Receipt this Period 45.00
Name of Employer Kindred Healthcare Inc.	Occupatio VP & Co	n ntroller-HD	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		405.00	P/R Deduction (\$15.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Susan Moss			Date of Receipt
Mailing Address 161 Westwind Road	j		12 31 2009
City	State	Zip Code	Transaction ID: PR1094193318513
Louisville	KY	40207	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		120.00
Name of Employer Kindred Healthcare Inc.	- ' ' - ' - '	Communications	
Receipt For: Primary General	Aggregate	Year-to-Date ▼	D/D Doduction /#40 00 Di
Other (specify) ▼		740.00	P/R Deduction (\$40.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional	`		210.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 82 (check only one) X 11a
,	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\angle	> Kindred Healthcare, Inc. PAC		
	Full Name (Last, First, Middle Initial) Michael C Lozier		Date of Receipt
	Mailing Address 7028 Westridge Forest		12 31 2009
	City Lanesville	State Zip Code IN 47136	Transaction ID: PR1094193718513 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	39.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Purch Contract Admin	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 351.00	P/R Deduction (\$13.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Charles Michael Grannan		Date of Receipt
	Mailing Address 7109 Cannonade Cour	12 31 2009	
	City	State Zip Code	Transaction ID: PR1094193918513
	Prospect	KY 40059	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	105.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Purchasing	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 945.00	P/R Deduction (\$35.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Dennis J Hansen		Date of Receipt
	Mailing Address 1791 Connor Station R	oad	12 31 2009
	City	State Zip Code	Transaction ID: PR1094194118513
	Simpsonville FEC ID number of contributing federal political committee.	KY 40067	Amount of Each Receipt this Period
	Name of Employer Kindred Healthcare Inc.	Occupation VP Reimb-HSD	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 945.00	P/R Deduction (\$35.00 Bi-Weekly)
	SUBTOTAL of Receipts This Page (optional)		249.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	for each ca	ate schedule(s) tegory of the ımmary Page	FOR LINE NUMBER: PAGE 18 / 82 (check only one) X 11a 11b 11c 12 13 14 15 16
A	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or name and address of any po	used by any person ditical committee to s	for the purpose of soliciting contributions olicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
. K	Full Name (Last, First, Middle Initial) Mary Suzanne Riedman			Date of Receipt
	Mailing Address 4308 Hampton Creek	Drive		12 31 2009
	City Louisville	State Zip Code KY 40241		Transaction ID: PR1094194218513 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	0 0	60.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP & General Cou	nsel	-
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date	540.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Susan P Riedl			Date of Receipt
	Mailing Address 8914 Lippincott Road	12 31 2009		
	City	State Zip Code		Transaction ID: PR1094194418513
	Louisville FEC ID number of contributing federal political committee.	KY 40222	0 0	Amount of Each Receipt this Period 30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir HSD Reimb		-
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date	270.00	P/R Deduction (\$10.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mary L Vorpahl			Date of Receipt
	Mailing Address 21 Spencer Street Apt	209		12 31 2009
	City Lebanon	State Zip Code NH 03766		Transaction ID: PR1094194618513
	FEC ID number of contributing federal political committee.	C	•	Amount of Each Receipt this Period 25.00
	Name of Employer Nursing Ctr Corporate	Occupation Executive Dir II		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	260.00	P/R Deduction (\$5.00 Week- ly)
Г	SUBTOTAL of Receipts This Page (optional)			115.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 82 (check only one) X 11a
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC	tatements may not be sold or used by any pers name and address of any political committee to	on for the purpose of soliciting contributions
	Full Name (Last, First, Middle Initial) Stephen Michael Smith		Date of Receipt
	Mailing Address 2409 Hayward Rd.		1 2 3 1 2 0 0 9
	City	State Zip Code	Transaction ID: PR1094194718513
	Louisville	KY 40242	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	22.50
	Name of Employer Kindred Healthcare Inc.	Occupation Mgr Reimb	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	202.50	P/R Deduction (\$7.50 Bi-W-eekly)
_	Full Name (Last, First, Middle Initial) Mary L Dennison		Date of Receipt
	Mailing Address 4678 Mount Eden Roa	12 31 2009	
	City	State Zip Code	Transaction ID: PR1094194818513
	Shelbyville	KY 40065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	60.00
	Name of Employer Kindred Healthcare Inc.	Occupation Mgr Reimb	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Samuel David Simpson		Date of Receipt
	Mailing Address 7509 Lanfair Dr		1 2 3 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: PR1094194918513
	Louisville	KY 40241	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	22.50
	Name of Employer Kindred Healthcare Inc.	Occupation Mgr Reimb	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 202.50	P/R Deduction (\$7.50 Bi-W-eekly)
	SUBTOTAL of Receipts This Page (optional)		105.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 82 (check only one) X
A 0	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
۷.	Full Name (Last, First, Middle Initial) Michael J Bean			Date of Receipt
	Mailing Address 8011 Kendrick Crossin	ng Lane		12 31 7 2009
	City	State	Zip Code	Transaction ID: PR1094195118513
	Louisville FEC ID number of contributing federal political committee.	C	40291	Amount of Each Receipt this Period 60.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Tax F		
	Receipt For: Primary General Other (specify)	+ +	Year-to-Date ▼ 540.00	P/R Deduction (\$20.00 Bi- Weekly)
- 3.	Full Name (Last, First, Middle Initial) Peggy Black			Date of Receipt
	Mailing Address 1607 Helmridge Court	12 31 YYYY 2009		
	City	State	Zip Code	Transaction ID: PR1094195318513
	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 Exec Ass	n st to Chair & BOD	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 270.00	P/R Deduction (\$10.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Anne S Woods			Date of Receipt
	Mailing Address 7420 Falls Ridge Ct.			12 31 2009
	City	State	Zip Code	Transaction ID: PR1094195418513
	Louisville FEC ID number of contributing	KY	40241	Amount of Each Receipt this Period
	federal political committee.	C		108.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Interr		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 972.00	P/R Deduction (\$36.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)	-1		198.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 82 (check only one) X 11a 11b 11c 12 13 14 15 16 1
A	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any p name and address of any political committe	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
	Full Name (Last, First, Middle Initial) Stephanie J Warren		Date of Receipt
	Mailing Address 2169 Balmer-Fenwick	Road	12 31 2009
	City Floyds Knobs	State Zip Code IN 47119	Transaction ID: PR1094195718513
	FEC ID number of contributing federal political committee.	C 47119	Amount of Each Receipt this Period 45.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Facility Mgmt	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 405.00	P/R Deduction (\$15.00 Bi-Weekly)
_	Full Name (Last, First, Middle Initial) John Lucchese		Date of Receipt
	Mailing Address 14401 Broad Oak Place	1 2 3 1 2 0 0 9	
	City	State Zip Code	Transaction ID: PR1094195918513
	Louisville FEC ID number of contributing	KY 40245	Amount of Each Receipt this Period
	federal political committee.	C	150.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP & Corp Controller	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1153.99	P/R Deduction (\$50.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Rose M Michels		Date of Receipt
	Mailing Address 6503 Chenoweth Run	Road	12 31 2009
	City	State Zip Code	Transaction ID: PR1094196018513
	Louisville	KY 40299	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	45.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Tax Compliance	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	B/B B 1 1 12 12 12 13 13 13
	Other (specify)	405.00	P/R Deduction (\$15.00 Bi- Weekly)
Γ	SUBTOTAL of Receipts This Page (optional)	<u> </u>	240.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 82 (check only one) X
A	for commercial purposes, other than using the	Statements may not be sold or used by any e name and address of any political committ	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
_	Full Name (Last, First, Middle Initial) Joseph Landenwich		Date of Receipt
	Mailing Address 2213 Wrocklage Ave.		12 31 2009
	City Louisville	State Zip Code KY 40205	Transaction ID: PR1094196318513 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	180.00
	Name of Employer Kindred Healthcare Inc.	Occupation SVPCrpLegalAffairs&CrpSec	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1620.00	P/R Deduction (\$60.00 Bi-Weekly)
	Full Name (Last, First, Middle Initial) Arthur L Rothgerber		Date of Receipt
	Mailing Address 8325 Regency Woods	12 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State Zip Code	Transaction ID: PR1094196418513
	Louisville	KY 40220	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	69.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP Reimbursement	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	553.00	P/R Deduction (\$23.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Linda M O'Bryan		Date of Receipt
	Mailing Address 1614 Sylvan Way		12 31 2009
	City	State Zip Code	Transaction ID: PR1094196718513
	Louisville	KY 40205	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	60.00
	Name of Employer Kindred Healthcare Inc.	Occupation VPPatient Care &Quality-H	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 540.00	P/R Deduction (\$20.00 Bi- Weekly)
Γ,	SUBTOTAL of Receipts This Page (optional) .		309.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 82 (check only one) X 11a 11b 11c 12 13 14 15 16 1
A	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may not be sold or used by any perse name and address of any political committee t	con for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
	Full Name (Last, First, Middle Initial) Karen R Blain		Date of Receipt
	Mailing Address 9708 Northridge Dr		12 31 2009
	City Louisville	State Zip Code KY 40272	Transaction ID: PR1094197018513 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Mgr Patient Accting-HSD	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	P/R Deduction (\$10.00 Bi-Weekly)
_	Full Name (Last, First, Middle Initial) Douglas Curnutte		Date of Receipt
	Mailing Address 1014 Springside Way	12 31 2009	
	City	State Zip Code	Transaction ID: PR1094197218513
	Louisville FEC ID number of contributing federal political committee.	KY 40223	Amount of Each Receipt this Period 45.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Fac & Real Estate Dev	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	405.00	P/R Deduction (\$15.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Brian L Caudill	1	Date of Receipt
	Mailing Address 1647 Beechwood Ave	nue	12 31 2009
	City	State Zip Code	Transaction ID: PR1094197318513
	Louisville FEC ID number of contributing federal political committee.	KY 40204	Amount of Each Receipt this Period 78.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir HD Reimb	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 702.00	P/R Deduction (\$26.00 Bi-Weekly)
Γ	SUBTOTAL of Receipts This Page (optional) .	1	153.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 82 (check only one) X
A	ny information copied from such Reports and r for commercial purposes, other than using th	Statements may not be sold or used by any personal statements and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
	Full Name (Last, First, Middle Initial) Mary R Russell		Date of Receipt
	Mailing Address 7300 Wood Rock Rd		12 31 2009
	City	State Zip Code	Transaction ID: PR1094197618513
	Louisville	KY 40291	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	66.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Accounting-HSD	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	594.00	P/R Deduction (\$22.00 Bi- Weekly)
. –	Full Name (Last, First, Middle Initial) William M Altman		Date of Receipt
	Mailing Address 9103 Lexington Lane	12 31 2009	
	City	State Zip Code	Transaction ID: PR1094198018513
	Louisville	KY 40241	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	384.80
	Name of Employer Kindred Healthcare Inc.	Occupation SVPStrategy&PublicPolicy	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	5000.00	P/R Deduction (\$192.30 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Scott M Juetten		Date of Receipt
	Mailing Address 8315 Running Spring	Dr	12 31 YYYYY 12009
	City	State Zip Code	Transaction ID: PR1094198118513
	Louisville	KY 40241	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 & Controller-HSD	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	270.00	P/R Deduction (\$10.00 Bi- Weekly)
Γ	CURTOTAL of Descints This Dags (entired)		480.80

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	for each ca	ate schedule(s) tegory of the ummary Page	FOR LINE NUMBER: PAGE 25 / 82 (check only one) X 11a 11b 11c 12 13 14 15 16
A C	ny information copied from such Reports and r for commercial purposes, other than using th	statements may not be sold or name and address of any po	r used by any person plitical committee to s	for the purpose of soliciting contributions olicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
	Full Name (Last, First, Middle Initial) Bobby V Bas			Date of Receipt
	Mailing Address 2084 Wind River Roa	d		12 31 2009
	City <u>El Caj</u> on	State Zip Code CA 92019		Transaction ID: PR1094198318513 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Radiology Tech		-
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	390.00	P/R Deduction (\$15.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Steven J Fuller			Date of Receipt
	Mailing Address 6025 Bridge Garden F	1 2 3 1 2 0 0 9		
	City	State Zip Code		Transaction ID: PR1094199718513
	Knoxville FEC ID number of contributing federal political committee.	TN 37912		Amount of Each Receipt this Period 30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir Clin Ops		-
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	270.00	P/R Deduction (\$10.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Martha S Rhoads			Date of Receipt
	Mailing Address 137 N. Cherry Street			12 31 2009
	City	State Zip Code		Transaction ID: PR1094200018513
	Greenville FEC ID number of contributing federal political committee.	KY 42345	0 0	Amount of Each Receipt this Period 30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir Clin Ops		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	270.00	P/R Deduction (\$10.00 Bi- Weekly)
Г	SUBTOTAL of Receipts This Page (optional) .	1		90.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 82 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	l y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
Full Name (Last, First, Middle Initial) J. Harold Walker			Date of Receipt
Mailing Address 429 Freedom Trail			12 31 YYYYY 12 31 2009
City	State	Zip Code	Transaction ID: PR1094200118513
<u>Sparta</u>	TN	38583	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		45.00
Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir C	n Operations II	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 405.00	P/R Deduction (\$15.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Michael Comer			Date of Receipt
Mailing Address 12 Lewis	12 31 2009		
City	State	Zip Code	Transaction ID: PR1094200418513
Irvine	CA	92620	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		105.00
Name of Employer Kindred Healthcare Inc.	Occupation VP & CF	n O-West Reg-HD	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	945.00	P/R Deduction (\$35.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Billy Wilcox	<u> </u>		Date of Receipt
Mailing Address 10000 N. Eldridge F	Pkwy # 438		12 31 2009
City	State	Zip Code	Transaction ID: PR1094200518513
<u>Houston</u>	TX	77065	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer Kindred Healthcare Inc.	Occupation District C	FO	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 390.00	P/R Deduction (\$15.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional	<u> </u>		180.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 82 (check only one) X 11a 11b 11c 12 13 14 15 16 11
A	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
	Full Name (Last, First, Middle Initial) Traci Shelton		Date of Receipt
	Mailing Address 2913 3rd. Street # 20	1	12 31 2009
	City	State Zip Code	Transaction ID: PR1094200618513
	Santa Monica FEC ID number of contributing	CA 90405	Amount of Each Receipt this Period
	federal political committee.	C	525.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP & COO-West Reg-HD	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	4300.00	P/R Deduction (\$175.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Steven Monaghan		Date of Receipt
	Mailing Address 508 W. Melrose #7-A		1 2 3 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: PR1094200718513
	Chicago	IL 60657	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	180.00
	Name of Employer Kindred Healthcare Inc.	Occupation Exec VP-Cent Reg-HD	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1535.00	P/R Deduction (\$60.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Laura Wills		Date of Receipt
	Mailing Address 5364 S Bellerieve Land	9	12 31 2009
	City	State Zip Code	Transaction ID: PR1094200918513
	Imperial	MO 63052	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Market Chief Exec Off III	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	P/R Deduction (\$10.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)		735.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 82 (check only one) X 11a 11b 11c 12 13 14 15 16
, C	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may not be sold or used by any persename and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
	Full Name (Last, First, Middle Initial) Cynthia Smith		Date of Receipt
	Mailing Address 9N668 Bowes Bend D		12 / 31 / 2009
	City <u>Elgin</u>	State Zip Code IL 60124	Transaction ID: PR1094201018513 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Exec Off II	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 270.00	P/R Deduction (\$10.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Susan B Myers		Date of Receipt
	Mailing Address 959 Whetstone Way		1 2 3 1 2 0 0 9
	City	State Zip Code	Transaction ID: PR1094201518513
	Louisville FEC ID number of contributing federal political committee.	KY 40223	Amount of Each Receipt this Period 45.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Clin Instruct Design	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	405.00	P/R Deduction (\$15.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) John Miner		Date of Receipt
	Mailing Address 4730 Dunnie Drive		12 31 2009
	City	State Zip Code	Transaction ID: PR1094202118513
	Tampa	FL 33614	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	60.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Fin Off III	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 540.00	P/R Deduction (\$20.00 Bi- Weekly)
Г	SUBTOTAL of Receipts This Page (optional)	1	135.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 82 (check only one) X 11a
A 0	ny information copied from such Reports and a ror commercial purposes, other than using the	Statements may not be sold or used by any personal part of the sold or used by any personal political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
۷.	Full Name (Last, First, Middle Initial) Pamela Marie Riter		Date of Receipt
	Mailing Address 300 Beach Dr. N.E. Unit 2301		12 31 2009
	City	State Zip Code	Transaction ID: PR1094202418513
	St. Petersburg FEC ID number of contributing federal political committee.	FL 33701	Amount of Each Receipt this Period 75.00
	Name of Employer Kindred Healthcare Inc.	Occupation Off III	
	Receipt For:	Chief Exec Off III Aggregate Year-to-Date ▼	_
	Primary General Other (specify) ▼	675.00	P/R Deduction (\$25.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Julie Feasel		Date of Receipt
	Mailing Address 6211 Iroquios Ct.		12 31 7 9 9
	City	State Zip Code	Transaction ID: PR1094203018513
	Odessa	FL 33556	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	45.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Exec Off III	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 405.00	P/R Deduction (\$15.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Charles D Doten	1	Date of Receipt
	Mailing Address 7644 Harbour Blvd.		12 31 7 2009
	City	State Zip Code	Transaction ID: PR1094203618513
	Miramar FEC ID number of contributing	FL 33023	Amount of Each Receipt this Period 40.00
	federal political committee.		
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Exec Off II	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	P/R Deduction (\$20.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional) .	1	160.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate sched for each category of Detailed Summary	the (check only one)
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by a name and address of any political co	vany person for the purpose of soliciting contributions mmittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
Kindred Healthcare, Inc. PAC		
Full Name (Last, First, Middle Initial) Carol Cregan		Date of Receipt
Mailing Address 2649 NE 26Th Avenu	9	12 31 2009
City	State Zip Code	Transaction ID: PR1094203718513
Ft Lauderdale	FL 33306	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer Kindred Healthcare Inc.	Occupation Reg Sr Dir Bus Dev-HD	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	27	P/R Deduction (\$10.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) James Malady	<u> </u>	Date of Receipt
Mailing Address 954 Lindfield Dr.		12 31 7 9 9
City	State Zip Code	Transaction ID: PR1094204118513
South Park	PA 15129	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Kindred Healthcare Inc.	Occupation Dir Plant Ops	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	26	P/R Deduction (\$10.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Timothy L Simpson	1	Date of Receipt
Mailing Address 140 Pioneer Trail		12 31 2009
City	State Zip Code	Transaction ID: PR1094204318513
Green Cove Springs	FL 32043	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer Kindred Healthcare Inc.	Occupation Executive Director II	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	52	P/R Deduction (\$20.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional) .		90.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 82 (check only one) X 11a 11b 11c 12 13 14 15 16 11
0	ny information copied from such Reports and a r for commercial purposes, other than using the	Statements may not be sold or used by any perse name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
	Full Name (Last, First, Middle Initial) James D Thigpen		Date of Receipt
	Mailing Address 355 Woolsey Brooks		12 31 2009
	City Fayetteville	State Zip Code GA 30215	Transaction ID: PR1094204618513 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 Plant Ops	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 390.00	P/R Deduction (\$15.00 Bi- Weekly)
_ s.	Full Name (Last, First, Middle Initial) Sharon A Barnard		Date of Receipt
	Mailing Address 11237 Montgall Avenu	1 2 3 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State Zip Code	Transaction ID: PR1094204818513
	Kansas City	MO 64137	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Reg SrDir Clinical Ops-HD	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	260.00	P/R Deduction (\$10.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) E. Jane Jackson	Date of Receipt	
	Mailing Address 43171 Buttermere Ter	1 2 3 1 2 0 0 9	
	City	State Zip Code	Transaction ID: PR1094205118513
	Ashburn	VA 20147	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 Bus Implement-HD	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	P/R Deduction (\$10.00 Bi- Weekly)
	SURTOTAL of Receipts This Page (ontional)		80.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 82 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A 0	r for commercial purposes, other than using th	Statements may not be sold or used by any pers le name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
۸.	Full Name (Last, First, Middle Initial) James J Novak		Date of Receipt
	Mailing Address 9680 Ridgewalk Cou		12 31 2009
	City Davie	State Zip Code FL 33328	Transaction ID: PR1094205318513 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	126.00
	Name of Employer Kindred Healthcare Inc.	Occupation Exec VP-East Reg-HD	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1134.00	P/R Deduction (\$42.00 Bi- Weekly)
- 3.	Full Name (Last, First, Middle Initial) Sally I Hoffmann		Date of Receipt
	Mailing Address 13713 Rothman Tate	12 31 YYYY 12009	
	City	State Zip Code	Transaction ID: PR1094205718513
	Riverview	FL 33579	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	45.00
	Name of Employer Kindred Healthcare Inc.	Occupation Resource CEO HD	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	405.00	P/R Deduction (\$15.00 Bi- Weekly)
. –	Full Name (Last, First, Middle Initial) Christopher A Clements	Date of Receipt	
	Mailing Address 3111 North Ocean Dr #1007	rive	12 31 2009
	City	State Zip Code	Transaction ID: PR1094206218513
	Hollywood FEC ID number of contributing federal political committee.	FL 33019	Amount of Each Receipt this Period 20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Administrator III	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi- Weekly)
Г	NIDTOTAL of Descints This Desc (antique)		191.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 82 (check only one) X
A 0	ny information copied from such Reports and S for commercial purposes, other than using the	Statements may not be sold or used by any persename and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
۷.	Full Name (Last, First, Middle Initial) Susan M Fortin		Date of Receipt
	Mailing Address 48 Half Moon Terrace		12 31 2009
	City Colchester	State Zip Code VT 05446	Transaction ID: PR1094208018513
	FEC ID number of contributing federal political committee.	C 03446	Amount of Each Receipt this Period 25.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Nursing II	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$5.00 Week-ly)
_ s.	Full Name (Last, First, Middle Initial) Elizabeth D Dubois		Date of Receipt
	Mailing Address 21 Harriman Road		1 2 3 1 Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: PR1094209418513
	Hudson	MA 01749	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Reg Trainer Field Acct	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 270.00	P/R Deduction (\$10.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Donna Kelsey		Date of Receipt
	Mailing Address 2075 E. Tivoli Hills Dr	ive	12 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: PR1094210118513
	Draper FEC ID number of contributing federal political committee.	UT 84020	Amount of Each Receipt this Period 75.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP-Pacific Reg-HSD	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1675.00	P/R Deduction (\$25.00 Bi- Weekly)
Γ	SUBTOTAL of Receipts This Page (optional)		130.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 82 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Į.	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
	Full Name (Last, First, Middle Initial) Katherine Davis			Date of Receipt
	Mailing Address 8419 Oxford Woods C	Court		12 31 YYYYY 12009
	City Louisville	State KY	Zip Code 40222	Transaction ID: PR1094210218513 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		45.00
	Name of Employer Kindred Healthcare Inc.	Occupation Reg Dir (n Case Mgmt-HSD	
	Receipt For: Primary General Other (specify)	,	Year-to-Date ▼ 405.00	P/R Deduction (\$15.00 Bi-Weekly)
_	Full Name (Last, First, Middle Initial) Anita Tillery			Date of Receipt
	Mailing Address 3512 Raytee Drive			12 31 2009
	City	State	Zip Code	Transaction ID: PR1094211018513
	Chesapeake	VA	23323	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Area Exe	n cutive Dir	
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General Other (specify) ▼		520.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Christina Schramm	L		Date of Receipt
	Mailing Address 166 Columbia Ave			1 2 3 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1094211918513
	Chillicothe	OH	45601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)			105.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 82 (check only one) X
0	ny information copied from such Reports and r for commercial purposes, other than using th	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
۷.	Full Name (Last, First, Middle Initial) Tom Cunningham		Date of Receipt
	Mailing Address 6705 Merwin Ave		12 31 2009
	City Cincinnati	State Zip Code OH 45227	Transaction ID: PR1094212118513
	FEC ID number of contributing federal political committee.	OH 45227	Amount of Each Receipt this Period 20.00
	Name of Employer Lebanon Country Manor	Occupation Executive Dir II	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi- Weekly)
_ s.	Full Name (Last, First, Middle Initial) Anthony D Lacke		Date of Receipt
	Mailing Address 95 Caesar Chelor Dr		12 31 2009
	City	State Zip Code	Transaction ID: PR1094212418513
	Wrentham	MA 02093	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir I	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$5.00 Week-ly)
	Full Name (Last, First, Middle Initial) Donna M Nackers		Date of Receipt
	Mailing Address 1760 Waters Ferry Dr	ive	12 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: PR1094212518513
	Lawrenceville	GA 30043	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	45.00
	Name of Employer Kindred Healthcare Inc.	Occupation Reg Mgr Operation Reimb	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 405.00	P/R Deduction (\$15.00 Bi- Weekly)
Γ	SUBTOTAL of Receipts This Page (optional) .	1	90.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 82 (check only one) X 11a
4	r for commercial purposes, other than using th	Statements may not be sold or used by any pe e name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
	Full Name (Last, First, Middle Initial) Joseph F Weglarz		Date of Receipt
	Mailing Address 35 Farrington Ave		12 31 7 2009
	City Gloucester	State Zip Code MA 01930	Transaction ID: PR1094212618513 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 Finance-East Reg-HSD	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 270.00	P/R Deduction (\$10.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Celeste M Bentley		Date of Receipt
	Mailing Address 4 Stuart Drive		12 31 2009
	City	State Zip Code	Transaction ID: PR1094213318513
	Barrington	NH 03825	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	45.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Reimb-HSD	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	405.00	P/R Deduction (\$15.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Debra Forman	I	Date of Receipt
	Mailing Address 12516 Wexton Lane		12 31 2009
	City	State Zip Code	Transaction ID: PR1094213418513
	Knoxville	TN 37934	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Reg Mgr Field Accting	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	P/R Deduction (\$10.00 Bi- Weekly)
	CURTOTAL of Descints This Dags (antique)		105.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedul for each category of th Detailed Summary Pa	ne (crieck orling orle)
\ \ \	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements may not be sold or used by a name and address of any political comr	ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
/	Kindred Healthcare, Inc. PAC		
۱.	Full Name (Last, First, Middle Initial) Lane M Bowen	\	Date of Receipt
	Mailing Address 10868 South Prescott I	State Zip Code	1 2 3 1 2 0 0 9 T PD1004212618512
	City <u>Sandy</u>	UT 84092	Transaction ID: PR1094213618513 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 & President-HSD	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1350.	P/R Deduction (\$50.00 Bi-Weekly)
	Full Name (Last, First, Middle Initial) Laurie A Roberto		Date of Receipt
	Mailing Address 217 Main Street		12 31 2009
	City	State Zip Code	Transaction ID: PR1094213918513
	Lynnfield	MA 01940	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Kindred Healthcare Inc.	Occupation Area Executive Dir	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 260.	P/R Deduction (\$5.00 Week-ly)
_	Full Name (Last, First, Middle Initial) Michael W Beal		Date of Receipt
	Mailing Address 10 Glenwood Road		12 31 2 2009
	City	State Zip Code	Transaction ID: PR1094214118513
	Windham	NH 03087	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-East Reg-HSD	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 540.	P/R Deduction (\$20.00 Bi-Weekly)
	SUBTOTAL of Receipts This Page (optional)		235.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 82 (check only one) X
A C	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any perse e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
. ∠	Full Name (Last, First, Middle Initial) John Getts		Date of Receipt
	Mailing Address 150 Evergreen Circle		12 31 7 2009
	City	State Zip Code NH 03242	Transaction ID: PR1094214618513
	Henniker FEC ID number of contributing federal political committee.	NH 03242	Amount of Each Receipt this Period 25.00
	Name of Employer Kindred Healthcare Inc.	Occupation Area Executive Dir	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$5.00 Week-ly)
 3.	Full Name (Last, First, Middle Initial) James Holcomb	1	Date of Receipt
	Mailing Address 317 30Th Avenue N.E	<u>.</u>	12 31 7 9 9
	City	State Zip Code	Transaction ID: PR1094215118513
	Great Falls	MT 59404	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir III	
	Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Wee-kly)
_	Full Name (Last, First, Middle Initial) Kelly G Snowball	1	Date of Receipt
	Mailing Address 4468 Forest Green Di	ive	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Ogden	State Zip Code UT 84403	Transaction ID: PR1094215718513
	FEC ID number of contributing federal political committee.	C 84403	Amount of Each Receipt this Period 30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Area Executive Dir	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	P/R Deduction (\$10.00 Bi- Weekly)
	SURTOTAL of Receipts This Page (optional)		75.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 82 (check only one) X
A 0	ny information copied from such Reports and refor commercial purposes, other than using the	Statements may not be sold or used by any personal statements and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
<u></u>	Full Name (Last, First, Middle Initial) Susan A Kesterson		Date of Receipt
	Mailing Address 2334 Heritage Dr		12 31 7 2009
	City	State Zip Code	Transaction ID: PR1094216218513
	Corona FEC ID number of contributing federal political committee.	CA 92882	Amount of Each Receipt this Period 45.00
	Name of Employer Kindred Healthcare Inc.	Occupation Reg Financial Ana	
	Receipt For:	Aggregate Year-to-Date ▼	\dashv
	Primary General Other (specify) ▼	405.00	P/R Deduction (\$15.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Sylvia Burton		Date of Receipt
	Mailing Address 433 S. Plantation		12 31 2009
	City	State Zip Code	Transaction ID: PR1094217618513
	Cookeville	TN 38506	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 Dir III	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	P/R Deduction (\$15.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Angela Beth Sutton		Date of Receipt
	Mailing Address 17460 Farmington So	12 31 YYYY 2009	
	City	State Zip Code	Transaction ID: PR1094218218513
	Granger	IN 46530	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	45.00
	Name of Employer Regency Place Of South Be- nd	Occupation Dist Dir Operations I	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	P/R Deduction (\$15.00 Bi-Weekly)
Γ	SUBTOTAL of Receipts This Page (optional)		120.00

П	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS ny information copied from such Reports and S	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 82 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Oi	for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC	name and address of any political committee to	o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Mark S Pfeifer Mailing Address 11014 Brave Ct.		Date of Receipt 1 2 3 1 2 0 0 9
	City Indianapolis	State Zip Code IN 46236	Transaction ID: PR1094218418513 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	60.00
	Name of Employer Kindred Healthcare Inc. Receipt For: Primary General Other (specify) ▼	Occupation Reg Financial Ana Aggregate Year-to-Date 540.00	P/R Deduction (\$20.00 Bi-Weekly)
 З.	Full Name (Last, First, Middle Initial) Donna Susan Dickerson Mailing Address 5283 Pryor Road		Date of Receipt 1 2 3 1 2 0 0 9
	City	State Zip Code	Transaction ID: PR1094220718513
	Maryville FEC ID number of contributing federal political committee.	TN 37804	Amount of Each Receipt this Period 20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir I	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi- Weekly)
 >.	Full Name (Last, First, Middle Initial) Keith A Mandrell Mailing Address 8813 Mallow Drive		Date of Receipt 1 2 3 1 2 0 0 9
	City	State Zip Code	Transaction ID: PR1094221218513
	Knoxville FEC ID number of contributing federal political committee.	TN 37922	Amount of Each Receipt this Period 20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir III	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi- Weekly)
Ę	SUBTOTAL of Receipts This Page (optional)		100.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 82 (check only one) X 11a 11b 11c 12 13 14 15 16 11
,	Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any pers name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
	Full Name (Last, First, Middle Initial) Anna Ruth Birdwell		Date of Receipt
	Mailing Address 5450 Grundy Quarles H	12 31 YYYY 12009	
	City	State Zip Code	Transaction ID: PR1094221318513
	Bloomington Spring	TN 38545	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Nursing III	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	260.00	P/R Deduction (\$10.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) James Tucker		Date of Receipt
	Mailing Address P O Box 223		1 2 3 1 2 0 0 9
	City	State Zip Code	Transaction ID: PR1094222018513
	Carthage	TN 37030	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir II	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	260.00	P/R Deduction (\$10.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Gloria J Miller		Date of Receipt
	Mailing Address 12309 Corvus Road		12 31 2009
	City	State Zip Code	Transaction ID: PR1094222118513
	Raleigh	NC 27614	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	60.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir Operations I	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	540.00	P/R Deduction (\$20.00 Bi- Weekly)
Γ			100.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 82 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any pers name and address of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
Full Name (Last, First, Middle Initial) Lena Demiles		Date of Receipt
Mailing Address 12 Pevwell Drive		12 / 31 / 2009
City	State Zip Code MA 01906	Transaction ID: PR1094222318513
Saugus FEC ID number of contributing federal political committee.	MA 01906	Amount of Each Receipt this Period 25.00
Name of Employer Northeast Region	Occupation Dir Nursing II	
Receipt For: Primary General	Aggregate Year-to-Date ▼	D/D Dodustion (\$5.00 Wook
Other (specify) ▼	260.00	P/R Deduction (\$5.00 Week-ly)
Full Name (Last, First, Middle Initial) James N. Rogers		Date of Receipt
Mailing Address 1002 Stonehouse Ridg	e Road	12 / 31 / 2009
City	State Zip Code	Transaction ID: PR1094224318513
Bardstown	KY 40004	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 Clin Sys Dev	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	270.00	P/R Deduction (\$10.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Ronald D Long		Date of Receipt
Mailing Address 148 Cheyenne Road		12 31 7 9 9
City	State Zip Code	Transaction ID: PR1094224518513
Shelbyville	KY 40065	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	45.00
Name of Employer Kindred Healthcare Inc.	Occupation Adm Dir Contract Admin	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 405.00	P/R Deduction (\$15.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)		100.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	f	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 82 (check only one) X 11a
A 0	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may not e name and address	t be sold or used by any perso s of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
<u></u>	Full Name (Last, First, Middle Initial) Stephen F. Stoess			Date of Receipt
	Mailing Address 514 Locust Creek Blvc			12 31 7 2009
	City	State	Zip Code	Transaction ID: PR1094224618513
	Louisville FEC ID number of contributing federal political committee.	C	40245	Amount of Each Receipt this Period 70.20
	Name of Employer Kindred Healthcare Inc.	Occupation	ommunications	
	Receipt For:	Aggregate Yea		_
	Primary General Other (specify) ▼	Aggregate rea	631.80	P/R Deduction (\$23.40 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) James E. Bell	1		Date of Receipt
	Mailing Address 14213 Aiken Road			12 31 2009
	City	State	Zip Code	Transaction ID: PR1094225018513
	Louisville	KY	40245	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		45.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Div Re		
	Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 405.00	P/R Deduction (\$15.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Paul R. Eiseman			Date of Receipt
	Mailing Address 3714 Fringe Tree Plac	e		12 31 2009
	City	State	Zip Code	Transaction ID: PR1094225818513
	Louisville	KY	40241	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		45.00
	Name of Employer Kindred Healthcare Inc.	+	& Phys Rel-HD	
	Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 405.00	P/R Deduction (\$15.00 Bi- Weekly)
\lceil	SUBTOTAL of Receipts This Page (optional)	1		160.20

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 82 (check only one) X 11a 11b 11c 12 13 14 15 16
4	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any per- e name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
	Full Name (Last, First, Middle Initial) Catharine C Young		Date of Receipt
	Mailing Address 6303 Deep Creek Driv	re	12 31 2009
	City Prospect	State Zip Code KY 40059	Transaction ID: PR1094228018513 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	45.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP & Employment Counsel	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 405.00	P/R Deduction (\$15.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mary W Miller	1	Date of Receipt
	Mailing Address 3611 Glenfield Court		12 31 2009
	City	State Zip Code	Transaction ID: PR1094228418513
	Louisville	KY 40241	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Reg Dir Education-HSD	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	270.00	P/R Deduction (\$10.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Sharon Theresa McGuyer		Date of Receipt
	Mailing Address 22441 15Th Ave. So.		12 31 2009
	City	State Zip Code	Transaction ID: PR1094229018513
	Des Moines	WA 98198	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Nursing II	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Wee-kly)
	SUBTOTAL of Receipts This Page (optional) .		95.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 82 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address 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		
۷ A.	Full Name (Last, First, Middle Initial) Charles K. Currens		Date of Receipt
	Mailing Address 7801 McCarthy Lane City	State Zip Code	12 31 2009 2009
	Louisville	KY 40222	Transaction ID: PR1094229118513 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	60.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir IS Prod Svcs	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	P/R Deduction (\$20.00 Bi-Weekly)
ь В.	Full Name (Last, First, Middle Initial) Keith Krein		Date of Receipt
	Mailing Address 3227 North 88th Stre	12 31 2009	
	City	State Zip Code	Transaction ID: PR1094229818513
	Mesa	AZ 85207	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 & Chief Med Off-HSD	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	P/R Deduction (\$20.00 Bi- Weekly)
- C.	Full Name (Last, First, Middle Initial) Patricia M McGillan		Date of Receipt
	Mailing Address 510 Altagate Rd		12 31 YYYYY 2009
	City	State Zip Code	Transaction ID: PR1094229918513
	Louisville	KY 40206	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	90.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Pat Saf & Reg Compl-HD	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 810.00	P/R Deduction (\$30.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)		210.00
}		·	
L	TOTAL This Period (last page this line number	er only)	

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 82 (check only one) X 11a 11b 11c 12 13 14 15 16
, C	ny information copied from such Reports and r for commercial purposes, other than using th	Statements may not be sold or used by any perse name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
	Full Name (Last, First, Middle Initial) Barbara L Baylis		Date of Receipt
	Mailing Address 7212 Deer Ridge Roa		12 31 2009
	City Prospect	State Zip Code KY 40059	Transaction ID: PR1094230018513 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 Clin & Res Svcs-HSD	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Pete Kalmey		Date of Receipt
	Mailing Address 11230 Heron Bay Blv	12 31 2009	
	City	State Zip Code	Transaction ID: PR1094232018513
	Coral Springs	FL 33076	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 & CFO-East Reg-HD	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	270.00	P/R Deduction (\$10.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mary J Yesue		Date of Receipt
	Mailing Address P. O. Box 921		12 31 7 2009
	City	State Zip Code	Transaction ID: PR1094232118513
	York Harbor	ME 03911	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	45.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir Clin Ops	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 405.00	P/R Deduction (\$15.00 Bi-Weekly)
	SUBTOTAL of Receipts This Page (optional) .	•	135.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 82 (check only one) X 11a
,	ny information copied from such Reports and r for commercial purposes, other than using th	Statements may not be sold or used by any pe name and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
	Full Name (Last, First, Middle Initial) Janet L Worcester		Date of Receipt
	Mailing Address 24 Saratoga Avenue		12 31 2009
	City <u>Bangor</u>	State Zip Code ME 04401	Transaction ID: PR1094232218513 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir Clin Ops	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	P/R Deduction (\$10.00 Bi-Weekly)
_	Full Name (Last, First, Middle Initial) Bonnie Deyo	<u> </u>	Date of Receipt
	Mailing Address 259 Sweetwater		1 2 3 1 2 0 0 9
	City	State Zip Code	Transaction ID: PR1094233318513
	Lander FEC ID number of contributing federal political committee.	WY 82520	Amount of Each Receipt this Period 20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir I	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Wee-kly)
_	Full Name (Last, First, Middle Initial) Edward J Goddard	I.	Date of Receipt
	Mailing Address 32 Peters Lane		12 31 2009
	City Wrentham	State Zip Code MA 02093	Transaction ID: PR1094233518513
	FEC ID number of contributing federal political committee.	C 02093	Amount of Each Receipt this Period 60.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Labor Relations	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	P/R Deduction (\$20.00 Bi-Weekly)
Γ	SUBTOTAL of Receipts This Page (optional) .	ı	110.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 82 (check only one) X 11a
\ \	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e 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.
/	> Kindred Healthcare, Inc. PAC			
	Full Name (Last, First, Middle Initial) Jeffrey F Luckett			Date of Receipt
	Mailing Address 7701 Kendrick Crossir	ng Lane		12 31 2009
	City Louisville	State KY	Zip Code 40291	Transaction ID: PR1094234418513
	FEC ID number of contributing federal political committee.	C	40291	Amount of Each Receipt this Period 66.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Intern	n nal Audit-IS	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 594.00	P/R Deduction (\$22.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Janet Biedron			Date of Receipt
	Mailing Address 226 3rd Street			12 31 2009
	City	State	Zip Code	Transaction ID: PR1094234618513
	Dunellen	NJ	08812	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 Other (specify)	Aggregate	e Year-to-Date ▼ 270.00	P/R Deduction (\$10.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Peter D Corless	1		Date of Receipt
	Mailing Address 3308 Overlook Ridge I	Rd		12 31 2009
	City	State	Zip Code	Transaction ID: PR1094235218513
	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 Sr VP HF	n R & Admin-HSD	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 540.00	P/R Deduction (\$20.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)	1		156.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 82 (check only one) X 11a 11b 11c 12 13 14 15 16 1
A	Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements may not be sold or used by any peename and address of any political committee	erson for the purpose of soliciting contributions eto solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
	Full Name (Last, First, Middle Initial) Tamila Johnson-White		Date of Receipt
	Mailing Address 2615 Zhale Smith Rd.		12 31 7 2009
	City <u>LaGrange</u>	State Zip Code KY 40031	Transaction ID: PR1094235418513 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	60.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Case Mgmt-HSD	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	D/D Dadwatian (000 00 Di
	Other (specify)	540.00	P/R Deduction (\$20.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Lester Bohnert		Date of Receipt
	Mailing Address 2259 N. Pennsylvania	12 31 2009	
	City	State Zip Code	Transaction ID: PR1094235718513
	Indianapolis	IN 46205	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Regional VP Ops HSD	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	270.00	P/R Deduction (\$10.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Georgia Poole		Date of Receipt
	Mailing Address 49 Walnut Hill Road		12 31 2009
	City	State Zip Code	Transaction ID: PR1094236218513
	Shapleigh	ME 04076	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Nursing I	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$5.00 Week-ly)
Γ	SUBTOTAL of Receipts This Page (optional) .	1	115.00

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 82 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any per e name and address of any political committee	son for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)		
Kindred Healthcare, Inc. PAC		
Full Name (Last, First, Middle Initial) Douglas Roth		Date of Receipt
Mailing Address 9891 Heytesbery		12 / 31 / 2009
City	State Zip Code	Transaction ID: PR1094237318513
Sandy	UT 84092	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	120.00
Name of Employer Kindred Healthcare Inc.	Occupation VP Finance-Pacific RegHSD	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1080.00	P/R Deduction (\$40.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Barbara Johnson	I .	Date of Receipt
Mailing Address 8923 Bluff Lane		12 31 2009
City	State Zip Code	Transaction ID: PR1094238318513
Fair Oaks	CA 95628	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir Case Mgmt	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	270.00	P/R Deduction (\$10.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Henry F. Telfeian		Date of Receipt
Mailing Address 1247 Alvarado Road		12 31 2009
City	State Zip Code	Transaction ID: PR1094239818513
Berkeley	CA 94705	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer Kindred Healthcare Inc.	Occupation Labor Rel Counsel	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	270.00	P/R Deduction (\$10.00 Bi- Weekly)
CURTOTAL of Possints This Page (entional)		180.00

Γ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedul for each category of the Detailed Summary Pa	ge X 11a 11b 11c 12 13 14 15 16 17
	Any Information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC	atements may not be sold or used by a name and address of any political comm	ny person for the purpose of soliciting contributions mittee to solicit contributions from such committee.
∠ 4.	Full Name (Last, First, Middle Initial) Randall Fuller		Date of Receipt
	Mailing Address 3021 Forest Lake City	State Zip Code NV 89117	1 2 3 1 2 0 0 9 Transaction ID: PR1094240718513
	Las Vegas FEC ID number of contributing federal political committee.	NV 89117	Amount of Each Receipt this Period 20.00
	Name of Employer Kindred Healthcare Inc. Receipt For: Primary General Other (specify) ▼	Occupation Executive Dir I Aggregate Year-to-Date 260.	P/R Deduction (\$10.00 Wee-kly)
- 3.	Full Name (Last, First, Middle Initial) Douglas T Collins Mailing Address 3703 River Bluff Road		Date of Receipt
	City	State Zip Code	Transaction ID: PR1094241218513
	Prospect FEC ID number of contributing federal political committee.	KY 40059	Amount of Each Receipt this Period 60.00
	Name of Employer Kindred Healthcare Inc. Receipt For:	Occupation Dir Fin Sys-HSD Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	540.	P/R Deduction (\$20.00 Bi-Weekly)
-).	Full Name (Last, First, Middle Initial) Linda L Newberry-Ferguson Mailing Address 11310 Haleco Lane		Date of Receipt
	City	State Zip Code	Transaction ID: PR1094241918513
	Hales Corners FEC ID number of contributing federal political committee.	WI 53130	Amount of Each Receipt this Period 40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Exec Off II	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 520.	P/R Deduction (\$20.00 Bi-Weekly)
	SUBTOTAL of Receipts This Page (optional)		120.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52 / 82 (check only one) X 11a 11b 11c 12 13 14 15 16 11
A	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may not be sold or used by any perse name and address of any political committee t	son for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
	Full Name (Last, First, Middle Initial) Amanda G Estes		Date of Receipt
	Mailing Address 4211 Wine Cellar Cou	ırt	12 31 2009
	City	State Zip Code	Transaction ID: PR1094242318513
	Louisville FEC ID number of contributing federal political committee.	KY 40272	Amount of Each Receipt this Period 30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Mgr Internal Audit	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 270.00	P/R Deduction (\$10.00 Bi-Weekly)
. –	Full Name (Last, First, Middle Initial) Susan Cote		Date of Receipt
	Mailing Address 24 Adams Court		1 2 3 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: PR1094242418513
	Brewer	ME 04412	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Reg Dir Field Accting-HSD	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 270.00	P/R Deduction (\$10.00 Bi-Weekly)
_	Full Name (Last, First, Middle Initial) Wendy S Swisher	1	Date of Receipt
	Mailing Address 5012 Four Leaf Ct		12 31 2009
	City	State Zip Code	Transaction ID: PR1094242718513
	Greenville FEC ID number of contributing federal political committee.	IN 47124	Amount of Each Receipt this Period 30.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP HR & Leadership Dev	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 270.00	P/R Deduction (\$10.00 Bi-Weekly)
	CURTOTAL of Descipto This Bogs (entired)		90.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 82 (check only one) X
A	for commercial purposes, other than using the	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
۷.	Full Name (Last, First, Middle Initial) Elvin D. Alsaybar		Date of Receipt
	Mailing Address 742 White Rock Trail		12 31 2009
	City Suwanee	State Zip Code GA 30024	Transaction ID: PR1094242918513 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Reg Dir Field Accting-HSD	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	P/R Deduction (\$10.00 Bi- Weekly)
. –	Full Name (Last, First, Middle Initial) Diana Hanyak		Date of Receipt
	Mailing Address 17057 Rosebud Dr.		12 31 2009
	City	State Zip Code	Transaction ID: PR1094243418513
	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 Administrator II	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 390.00	P/R Deduction (\$15.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial)		
•	Philip L. Jones Mailing Address 702 Helmsdale Place	N.	Date of Receipt 1 2 3 1 2 0 0 9
	City	State Zip Code	Transaction ID: PR1094243518513
	Brentwood	TN 37027	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Fin Off I	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	P/R Deduction (\$20.00 Bi- Weekly)
Γ,	SUBTOTAL of Receipts This Page (optional) .	1	100.00

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and Si	for each o Detailed S	rate schedule(s) category of the Summary Page	FOR LINE NUMBER: PAGE 54 / 82 (check only one) X
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC	name and address of any p	or used by any person political committee to s	colicit contributions from such committee.
∠ 4.	Full Name (Last, First, Middle Initial) James Lee			Date of Receipt
	Mailing Address 880 Meridian Bay Lane	Apt#318		12 31 2009
	City	State Zip Cod	е	Transaction ID: PR1094245418513
	Foster City FEC ID number of contributing	CA 94404		Amount of Each Receipt this Period
	federal political committee.	C		20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir II		
	Receipt For:	Aggregate Year-to-Date	e ▼	
	Primary General Other (specify) ▼	0 0 0 0	260.00	P/R Deduction (\$10.00 Wee-kly)
- 3.	Full Name (Last, First, Middle Initial) Sandra J Whitley			Date of Receipt
	Mailing Address 5203 Brookswood Roa	12 31 2009		
	City	State Zip Cod	е	Transaction ID: PR1094245818513
	Crestwood	KY 40014		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Mgr Reimb		
	Receipt For:	Aggregate Year-to-Date	▼	
	Primary General Other (specify) ▼		270.00	P/R Deduction (\$10.00 Bi- Weekly)
-).	Full Name (Last, First, Middle Initial) Raymond J Sierpina			Date of Receipt
	Mailing Address 14 Westwind Road			12 31 2009
	City	State Zip Cod	e	Transaction ID: PR1094246618513
	Louisville	KY 40207		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		225.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Public Pol &Gov	rtAffair	
	Receipt For: Primary General	Aggregate Year-to-Date		P/R Deduction (\$75.00 Bi-
	Other (specify) ▼		1715.00	Weekly)
Γ				275.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	for each o	arate schedule(s) category of the Summary Page	FOR LINE NUMBER: PAGE 55 / 82 (check only one) X 11a 11b 11c 12 13 14 15 16
A	Any information copied from such Reports and or for commercial purposes, other than using the	statements may not be sold name and address of any	or used by any persor political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
<u>_</u>	Full Name (Last, First, Middle Initial) Steven Tanner			Date of Receipt
	Mailing Address 1059 Mt Vernon Dr			12 31 7 2009
	City <u>Greenwood</u>	State Zip Coo IN 46142	le	Transaction ID: PR1094246818513 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir III		-
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	520.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mark A Bush			Date of Receipt
	Mailing Address 8200 Adams Run Roa	d		12 31 2009
	City	State Zip Coo	le	Transaction ID: PR1094247118513
	Louisville	KY 40228		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		45.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Fin Business De	eV	
	Receipt For:	Aggregate Year-to-Date	e ▼	
	Primary General Other (specify) ▼	0 0 0 0	405.00	P/R Deduction (\$15.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Thomas Wood			Date of Receipt
	Mailing Address 2949 Glascock Street			1 2 3 1 2 0 0 9
	City	State Zip Coo	le	Transaction ID: PR1094247218513
	Oakland	CA 94601		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		195.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dist Dir Operatio		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	1755.00	P/R Deduction (\$65.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional) .	•		280.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 56/82 (check only one) X
Any information copied from such Reports at or for commercial purposes, other than using	nd Statements may	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC	,	, p	
Full Name (Last, First, Middle Initial) Gwynn Rucker			Date of Receipt
Mailing Address 15106 59th Place N	NE		M M / D D / Y Y Y Y
City	State	Zip Code	1 2 3 1 2 0 0 9 Transaction ID: PR1094247818513
Kenmore	WA	98028	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		75.00
Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir (n Operations I	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 675.00	P/R Deduction (\$25.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Loretta Crane			Date of Receipt
Mailing Address 11685 Casper Roa	12 31 YYYYY 12 31 2009		
City Sandy	State UT	Zip Code 84092	Transaction ID: PR1094248518513 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir (
Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼		260.00	P/R Deduction (\$10.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Kristie A Frock			Date of Receipt
Mailing Address 14714 East Redcoa	at Road		12 31 2009
City	State	Zip Code	Transaction ID: PR1094249518513
Nevada	MO	64772	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		45.00
Name of Employer Kindred Healthcare Inc.		Util Compl	
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	D/D Deduction (#45.00 B)
Other (specify)		405.00	P/R Deduction (\$15.00 Bi- Weekly)
			140.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separat for each cat Detailed Sur		FOR LINE NUMBER: PAGE 57 / 82 (check only one) X 11a
A OI	ny information copied from such Reports and for commercial purposes, other than using the	Statements may not be sold or e name and address of any pol	used by any person itical committee to s	for the purpose of soliciting contributions olicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
	Full Name (Last, First, Middle Initial) Sharon J Spittle			Date of Receipt
	Mailing Address 26 Estes Street			12 31 2009
	City Ipswich	State Zip Code MA 01938		Transaction ID: PR1094250018513
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 50.00
	Name of Employer Kindred Healthcare Inc.	Occupation Area Executive Dir		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	520.00	P/R Deduction (\$10.00 Wee-kly)
_	Full Name (Last, First, Middle Initial) Mary Kathleen Owens			Date of Receipt
	Mailing Address 12667 S. Bear Meado	1 2 3 1 2 0 0 9		
	City	State Zip Code		Transaction ID: PR1094250418513
	Draper	UT 84020		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 Ops-Pac Reg	-HSD	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	270.00	P/R Deduction (\$10.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Benjamin A Breier			Date of Receipt
	Mailing Address 5400 Farm Ridge Lar	ne		12 31 2009
	City	State Zip Code		Transaction ID: PR1094250918513
	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 Exec VP & President-	HD	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	540.00	P/R Deduction (\$20.00 Bi- Weekly)
Г	SUBTOTAL of Receipts This Page (optional)	1		140.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	•	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	y not be sold or used by any persedress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		areas of any political committee of	
Full Name (Last, First, Middle Initial) Peter J Adamo			Date of Receipt
Mailing Address 5105 Muirfield Dr			M M / D D / Y Y Y Y
City	State	Zip Code	1 2 3 1 2 0 0 9 Transaction ID: PR1105504518513
Pepper Pike	OH	44124	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer Kindred Healthcare Inc.	Occupatio Executive	n e Director I	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Michael L. Moody			Date of Receipt
Mailing Address 114 Kinwood Court			12 31 2009
City	State	Zip Code	Transaction ID: PR1135243718513
Hendersonville FEC ID number of contributing	TN	37075	Amount of Each Receipt this Period
federal political committee.	C		20.00
Name of Employer Kindred Healthcare Inc.	Occupatio Chief Ex		
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
Other (specify) ▼		260.00	P/R Deduction (\$10.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Kathleen C Paradowski			Date of Receipt
Mailing Address P.O. Box 1332			12 31 2009
City	State	Zip Code	Transaction ID: PR1135243818513
Crestwood	KY	40014	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer Kindred Healthcare Inc.	Occupatio Clin Info	n rmaticist CnsIt	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		270.00	P/R Deduction (\$10.00 Bi- Weekly)
			70.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59 / 82 (check only one) X 11a 11b 11c 12 13 14 15 16 1
4	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any perse name and address of any political committee to	son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
	Full Name (Last, First, Middle Initial) Debra Degroot-Toth		Date of Receipt
	Mailing Address 705 Deer Trace		12 31 7 2009
	City Bloomington	State Zip Code IN 47401	Transaction ID: PR1135244518513 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Rehab Mgr-OT	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)
_	Full Name (Last, First, Middle Initial) Steve Ross		Date of Receipt
	Mailing Address 35069 Roberts Lane		12 31 2009
	City	State Zip Code	Transaction ID: PR1135252618513
	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.	Occupation Executive Dir I	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	P/R Deduction (\$20.00 Wee-kly)
_	Full Name (Last, First, Middle Initial) Ronald G. Cadwell		Date of Receipt
	Mailing Address 3829 Belmont Ave.		12 31 2009
	City	State Zip Code	Transaction ID: PR1135280718513
	San Diego FEC ID number of contributing federal political committee.	CA 92116	Amount of Each Receipt this Period 20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir II	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Wee-kly)
	SUBTOTAL of Receipts This Page (optional)	1	80.00

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule for each category of the Detailed Summary Pagestements may not be seld or used by as	ge X 11a 11b 11c 12 13 14 15 16 17
7	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC	name and address of any political comn	ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
∠ 4 .	Full Name (Last, First, Middle Initial) Josephine Litzenberger Mailing Address 11401 Dr. M.L.K. Jr. S	treet N.	Date of Receipt
	Apt 1201 City	State Zip Code	1 2 3 1 2 0 0 9 Transaction ID: PR1135286918513
	St Petersburg FEC ID number of contributing	FL 33716	Amount of Each Receipt this Period 54.00
	rederal political committee. Name of Employer Kindred Healthcare Inc. Receipt For: Primary General Other (specify) ▼	Occupation Sr Dir Managed Care Aggregate Year-to-Date ▼	P/R Deduction (\$18.00 Bi-Weekly)
3.	Full Name (Last, First, Middle Initial) Brian Rougeux Mailing Address 39 Saint Raphael		Date of Receipt 1 2 3 1 2 0 0 9
	City	State Zip Code	Transaction ID: PR1135287418513
	Laguna Niguel FEC ID number of contributing federal political committee.	CA 92677	Amount of Each Receipt this Period 30.00
	Name of Employer Kindred Healthcare Inc. Receipt For:	Occupation Dist Dir Operations I Aggregate Year-to-Date	
	Primary General Other (specify)	Aggregate Year-to-Date ¥	P/R Deduction (\$10.00 Bi- Weekly)
- :.	Full Name (Last, First, Middle Initial) Gregory T Hayden Mailing Address 7207 Trail Ridge Court		Date of Receipt 1 2 3 1 2 0 0 9
	City	State Zip Code	Transaction ID: PR1150400118513
	Louisville FEC ID number of contributing federal political committee.	KY 40241	Amount of Each Receipt this Period 45.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir State Tax	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	P/R Deduction (\$15.00 Bi- Weekly)
Γ	SUBTOTAL of Receipts This Page (optional)		129.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 61 / 82 (check only one) X
A	ny information copied from such Reports and $\$$ for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
. <u>/</u>	Full Name (Last, First, Middle Initial) Julie A Viers			Date of Receipt
	Mailing Address 9508 Corinthian Dr			12 31 2009
	City Louisville	State KY	Zip Code 40299	Transaction ID: PR1150400518513
	FEC ID number of contributing federal political committee.	C	40299	Amount of Each Receipt this Period 30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Fir	n n Reporting	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	P/R Deduction (\$10.00 Bi- Weekly)
. –	Full Name (Last, First, Middle Initial) Rachael L Parker			Date of Receipt
	Mailing Address 70 Birch Ridge Rd			12 31 2009
	City	State	Zip Code	Transaction ID: PR1150411118513
	Westford	<u>VT</u>	05494	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 520.00	P/R Deduction (\$10.00 Wee-kly)
	Full Name (Last, First, Middle Initial) Barbara Hutchison			Date of Receipt
	Mailing Address 1708 Cherrywood Wa	у		12 31 2009
	City	State	Zip Code	Transaction ID: PR1158557818513
	Lodi	CA	95240	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Wee-kly)
Γ,	SUBTOTAL of Receipts This Page (optional)			100.00

ITE	HEDULE A (FEC Form 3X) EMIZED RECEIPTS information copied from such Reports and St	for e Deta	separate schedule(s) ach category of the iled Summary Page	FOR LINE NUMBER: PAGE 62 / 82 (check only one) X
or fo	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC	name and address of	any political committee to	solicit contributions from such committee.
۱ا	Full Name (Last, First, Middle Initial) Pamela M Bresee			Date of Receipt
N	Mailing Address 4155 SW 192nd Avenu	12 31 2009		
	City Aloha		Code 007	Transaction ID: PR1227852418513 Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		45.00
_	Name of Employer Kindred Healthcare Inc.	Occupation Reg Financial A	ına	
F	Receipt For: Primary General Other (specify)	Aggregate Year-to	-Date ▼ 405.00	P/R Deduction (\$15.00 Bi- Weekly)
. .	Full Name (Last, First, Middle Initial) Nolan L Hoffer Mailing Address 757 W Hartack			Date of Receipt
-	City	State Zip	Cada	12 31 2009
	Meridian		Code 642	Transaction ID: PR1227853418513 Amount of Each Receipt this Period
- F	FEC ID number of contributing ederal political committee.	С		30.00
_	Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir II		
ŀ	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to	-Date ▼ 270.00	P/R Deduction (\$10.00 Bi- Weekly)
:. <u>l</u>	Full Name (Last, First, Middle Initial) Larry Livengood			Date of Receipt
-	Mailing Address 1219 Pilot Lane			12 31 4 2009
	City Galveston		Code	Transaction ID: PR1267996718513
F	EC ID number of contributing ederal political committee.	C	554	Amount of Each Receipt this Period 30.00
_	Name of Employer Kindred Healthcare Inc.	Occupation District Director	HR	
F	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to	-Date ▼ 270.00	P/R Deduction (\$10.00 Bi- Weekly)
SU	BTOTAL of Receipts This Page (optional)			105.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 63 / 82 (check only one) X 11a 11b 11c 12 13 14 15 16 1
4	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any per- e name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
	Full Name (Last, First, Middle Initial) Russell D Ragland		Date of Receipt
	Mailing Address 9902 Palace Green V	Vay	12 31 2009
	City <u>Vienna</u>	State Zip Code VA 22181	Transaction ID: PR1267998118513 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	150.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP Fin-HSD	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1350.00	P/R Deduction (\$50.00 Bi-Weekly)
_	Full Name (Last, First, Middle Initial) Catherine Nurmela		Date of Receipt
	Mailing Address 1409 W. Elmdale		12 31 2009
	City	State Zip Code	Transaction ID: PR1267998418513
	Chicago FEC ID number of contributing federal political committee.	IL 60660	Amount of Each Receipt this Period 30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Clinical Off II	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	P/R Deduction (\$15.00 Bi-Weekly)
_	Full Name (Last, First, Middle Initial) Donna Sroczynski	L	Date of Receipt
	Mailing Address 399 Fountain Drive		1 2 3 1 2 0 0 9
	City Elgin	State Zip Code IL 60124	Transaction ID: PR1281185318513
	FEC ID number of contributing federal political committee.	C 60124	Amount of Each Receipt this Period 60.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Clin Ops-CentralRegHSD	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	P/R Deduction (\$20.00 Bi-Weekly)
Γ	SUBTOTAL of Receipts This Page (optional)	1	240.00

ITI	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS y information copied from such Reports and S	itatamente ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 64 / 82 (check only one) X 11a
or f	or commercial purposes, other than using the NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC	name and add	dress of any political committee to	os solicit contributions from such committee.
۹.	Full Name (Last, First, Middle Initial) Diane L. Otteman Mailing Address 40 East Cedar Apt. #21A			Date of Receipt 1 2 3 1 2 0 0 9
	City	State	Zip Code	Transaction ID: PR1300206418513
	Chicago	<u>IL</u>	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 Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00	P/R Deduction (\$15.00 Bi- Weekly)
 3.	Full Name (Last, First, Middle Initial) Jane Mathews			Date of Receipt
	Mailing Address 464 E. Cynthia Way			12 31 2009
	City	State	Zip Code	Transaction ID: PR1300207318513
	North Salt Lake FEC ID number of contributing federal political committee.	C	84054	Amount of Each Receipt this Period 30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Reg Dir H		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	P/R Deduction (\$10.00 Bi- Weekly)
).	Full Name (Last, First, Middle Initial) Rita D Simmons			Date of Receipt
	Mailing Address 200 Franck Avenue			12 31 2009
	City	State	Zip Code	Transaction ID: PR1333437018513
	Louisville FEC ID number of contributing federal political committee.	C	40206	Amount of Each Receipt this Period 48.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Op	n os Risk Mgmt	
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 432.00	P/R Deduction (\$16.00 Bi-Weekly)
ei ei	JBTOTAL of Receipts This Page (optional)			108.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 65 / 82 (check only one) X 11a
A 0	ny information copied from such Reports and strong for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personal part of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Kindred Healthcare, Inc. PAC		
۱.	Full Name (Last, First, Middle Initial) Bobby G. Muse Jr. Mailing Address 4514 Oak Pointe Driv		Date of Receipt
			12 31 2009
	City Louisville	State Zip Code KY 40245	Transaction ID: PR1333437118513 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 Rec Mgmt & Bus Contin	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	P/R Deduction (\$10.00 Bi- Weekly)
-	Full Name (Last, First, Middle Initial) Mark D. Johnson	1	Date of Receipt
	Mailing Address 3011 Springcrest Driv	e	12 31 2009
	City	State Zip Code	Transaction ID: PR1336786718513
	Louisville FEC ID number of contributing federal political committee.	KY 40241	Amount of Each Receipt this Period 45.00
	Name of Employer Kindred Healthcare Inc.	Occupation Mgr Desktop Supp	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 405.00	P/R Deduction (\$15.00 Bi-Weekly)
_	Full Name (Last, First, Middle Initial) Ann Bumb		Date of Receipt
	Mailing Address 9301 S. Mitthoeffer Ro	oad	1 2 3 1 2 0 0 9
	City Indianapolis	State Zip Code IN 46259	Transaction ID: PR1336786918513
	FEC ID number of contributing federal political committee.	C 40239	Amount of Each Receipt this Period 30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Quality Mgmt	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	P/R Deduction (\$15.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional) .		105.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 66 / 82 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
Full Name (Last, First, Middle Initial) Patrick Herm		Date of Receipt
Mailing Address 1910 Woodfield Road		12 31 2009
City Louisville	State Zip Code KY 40220	Transaction ID: PR1336787118513 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	45.00
Name of Employer Kindred Healthcare Inc	Occupation Reg Financial Ana	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 405.00	P/R Deduction (\$15.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) Lisa J Schmidt		Date of Receipt
Mailing Address 7840 Broad Run Road		1 2 3 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: PR1346288218513
Louisville	KY 40291	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer Kindred Healthcare Inc.	Occupation Mgr Fin Sys Dev	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 270.00	P/R Deduction (\$10.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Julieta C Morton		Date of Receipt
Mailing Address 5105 Deerchase Tr		12 31 7 9 9
City Wake Forest	State Zip Code NC 27587	Transaction ID: PR1355829318513 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Kindred Healthcare Inc.	Occupation Rehab Mgr-PT	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)		95.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 67 / 82 (check only one) X 11a 11b 11c 12 13 14 15 16 1
7	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persename and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
	Full Name (Last, First, Middle Initial) Ross A Johnson		Date of Receipt
	Mailing Address 5221 Moccasin Trail		12 31 2009
	City Louisville	State Zip Code KY 40207	Transaction ID: PR1359729018513 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	75.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Recruiting-PRS	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 675.00	P/R Deduction (\$25.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Steven M Ager		Date of Receipt
	Mailing Address 310 McCready Avenu	е	12 31 2009
	City	State Zip Code	Transaction ID: PR1394176918513
	Louisville FEC ID number of contributing federal political committee.	KY 40206	Amount of Each Receipt this Period 30.00
	Name of Employer Kindred Healthcare Inc.	Occupation	
	Receipt For:	VP Business Dev-HSD Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	270.00	P/R Deduction (\$10.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) James C Hansen		Date of Receipt
	Mailing Address 1944 South 275 East		12 31 2009
	City	State Zip Code	Transaction ID: PR1394177118513
	Clearfield FEC ID number of contributing	UT 84015	Amount of Each Receipt this Period
	federal political committee.	C	45.00
	Name of Employer Kindred Healthcare Inc.	Occupation Reg Mgr Operation Reimb	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 405.00	P/R Deduction (\$15.00 Bi-Weekly)
	SUBTOTAL of Receipts This Page (optional) .	•	150.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 68 / 82 (check only one) X 11a 11b 11c 12 13 14 15 16 1
,	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any per e name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
	Full Name (Last, First, Middle Initial) Mary D Van De Kamp		Date of Receipt
	Mailing Address 251 Arbor Lane		12 31 7 2009
	City <u>Green Bay</u>	State Zip Code WI 54301	Transaction ID: PR1408953118513 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	45.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP Clinical Ops-PRS	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 405.00	P/R Deduction (\$15.00 Bi-Weekly)
_	Full Name (Last, First, Middle Initial) Pamela A. Justice	<u> </u>	Date of Receipt
	Mailing Address 5912 Mercury Dr		12 31 2009
	City	State Zip Code	Transaction ID: PR1408953218513
	Louisville FEC ID number of contributing	KY 40291	Amount of Each Receipt this Period
	federal political committee.	C	60.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Fin Sys Dev	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	540.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Meta Bonfadini		Date of Receipt
	Mailing Address 2717 Henderson Rd		1 2 3 1 2 0 0 9
	City	State Zip Code	Transaction ID: PR1408954018513
	Redding	CA 96002	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Nursing II	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Wee-kly)
	SUBTOTAL of Receipts This Page (optional)	•	125.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 69 / 82 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may not be sold or used by any perso the name and address 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) Deborah A Foushee		Date of Receipt
Mailing Address 1106 Indiana Ave.		12 31 7 2009
City <u>New Albany</u>	State Zip Code IN 47150	Transaction ID: PR1425258818513 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	48.00
Name of Employer Kindred Healthcare Inc.	Occupation State Dir of Risk Mgmt	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 432.00	P/R Deduction (\$16.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Thomas Sullivan		Date of Receipt
Mailing Address 467 Mendon Road		1 2 3 1 2 0 0 9
City	State Zip Code	Transaction ID: PR1493281118513
Northbridge	MA 01534	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer Kindred Healthcare	Occupation Area Executive Dir	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00	P/R Deduction (\$10.00 Wee-kly)
Full Name (Last, First, Middle Initial) David Hicks		Date of Receipt
Mailing Address 5403 Rosalind Ave.		12
City <u>El Cerrito</u>	State Zip Code CA 94530	Transaction ID: PR1503295718513
FEC ID number of contributing federal political committee.	CA 94550	Amount of Each Receipt this Period 20.00
Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir III	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional	J)	108.00
TOTAL This Period (last page this line num	,	-

ITEMIZED R		tomonto mo	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 70 / 82 (check only one) X 11a
or for commercial p	incomments and state of the property and sta	ame and ado	riot be sold of used by any pers lress of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last Katherine W Gild Mailing Address				Date of Receipt
City Prospect		State KY	Zip Code 40059	1 2 3 1 2 0 0 9 Transaction ID: PR1524244418513 Amount of Each Receipt this Period
FEC ID number federal political of Name of Employ	committee.	C		60.00
Name of Employ Kindred Healthd Receipt For: Primary Other (spe	General	Sr VP Fir	rance-PRS Year-to-Date ▼ 540.00	P/R Deduction (\$20.00 Bi-Weekly)
Juanita D Bleven	, First, Middle Initial) s 1712 Penile Road			Date of Receipt 1 2 3 1 2 2 0 0 9
City		State	Zip Code	Transaction ID: PR1541444218513
Louisville FEC ID number federal political of		C	40272	Amount of Each Receipt this Period 30.00
Name of Employ Kindred Healthd Receipt For:	ver are Inc.		n alty Insurance Year-to-Date V	
Primary Other (spe	General ecify) ▼	Aggregate	270.00	P/R Deduction (\$10.00 Bi- Weekly)
Full Name (Last George H Schae Mailing Address				Date of Receipt 1 2 3 1 2 0 0 9
City		State	Zip Code	Transaction ID: PR1541444318513
Columbus FEC ID number federal political		ОН	43230	Amount of Each Receipt this Period 60.00
Name of Employ Kindred Healthd	ver are Inc.	Occupation VP Sales	& Marketing-HSD	
Receipt For: Primary Other (spe	General ecify) ▼	Aggregate	Year-to-Date ▼ 540.00	P/R Deduction (\$20.00 Bi- Weekly)
SUBTOTAL of Re	ceipts This Page (optional)			150.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 71 / 82 (check only one) X 11a 11b 11c 12 13 14 15 16
A C	Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements may not be sold or used by any pere name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
<u>, </u>	Full Name (Last, First, Middle Initial) Linda Larson		Date of Receipt
	Mailing Address 30021 51st Court S		12 31 7 2009
	City <u>Auburn</u>	State Zip Code WA 98001	Transaction ID: PR1559851918513 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 Dir II	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	P/R Deduction (\$20.00 Wee-kly)
_	Full Name (Last, First, Middle Initial) Suzanne J Petrimoulx		Date of Receipt
	Mailing Address 23499 Greenleaf Blvd		1 2 3 1 2 0 0 9
	City	State Zip Code	Transaction ID: PR1570565018513
	Elkhart	IN 46514	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	45.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir HR	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	405.00	P/R Deduction (\$15.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Cassandra Rocke		Date of Receipt
	Mailing Address 13449 Marion Street		12 31 2009
	City	State Zip Code	Transaction ID: PR1582894118513
	Thornton	CO 80241	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir Operations I	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	P/R Deduction (\$10.00 Bi-Weekly)
Γ	SUBTOTAL of Receipts This Page (optional) .	1	115.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 72 / 82 (check only one) X
4	r for commercial purposes, other than using the	statements may not be sold or used by any person name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
	Full Name (Last, First, Middle Initial) Ken Moyer		Date of Receipt
	Mailing Address 6778 Dent Bridge Roa	d	12 / 31 / 2009
	City	State Zip Code	Transaction ID: PR1582894218513
	Orofino	ID 83544	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Area Mgr Maint	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	260.00	P/R Deduction (\$10.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Christopher Murphy	<u> </u>	Date of Receipt
	Mailing Address 17108 Deercrossing T	12 31 YYYYY 2009	
	City	State Zip Code	Transaction ID: PR1582894518513
	Fisherville	KY 40023	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-Central Reg-HSD	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	440.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mark Guth	Date of Receipt	
	Mailing Address 28746 Little Big Horn I	Drive	12 31 YYYYY 12 31 2009
	City	State Zip Code	Transaction ID: PR1604601518513
	Evergreen	CO 80439	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	45.00
	Name of Employer Kindred Healthcare Inc.	Occupation Reg Dir Sales & MktingHSD	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	405.00	P/R Deduction (\$15.00 Bi- Weekly)
	CURTOTAL of Descirte This Dags (entional)		125.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 73 / 82 (check only one) X
\ \	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\ A .	Full Name (Last, First, Middle Initial) Marilyn Weaver Mailing Address 1700 Penile Rd		Date of Receipt
	City Valley Station	State Zip Code KY 40272	Transaction ID: PR1618127218513 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer Kindred Healthcare Receipt For:	Occupation Adm Mgr Leased Prop Aggregate Year-to-Date	30.00
	Primary General Other (specify) ▼	270.00	P/R Deduction (\$10.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Mary Jane Dailey Mailing Address 10411 Loving Trail Driv	/e	Date of Receipt 1 2 3 1 2 0 0 9
	City	State Zip Code	Transaction ID: PR1618127518513
	Frisco	TX 75035	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	300.00
	Name of Employer Kindred Healthcare, Inc.	Occupation VP & CCO-East Reg-HD	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2700.00	P/R Deduction (\$100.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Linda E Bowen		Date of Receipt
	Mailing Address 650 Garden Road		12 31 2009
	City	State Zip Code	Transaction ID: PR1618128518513
	Zanesville FEC ID number of contributing federal political committee.	OH 43701	Amount of Each Receipt this Period 30.00
	Name of Employer Kindred Healthcare	Occupation Sr Dir Clin Srvcs-H&HH	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	P/R Deduction (\$10.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)		360.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 74 / 82 (check only one) X 11a 11b 11c 12 13 14 15 16
,	any information copied from such Reports and sor for commercial purposes, other than using the	Statements may not be sold or used by any pre e name and address of any political committe	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
	Full Name (Last, First, Middle Initial) Michael Lawson		Date of Receipt
	Mailing Address 2385 Nutwood Place		12 31 7 2009
	City <u>Manteca</u>	State Zip Code CA 95336	Transaction ID: PR1618128718513 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	70.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Exec Off III	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 910.00	P/R Deduction (\$35.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Jeanna R. Conder	Date of Receipt	
	Mailing Address 707 Quisenberry Lane		12 31 2009
	City	State Zip Code	Transaction ID: PR1618128918513
	Winchester FEC ID number of contributing	KY 40391	Amount of Each Receipt this Period 20.00
	federal political committee.		
	Name of Employer Kindred Healthcare	Occupation Rehab Clin Cnslt-PRS	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	260.00	P/R Deduction (\$10.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) John Williams		Date of Receipt
	Mailing Address 7400 So. State St. #4.	208	12 31 2009
	City	State Zip Code	Transaction ID: PR1618129018513
	Midvale FEC ID number of contributing	UT 84047	Amount of Each Receipt this Period
	federal political committee.	C	30.00
	Name of Employer Kindred Healthcare	Occupation Executive Dir II	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	P/R Deduction (\$10.00 Bi-Weekly)
	SUBTOTAL of Receipts This Page (optional) .	1	120.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 75 / 82 (check only one) X 11a 11b 11c 12 13 14 15 16 11
, c	r for commercial purposes, other than using th	Statements may not be sold or used by any pers e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
۷.	Full Name (Last, First, Middle Initial) Kevin Prisco		Date of Receipt
	Mailing Address 253 Laurel Brook Driv		12 31 2009
	City Guilford	State Zip Code CT 06437	Transaction ID: PR1622380018513 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer Kindred Healthcare	Occupation Dist Dir Operations I	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	P/R Deduction (\$10.00 Bi- Weekly)
. –	Full Name (Last, First, Middle Initial) Darrin Hull		Date of Receipt
	Mailing Address 277 Bark River Court		12 31 2009
	City	State Zip Code	Transaction ID: PR1622380118513
	<u>Delafield</u>	WI 53018	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	60.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir Operations II	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	540.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Susan D. Rose		Date of Receipt
	Mailing Address 3402 Acacia Avenue		12 31 2009
	City	State Zip Code	Transaction ID: PR1622380218513
	Shepherdsville	KY 40165	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	45.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Internal Audit	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 405.00	P/R Deduction (\$15.00 Bi- Weekly)
	CURTOTAL of Descints This Dave (autisms)		135.00

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В.

PAGE 76 / 82 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 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) Date of Receipt Karen O Moore Mailing Address 40 Main Street 12 3 1 2009 1st FLoor City State Zip Code Transaction ID: PR1622380318513 Shelburne Falls MA 01370 Amount of Each Receipt this Period FEC ID number of contributing 40.00 C federal political committee. Name of Employer Kindred Healthcare Inc. Occupation Chief Exec Off III Receipt For: Aggregate Year-to-Date General Primary P/R Deduction (\$10.00 Wee-520.00 Other (specify) Full Name (Last, First, Middle Initial) Robert Groezinger Date of Receipt Mailing Address 25537 Jane Street 3 1 2009 City State Zip Code Transaction ID: PR1668092318513 San Bernardino CA 92404 Amount of Each Receipt this Period FEC ID number of contributing C 45.00 federal political committee. Name of Employer Kindred Healthcare Inc. Occupation Area Mgr Maint Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$15.00 Bi-375.00

SUBTOTAL of Receipts This Page (optional)	•	85.00
TOTAL This Period (last page this line number only)	•	17129.50

Other (specify)

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SCHEDULE B (FEC Form 3X)		Use separate schedule(s)				IE NUMBER: PAGE 77 / 82														
TEMIZED DISBURSEMENTS		category of the Summary Page		(check only 21b			22 28a	X	23 28b	24	F	25 29		26 30b						
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Kindred Healthcare, Inc. PAC																				
Full Name (Last, First, Middle Initial) Portman For Senate Committee										Transaction ID: 32677545 Date of Disbursement										
Mailing Address 8331 Little Harbor Drive						$\begin{array}{c ccccccccccccccccccccccccccccccccccc$														
City Cincinnati	State OH	Zip Code 45244					Amou	nt o	f Each	Disburs	emer	nt this	Perio	od						
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Harry Teague For Congress								Date of Disbursement												
Mailing Address PO Box 5153	ailing Address PO Box 5153							12 14 2009												
City Hobbs	State NM	Zip Code 88241					Amou	nt o	f Each	Disburs				od						
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Mailing Address 650 Fox Trails Way							1 ^M 2	М .	1	^D /	Y 2	ÓÓ	9 ^Y							
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Full Name (Last, First, Middle Initial)			Transaction ID: 32677733		
Arcuri For Congress			Date of Disbursement		
Mailing Address P.O. Box 8508			12 M / D 14 / Y 2009		
City Utica	State Zip Code NY 13505		Amount of Each Disbursement this Period		
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State: NY District: 24			Transaction ID: 32677977		
Full Name (Last, First, Middle Initial) Friends Of Congressman George Miller					
Mailing Address P.O. Box 5864			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$		
City Concord	State Zip Code CA 94524		Amount of Each Disbursement this Perio		
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Earl Pomeroy For Congress			Transaction ID: 32678223 Date of Disbursement		
Mailing Address P.O. Box 9336			12 14 7 2009		
City Fargo	State Zip Code ND 58106		Amount of Each Disbursement this Perio		
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	Mailing Address 555 Capitol	Mall Suite 14	25					1 ^M 2	M /	^D 1	^D 4	Y	žoós) Y
	City Sacramento		State CA	Zip Code 95814				Amou	int of	Each	Disbu		nt this F	
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NAME OF COMMITTEE (In Full)														
/ Kindred Healthcare, Inc. PAC														
Full Name (Last, First, Middle Initial) People For Patty Murray						Trans				3269 ment	201	3		
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City Seattle	State Zip Code WA 98124				Amount of Each Disbursement this Period									iod
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Full Name (Last, First, Middle Initial) Bennet For Colorado						Trans Date		-		3269 ment	232	:0		
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Suite 425 City Denver	State Zip Code CO 80202					Amount of Each Disbursement this Period								iod
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Kindred Healthcare, Ir											
Full Name (Last, First, Mic	ddle Initial)					Transactio	on ID: 3281	3082			
Federation of America	n Hospitals PAC					M M	sbursement	Ý ŽOĎ	Y		
Suite	Pennsylvania Aven 245					1 2 1	21	200	9		
City Washington		State DC	Zip Code 20004			Amount of	Each Disburs				
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\rangle	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC				
	Full Name (Last, First, Middle Initial) Strickland For Governor Mailing Address 65 East State Str Suite 1800	eet			Transaction ID: 32678294 Date of Disbursement 12
	City Columbus Purpose of Disbursement Ted Strickland, GOVERNOR OH		ip Code I3215	011	Amount of Each Disbursement this Period 1000.00
	Candidate Name Gov. Ted Strickland		\	Category/ Type	
	Office Sought: Senate President State: District:	Disbursement For: X Primary Other (specify	2010 General /) ▼		Ted Strickland, GOVERNOR OH

SUBTOTAL of Disbursements This Page (optional)	•	1000.00
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