

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 680 S. Fourth St.
 Check if different than previously reported. (ACC)
Louisville KY 40202

2. **FEC IDENTIFICATION NUMBER** C00242271
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

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

5. Covering Period 06 01 2011 through 06 30 2011

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

Type or Print Name of Treasurer Hank Robinson

Signature of Treasurer Electronically Filed by Hank Robinson Date 07 19 2011

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

| | | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|--|
| Office Use Only | | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|--|

FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Kindred Healthcare, Inc. PAC

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 6 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 1 |

 To:

| | |
|---|---|
| M | M |
| 0 | 6 |

| | |
|---|---|
| D | D |
| 3 | 0 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 1 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date | | | | | | | | |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|----------|
| 6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table> | X | Y | Y | Y | 2 | 0 | 1 | 1 | | 71255.22 |
| X | Y | Y | Y | | | | | | | |
| 2 | 0 | 1 | 1 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 59464.22 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 9686.50 | 65395.50 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 69150.72 | 136650.72 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 12000.00 | 79500.00 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 57150.72 | 57150.72 | | | | | | | | |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
Kindred Healthcare, Inc. PAC

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 6 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 1 |

 To:

| | |
|---|---|
| M | M |
| 0 | 6 |

| | |
|---|---|
| D | D |
| 3 | 0 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 1 |

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A) | 6043.00 | 25775.80 |
| (ii) Unitemized | 3643.50 | 37619.70 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 9686.50 | 63395.50 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | 9686.50 | 63395.50 |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 2000.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfer (add 18(a) and 18(b)). | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 9686.50 | 65395.50 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 9686.50 | 65395.50 |

| 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) | | |
| (i) Federal Share..... | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures..... | 0.00 | 0.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶ | 0.00 | 0.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees..... and Other Political Committees..... | 11000.00 | 78500.00 |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 0.00 | 0.00 |
| 29. Other Disbursements..... | 1000.00 | 1000.00 |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | |
| (a) Shared Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | 12000.00 | 79500.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 12000.00 | 79500.00 |

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3) | 9686.50 | 63395.50 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 9686.50 | 63395.50 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 0.00 | 0.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 0.00 | 0.00 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 / 35 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

| | | |
|-----------|--|---|
| A. | Full Name (Last, First, Middle Initial) Teresa S Anderson | Date of Receipt MM / DD / YYYY 06 / 30 / 2011 |
| | Mailing Address 7115 Coachwood Drive | Transaction ID: PR1094183722258 |
| | City State Zip Code Georgetown IN 47122 | Amount of Each Receipt this Period 40.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Fin Sys Dev Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 240.00 | P/R Deduction (\$20.00 Bi-Weekly) |

| | | |
|-----------|--|---|
| B. | Full Name (Last, First, Middle Initial) Edward L Kuntz | Date of Receipt MM / DD / YYYY 06 / 30 / 2011 |
| | Mailing Address 8807 Stable Crest Boulevard | Transaction ID: PR1094183922258 |
| | City State Zip Code Houston TX 77024 | Amount of Each Receipt this Period 200.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Kindred Healthcare Inc. Occupation Chairman of the BOD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 1200.00 | P/R Deduction (\$100.00 Bi-Weekly) |

| | | |
|-----------|--|---|
| C. | Full Name (Last, First, Middle Initial) David R Windhorst | Date of Receipt MM / DD / YYYY 06 / 30 / 2011 |
| | Mailing Address 2000 Spring Farms Road | Transaction ID: PR1094185022258 |
| | City State Zip Code Floyds Knobs IN 47119 | Amount of Each Receipt this Period 80.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Kindred Healthcare Inc. Occupation VP Financial Sys Dev Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 480.00 | P/R Deduction (\$40.00 Bi-Weekly) |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 320.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 / 35 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | |
|-----------|--|---|
| A. | Full Name (Last, First, Middle Initial) Lawrence I Wolf | Date of Receipt MM / DD / YYYY 06 / 30 / 2011 |
| | Mailing Address 4826 N Winthrop Ave #3S | Transaction ID: PR1094185122258 |
| | City State Zip Code Chicago IL 60640 | Amount of Each Receipt this Period 40.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Kindred Healthcare Inc. Occupation Health Info Tech Strateg Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 240.00 | P/R Deduction (\$20.00 Bi-Weekly) |

| | | |
|-----------|--|---|
| B. | Full Name (Last, First, Middle Initial) Katheryn J Markham | Date of Receipt MM / DD / YYYY 06 / 30 / 2011 |
| | Mailing Address 10602 Taylor Farm Ct | Transaction ID: PR1094185622258 |
| | City State Zip Code Prospect KY 40059 | Amount of Each Receipt this Period 90.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Kindred Healthcare Inc. Occupation VP IS Planning&FieldSvcs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 540.00 | P/R Deduction (\$45.00 Bi-Weekly) |

| | | |
|-----------|--|---|
| C. | Full Name (Last, First, Middle Initial) Catherine A Gooch | Date of Receipt MM / DD / YYYY 06 / 30 / 2011 |
| | Mailing Address 14516 Clear Meadow Court | Transaction ID: PR1094185922258 |
| | City State Zip Code Louisville KY 40245 | Amount of Each Receipt this Period 40.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Fin Sys Dev Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 240.00 | P/R Deduction (\$20.00 Bi-Weekly) |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) | 170.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 35
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Patrick J Gillenwater

Mailing Address 402 Erin Drive

City Jeffersonville State IN Zip Code 47130

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

Name of Employer Kindred Healthcare Inc. Occupation Dir IS Administration

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 06 / 30 / 2011

Transaction ID: PR1094186422258

Amount of Each Receipt this Period 35.00

P/R Deduction (\$17.50 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
William B Seibert

Mailing Address 4706 Wolfcreek Pkwy

City Louisville State KY Zip Code 40241

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 06 / 30 / 2011

Transaction ID: PR1094187422258

Amount of Each Receipt this Period 60.00

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

C.

Full Name (Last, First, Middle Initial)
Charles Wardrip

Mailing Address 2805 Chestnut Ridge Place

City Louisville State KY Zip Code 40245

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

Name of Employer Kindred Healthcare Inc. Occupation VP IS Ops & Telecomm

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt 06 / 30 / 2011

Transaction ID: PR1094187922258

Amount of Each Receipt this Period 70.00

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

SUBTOTAL of Receipts This Page (optional) ► 165.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 / 35 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Full Name (Last, First, Middle Initial)
Stephen M Dobler

Mailing Address 1106 Holly Springs Drive

City State Zip Code
Louisville KY 40242

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

Name of Employer Kindred Healthcare Inc. Occupation VP IS Finance & Admin

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt 06 / 30 / 2011

Transaction ID: PR1094188022258

Amount of Each Receipt this Period 90.00

P/R Deduction (\$45.00 Bi-Weekly)

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

Mailing Address 3011 Wolf Lair Court

City State Zip Code
New Albany IN 47150

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 30 / 2011

Transaction ID: PR1094188222258

Amount of Each Receipt this Period 40.00

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

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

Mailing Address 3105 Crestmoor Court

City State Zip Code
Prospect KY 40059

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 30 / 2011

Transaction ID: PR1094188422258

Amount of Each Receipt this Period 40.00

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

SUBTOTAL of Receipts This Page (optional) ► 170.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 35
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Martin Ardron

Mailing Address 41 La Sierra Dr.

City State Zip Code
Phillips Ranch CA 91766

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2011

Transaction ID: PR1094189122258

Amount of Each Receipt this Period 50.00

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

B.

Full Name (Last, First, Middle Initial)
Jan Turk

Mailing Address 1314 Amelia St.

City State Zip Code
New Orleans LA 70115

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

Name of Employer Kindred Healthcare Inc. Occupation Resource CEO HD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2011

Transaction ID: PR1094190022258

Amount of Each Receipt this Period 40.00

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

C.

Full Name (Last, First, Middle Initial)
Larry Foster

Mailing Address 1134 W. Granville Avenue
Unit 815

City State Zip Code
Chicago IL 60660

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 30 / 2011

Transaction ID: PR1094190322258

Amount of Each Receipt this Period 50.00

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

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 35
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Jack Shapiro

Mailing Address 22591 Covington Drive

City State Zip Code
Deer Park IL 60010

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

Name of Employer Kindred Healthcare Inc. Occupation Division VP-HD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR1094190422258

Amount of Each Receipt this Period
100.00

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

B.

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

Mailing Address 2448 Middle River Dr.

City State Zip Code
Ft. Lauderdale FL 33305

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

Name of Employer Kindred Healthcare Inc. Occupation Executive Director I

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR1094191322258

Amount of Each Receipt this Period
50.00

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

C.

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

Mailing Address 239 Fairfax Avenue

City State Zip Code
Louisville KY 40207

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR1094192222258

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional) ► **350.00**

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

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

| | | |
|---|---|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 12 / 35 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

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

| | | |
|-----------|---|---|
| A. | Full Name (Last, First, Middle Initial) Susan Moss | Date of Receipt MM / DD / YYYY 06 / 30 / 2011 |
| | Mailing Address 161 Westwind Road | Transaction ID: PR1094193322258 |
| | City State Zip Code Louisville KY 40207 | Amount of Each Receipt this Period 80.00 |
| | FEC ID number of contributing federal political committee. C | P/R Deduction (\$40.00 Bi-Weekly) |
| | Name of Employer Kindred Healthcare Inc. Occupation VP Crp Communications Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 480.00 | |

| | | |
|-----------|---|---|
| B. | Full Name (Last, First, Middle Initial) Charles Michael Grannan | Date of Receipt MM / DD / YYYY 06 / 30 / 2011 |
| | Mailing Address 7109 Cannonade Court | Transaction ID: PR1094193922258 |
| | City State Zip Code Prospect KY 40059 | Amount of Each Receipt this Period 70.00 |
| | FEC ID number of contributing federal political committee. C | P/R Deduction (\$35.00 Bi-Weekly) |
| | Name of Employer Kindred Healthcare Inc. Occupation VP Purchasing Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 420.00 | |

| | | |
|-----------|--|---|
| C. | Full Name (Last, First, Middle Initial) Dennis J Hansen | Date of Receipt MM / DD / YYYY 06 / 30 / 2011 |
| | Mailing Address 1791 Connor Station Road | Transaction ID: PR1094194122258 |
| | City State Zip Code Simpsonville KY 40067 | Amount of Each Receipt this Period 70.00 |
| | FEC ID number of contributing federal political committee. C | P/R Deduction (\$35.00 Bi-Weekly) |
| | Name of Employer Kindred Healthcare Inc. Occupation VP Reimb-NCD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 420.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) | 220.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 35
(check only one)

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

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

A.

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

Mailing Address 4308 Hampton Creek Drive

City State Zip Code
Louisville KY 40241

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR109419422258

Amount of Each Receipt this Period
40.00

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

B.

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

Mailing Address 4678 Mount Eden Road

City State Zip Code
Shelbyville KY 40065

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

Name of Employer Kindred Healthcare Inc. Occupation Mgr Reimb

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR109419482258

Amount of Each Receipt this Period
40.00

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

C.

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

Mailing Address 8011 Kendrick Crossing Lane

City State Zip Code
Louisville KY 40291

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

Name of Employer Kindred Healthcare Inc. Occupation VP Tax Planning

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR109419512258

Amount of Each Receipt this Period
40.00

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

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 35
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Anne S Woods

Mailing Address 7420 Falls Ridge Ct.

City State Zip Code
Louisville KY 40241

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

Name of Employer Kindred Healthcare Inc. Occupation VP Internal Audit

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 432.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2011

Transaction ID: PR1094195422258

Amount of Each Receipt this Period 72.00

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

B.

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

Mailing Address 14401 Broad Oak Place

City State Zip Code
Louisville KY 40245

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2011

Transaction ID: PR1094195922258

Amount of Each Receipt this Period 100.00

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

C.

Full Name (Last, First, Middle Initial)
Joseph Landenwich

Mailing Address 1822 Cassleberry Road

City State Zip Code
Louisville KY 40205

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

Name of Employer Kindred Healthcare Inc. Occupation SVPCrpLegalAffairs&CrpSec

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 720.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2011

Transaction ID: PR1094196322258

Amount of Each Receipt this Period 120.00

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

SUBTOTAL of Receipts This Page (optional) ► 292.00

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

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 15 / 35 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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

| | | | |
|---|---|-----------------------------------|---|
| A. | Full Name (Last, First, Middle Initial) Arthur L Rothgerber | | Date of Receipt MM / DD / YYYY 06 / 30 / 2011 |
| | Mailing Address 8325 Regency Woods Way | | Transaction ID: PR1094196422258 |
| | City Louisville | State KY | Zip Code 40220 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 46.00 |
| | Name of Employer Kindred Healthcare Inc. | Occupation Sr VP Reimbursement | P/R Deduction (\$23.00 Bi-Weekly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 276.00 | | |

| | | | |
|---|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Linda M O'Bryan | | Date of Receipt MM / DD / YYYY 06 / 30 / 2011 |
| | Mailing Address 1614 Sylvan Way | | Transaction ID: PR1094196722258 |
| | City Louisville | State KY | Zip Code 40205 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 40.00 |
| | Name of Employer Kindred Healthcare Inc. | Occupation VPPatient Care &Quality-H | P/R Deduction (\$20.00 Bi-Weekly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 240.00 | | |

| | | | |
|---|---|-------------------------------|---|
| C. | Full Name (Last, First, Middle Initial) Brian L Caudill | | Date of Receipt MM / DD / YYYY 06 / 30 / 2011 |
| | Mailing Address 1647 Beechwood Avenue | | Transaction ID: PR1094197322258 |
| | City Louisville | State KY | Zip Code 40204 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 52.00 |
| | Name of Employer Kindred Healthcare Inc. | Occupation Sr Dir HD Reimb | P/R Deduction (\$26.00 Bi-Weekly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 312.00 | | |

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 138.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER: PAGE 16 / 35
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 7300 Wood Rock Rd

City State Zip Code
Louisville KY 40291

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 264.00

Date of Receipt 06 / 30 / 2011
Transaction ID: PR1094197622258
Amount of Each Receipt this Period 44.00
P/R Deduction (\$22.00 Bi-Weekly)

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

Mailing Address 9103 Lexington Lane

City State Zip Code
Louisville KY 40241

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

Name of Employer Kindred Healthcare Inc. Occupation SVPStrategy&PublicPolicy

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2307.60

Date of Receipt 06 / 30 / 2011
Transaction ID: PR1094198022258
Amount of Each Receipt this Period 384.60
P/R Deduction (\$192.30 Bi-Weekly)

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

Mailing Address 12 Lewis

City State Zip Code
Irvine CA 92620

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt 06 / 30 / 2011
Transaction ID: PR1094200422258
Amount of Each Receipt this Period 70.00
P/R Deduction (\$35.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 498.60

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 35
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Traci Shelton

Mailing Address 2913 3rd. Street # 201

City State Zip Code
Santa Monica CA 90405

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

Name of Employer Kindred Healthcare Inc. Occupation Exec VP-West Reg-HD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2280.00

Date of Receipt 06 / 30 / 2011

Transaction ID: PR1094200622258

Amount of Each Receipt this Period 380.00

P/R Deduction (\$190.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Steven Monaghan

Mailing Address 508 W. Melrose #7-A

City State Zip Code
Chicago IL 60657

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

Name of Employer Kindred Healthcare Inc. Occupation Exec VP-Cent Reg-HD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 720.00

Date of Receipt 06 / 30 / 2011

Transaction ID: PR1094200722258

Amount of Each Receipt this Period 120.00

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

C.

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

Mailing Address 4730 Dunnie Drive

City State Zip Code
Tampa FL 33614

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

Name of Employer Kindred Healthcare Inc. Occupation Sr CFO I

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2011

Transaction ID: PR1094202122258

Amount of Each Receipt this Period 40.00

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

SUBTOTAL of Receipts This Page (optional) ▶ 540.00

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

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

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

FOR LINE NUMBER: PAGE 18 / 35
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Charles D Doten
Mailing Address 7644 Harbour Blvd.
City Miramar State FL Zip Code 33023
FEC ID number of contributing federal political committee. **C**
Name of Employer Kindred Healthcare Inc. Occupation Chief Exec Off II
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00
Date of Receipt 06 / 30 / 2011
Transaction ID: PR1094203622258
Amount of Each Receipt this Period 40.00
P/R Deduction (\$20.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Timothy L Simpson
Mailing Address 140 Pioneer Trail
City Green Cove Springs State FL Zip Code 32043
FEC ID number of contributing federal political committee. **C**
Name of Employer Kindred Healthcare Inc. Occupation Executive Director II
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00
Date of Receipt 06 / 30 / 2011
Transaction ID: PR1094204322258
Amount of Each Receipt this Period 40.00
P/R Deduction (\$20.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
James J Novak
Mailing Address 9680 Ridgewalk Court
City Davie State FL Zip Code 33328
FEC ID number of contributing federal political committee. **C**
Name of Employer Kindred Healthcare Inc. Occupation Exec VP-East Reg-HD
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 504.00
Date of Receipt 06 / 30 / 2011
Transaction ID: PR1094205322258
Amount of Each Receipt this Period 84.00
P/R Deduction (\$42.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 164.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 35
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Donna Kelsey

Mailing Address 2075 E. Tivoli Hills Drive

City State Zip Code
Draper UT 84020

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

Name of Employer Kindred Healthcare Inc. Occupation Sr VP-West Reg-NCD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2011

Transaction ID: PR1094210122258

Amount of Each Receipt this Period 50.00

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

B.

Full Name (Last, First, Middle Initial)
Anita Tillery

Mailing Address 3512 Raytee Drive

City State Zip Code
Chesapeake VA 23323

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

Name of Employer Kindred Healthcare Inc. Occupation Area Executive Dir

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2011

Transaction ID: PR1094211022258

Amount of Each Receipt this Period 40.00

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

C.

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

Mailing Address 10966 Secret View Drive

City State Zip Code
Sandy UT 84092

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2011

Transaction ID: PR1094213622258

Amount of Each Receipt this Period 100.00

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

SUBTOTAL of Receipts This Page (optional) ► 190.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 20 / 35 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | | |
|---|---|----------------------------------|---|
| A. | Full Name (Last, First, Middle Initial) Michael W Beal | | Date of Receipt MM / DD / YYYY 06 / 30 / 2011 |
| | Mailing Address 10 Glenwood Road | | Transaction ID: PR1094214122258 |
| | City Windham | State NH | Zip Code 03087 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 40.00 |
| | Name of Employer Kindred Healthcare Inc. | Occupation Sr VP-East Reg-NCD | P/R Deduction (\$20.00 Bi-Weekly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 240.00 | | |

| | | | |
|---|---|---------------------------------|---|
| B. | Full Name (Last, First, Middle Initial) Mark S Pfeifer | | Date of Receipt MM / DD / YYYY 06 / 30 / 2011 |
| | Mailing Address 11014 Brave Ct. | | Transaction ID: PR1094218422258 |
| | City Indianapolis | State IN | Zip Code 46236 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 40.00 |
| | Name of Employer Kindred Healthcare Inc. | Occupation Reg Financial Ana | P/R Deduction (\$20.00 Bi-Weekly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 240.00 | | |

| | | | |
|---|---|-------------------------------------|---|
| C. | Full Name (Last, First, Middle Initial) Gloria J Miller | | Date of Receipt MM / DD / YYYY 06 / 30 / 2011 |
| | Mailing Address 100 Village Circle Way # 1104 | | Transaction ID: PR1094222122258 |
| | City Durham | State NC | Zip Code 27713 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 40.00 |
| | Name of Employer Kindred Healthcare Inc. | Occupation Dist Dir Operations I | P/R Deduction (\$20.00 Bi-Weekly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 240.00 | | |

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 120.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 35
(check only one)

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

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

A.

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

Mailing Address 514 Locust Creek Blvd.

City State Zip Code
Louisville KY 40245

FEC ID number of contributing federal political committee. C

Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Telecommunications

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.80

Date of Receipt 06 / 30 / 2011

Transaction ID: PR1094224622258

Amount of Each Receipt this Period 46.80

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

B.

Full Name (Last, First, Middle Initial)
Charles K. Currens

Mailing Address 7801 McCarthy Lane

City State Zip Code
Louisville KY 40222

FEC ID number of contributing federal political committee. C

Name of Employer Kindred Healthcare Inc. Occupation Dir IS Prod Svcs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 30 / 2011

Transaction ID: PR1094229122258

Amount of Each Receipt this Period 40.00

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

C.

Full Name (Last, First, Middle Initial)
Keith Krein

Mailing Address 3227 North 88th Street

City State Zip Code
Mesa AZ 85207

FEC ID number of contributing federal political committee. C

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 30 / 2011

Transaction ID: PR1094229822258

Amount of Each Receipt this Period 40.00

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

SUBTOTAL of Receipts This Page (optional) 126.80

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 35

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Patricia M McGillan
Mailing Address 510 Altagate Rd

City State Zip Code
Louisville KY 40206

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

Name of Employer Kindred Healthcare Inc. Occupation VP Pat Saf & Reg Compl-HD

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 360.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2011

Transaction ID: PR1094229922258

Amount of Each Receipt this Period
60.00

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

B.

Full Name (Last, First, Middle Initial)
Barbara L Baylis
Mailing Address 7212 Deer Ridge Road

City State Zip Code
Prospect KY 40059

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

Name of Employer Kindred Healthcare Inc. Occupation Sr VP Clin & Res Svcs-NCD

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2011

Transaction ID: PR1094230022258

Amount of Each Receipt this Period
40.00

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

C.

Full Name (Last, First, Middle Initial)
Edward J Goddard
Mailing Address 32 Peters Lane

City State Zip Code
Wrentham MA 02093

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

Name of Employer Kindred Healthcare Inc. Occupation VP Labor Relations

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2011

Transaction ID: PR1094233522258

Amount of Each Receipt this Period
40.00

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

SUBTOTAL of Receipts This Page (optional) ▶

140.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 35
(check only one)

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

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

A.

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

Mailing Address 7701 Kendrick Crossing Lane

City State Zip Code
Louisville KY 40291

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 264.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR1094234422258

Amount of Each Receipt this Period 44.00

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

B.

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

Mailing Address 3308 Overlook Ridge Rd

City State Zip Code
Prospect KY 40059

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR1094235222258

Amount of Each Receipt this Period 60.00

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

C.

Full Name (Last, First, Middle Initial)
Tamila Johnson-White

Mailing Address 2615 Zhale Smith Rd.

City State Zip Code
LaGrange KY 40031

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR1094235422258

Amount of Each Receipt this Period 40.00

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

SUBTOTAL of Receipts This Page (optional) ► 144.00

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

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

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

FOR LINE NUMBER: PAGE 24 / 35
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 9891 Heytesbery

City State Zip Code
Sandy UT 84092

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

Name of Employer Kindred Healthcare Inc. Occupation VP Finance-West RegNCD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 06 / 30 / 2011
Transaction ID: PR1094237322258
Amount of Each Receipt this Period 80.00
P/R Deduction (\$40.00 Bi-Weekly)

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

Mailing Address 3703 River Bluff Road

City State Zip Code
Prospect KY 40059

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 30 / 2011
Transaction ID: PR1094241222258
Amount of Each Receipt this Period 40.00
P/R Deduction (\$20.00 Bi-Weekly)

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

Mailing Address 11310 Haleco Lane

City State Zip Code
Hales Corners WI 53130

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2011
Transaction ID: PR1094241922258
Amount of Each Receipt this Period 40.00
P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 160.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 35

(check only one)

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

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

A.

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

Mailing Address 702 Helmsdale Place N.

City State Zip Code
Brentwood TN 37027

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

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

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR1094243522258

Amount of Each Receipt this Period

40.00

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

B.

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

Mailing Address 14 Westwind Road

City State Zip Code
Louisville KY 40207

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1200.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR1094246622258

Amount of Each Receipt this Period

200.00

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

C.

Full Name (Last, First, Middle Initial)
Steven Tanner

Mailing Address 1059 Mt Vernon Dr

City State Zip Code
Greenwood IN 46142

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

Name of Employer Kindred Healthcare Inc. Occupation Executive Dir III

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR1094246822258

Amount of Each Receipt this Period

40.00

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

SUBTOTAL of Receipts This Page (optional) ▶

280.00

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

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

| | | |
|---|---|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 26 / 35 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | | |
|---|--|---|---|
| A. | Full Name (Last, First, Middle Initial) Thomas Wood | | Date of Receipt |
| | Mailing Address 2949 Glascock Street | | <input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2011"/> |
| | City | State | Zip Code |
| | Oakland | CA | 94601 |
| | FEC ID number of contributing federal political committee. | | <input type="text" value="C"/> |
| Name of Employer Kindred Healthcare Inc. | | Occupation Sr Dist Dir Operations | Transaction ID: PR1094247222258 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <input type="text" value="780.00"/> | Amount of Each Receipt this Period <input type="text" value="130.00"/> |
| | | | P/R Deduction (\$65.00 Bi-Weekly) |

| | | | |
|---|--|---|---|
| B. | Full Name (Last, First, Middle Initial) Gwynn Rucker | | Date of Receipt |
| | Mailing Address 15106 59th Place NE | | <input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2011"/> |
| | City | State | Zip Code |
| | Kenmore | WA | 98028 |
| | FEC ID number of contributing federal political committee. | | <input type="text" value="C"/> |
| Name of Employer Kindred Healthcare Inc. | | Occupation Dist Dir Operations I | Transaction ID: PR1094247822258 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <input type="text" value="360.00"/> | Amount of Each Receipt this Period <input type="text" value="60.00"/> |
| | | | P/R Deduction (\$30.00 Bi-Weekly) |

| | | | |
|---|---|---|---|
| C. | Full Name (Last, First, Middle Initial) Sharon J Spittle | | Date of Receipt |
| | Mailing Address 26 Estes Street | | <input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2011"/> |
| | City | State | Zip Code |
| | Ipswich | MA | 01938 |
| | FEC ID number of contributing federal political committee. | | <input type="text" value="C"/> |
| Name of Employer Kindred Healthcare Inc. | | Occupation Executive Dir II | Transaction ID: PR1094250022258 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <input type="text" value="260.00"/> | Amount of Each Receipt this Period <input type="text" value="40.00"/> |
| | | | P/R Deduction (\$10.00 Weekly) |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text" value="230.00"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 35
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

| | |
|---|--|
| <p>A. Full Name (Last, First, Middle Initial) Benjamin A Breier</p> <p>Mailing Address 5400 Farm Ridge Lane</p> <p>City State Zip Code Prospect KY 40059</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Kindred Healthcare Inc. Occupation: Chief Operating Officer</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2307.60</p> | <p>Date of Receipt 06 / 30 / 2011</p> <p>Transaction ID: PR1094250922258</p> <p>Amount of Each Receipt this Period 384.60</p> <p>P/R Deduction (\$192.30 Bi-Weekly)</p> |
|---|--|

| | |
|--|---|
| <p>B. Full Name (Last, First, Middle Initial) Steve Ross</p> <p>Mailing Address 35069 Roberts Lane</p> <p>City State Zip Code St Helens OR 97051</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Kindred Healthcare Inc. Occupation: Executive Dir I</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 260.00</p> | <p>Date of Receipt 06 / 30 / 2011</p> <p>Transaction ID: PR1135252622258</p> <p>Amount of Each Receipt this Period 40.00</p> <p>P/R Deduction (\$20.00 Weekly)</p> |
|--|---|

| | |
|---|--|
| <p>C. Full Name (Last, First, Middle Initial) Josephine Litzenberger</p> <p>Mailing Address 11401 Dr. M.L.K. Jr. Street N. Apt 1201</p> <p>City State Zip Code St Petersburg FL 33716</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Kindred Healthcare Inc. Occupation: Sr Dir Managed Care</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 216.00</p> | <p>Date of Receipt 06 / 30 / 2011</p> <p>Transaction ID: PR1135286922258</p> <p>Amount of Each Receipt this Period 36.00</p> <p>P/R Deduction (\$18.00 Bi-Weekly)</p> |
|---|--|

| | |
|--|--|
| SUBTOTAL of Receipts This Page (optional) | 460.60 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: PAGE 28 / 35
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Rachael L Parker

Mailing Address 70 Birch Ridge Rd

City State Zip Code
Westford VT 05494-9788

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

Name of Employer Kindred Healthcare Inc. Occupation Executive Dir II

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 06 / 30 / 2011
Transaction ID: PR1150411122258
Amount of Each Receipt this Period: 50.00
P/R Deduction (\$10.00 Weekly)

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

Mailing Address 9902 Palace Green Way

City State Zip Code
Vienna VA 22181

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 06 / 30 / 2011
Transaction ID: PR1267998122258
Amount of Each Receipt this Period: 100.00
P/R Deduction (\$50.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Donna Sroczyński

Mailing Address 399 Fountain Drive

City State Zip Code
Elgin IL 60124

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

Name of Employer Kindred Healthcare Inc. Occupation VP Clin Ops-CentralRegNCD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 06 / 30 / 2011
Transaction ID: PR1281185322258
Amount of Each Receipt this Period: 40.00
P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 190.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 35
(check only one)

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

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

| | |
|--|--|
| <p>A. Full Name (Last, First, Middle Initial) Ross A Johnson</p> <p>Mailing Address 5221 Moccasin Trail</p> <p>City State Zip Code Louisville KY 40207</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Kindred Healthcare Inc. Occupation VP Recruiting-PRS</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p> | <p>Date of Receipt 06 / 30 / 2011</p> <p>Transaction ID: PR1359729022258</p> <p>Amount of Each Receipt this Period 50.00</p> <p>P/R Deduction (\$25.00 Bi-Weekly)</p> |
|--|--|

| | |
|---|--|
| <p>B. Full Name (Last, First, Middle Initial) Pamela A. Justice</p> <p>Mailing Address 5912 Mercury Dr</p> <p>City State Zip Code Louisville KY 40291</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Kindred Healthcare Inc. Occupation Dir Fin Sys Dev</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 240.00</p> | <p>Date of Receipt 06 / 30 / 2011</p> <p>Transaction ID: PR1408953222258</p> <p>Amount of Each Receipt this Period 40.00</p> <p>P/R Deduction (\$20.00 Bi-Weekly)</p> |
|---|--|

| | |
|--|--|
| <p>C. Full Name (Last, First, Middle Initial) Katherine W Gilchrist</p> <p>Mailing Address 1668 Victory Court</p> <p>City State Zip Code Prospect KY 40059</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Kindred Healthcare Inc. Occupation Sr VP Finance-PRS</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 240.00</p> | <p>Date of Receipt 06 / 30 / 2011</p> <p>Transaction ID: PR1524244422258</p> <p>Amount of Each Receipt this Period 40.00</p> <p>P/R Deduction (\$20.00 Bi-Weekly)</p> |
|--|--|

| | |
|--|--|
| SUBTOTAL of Receipts This Page (optional) | 130.00 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: PAGE 30 / 35
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Christopher Murphy

Mailing Address 17108 Deercrossing Trail

City State Zip Code
Fisherville KY 40023

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

Name of Employer Kindred Healthcare Inc. Occupation Sr VP-Central Reg-NCD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 30 / 2011
Transaction ID: PR1582894522258
Amount of Each Receipt this Period 40.00
P/R Deduction (\$20.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mary Jane Dailey

Mailing Address 10411 Loving Trail Drive

City State Zip Code
Frisco TX 75035

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

Name of Employer Kindred Healthcare, Inc. Occupation VP & CCOSoWest Reg-HD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 06 / 30 / 2011
Transaction ID: PR1618127522258
Amount of Each Receipt this Period 200.00
P/R Deduction (\$100.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Darrin Hull

Mailing Address 277 Bark River Court

City State Zip Code
Delafield WI 53018

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 30 / 2011
Transaction ID: PR1622380122258
Amount of Each Receipt this Period 40.00
P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 280.00

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

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

| | | |
|---|---|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 31 / 35 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | |
|---|---|---|
| A. | Full Name (Last, First, Middle Initial) Jeff Hoehn | Date of Receipt MM / DD / YYYY 06 / 30 / 2011 |
| | Mailing Address 5912 N. Shoreland Avenue | Transaction ID: PR1774751622258 |
| | City State Zip Code Milwaukee WI 53217 | Amount of Each Receipt this Period 80.00 |
| | FEC ID number of contributing federal political committee. C | P/R Deduction (\$40.00 Bi-Weekly) |
| Name of Employer Kindred Healthcare | Occupation Dist Dir Operations I | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 480.00 | |

| | | |
|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Philip B Ragsdell | Date of Receipt MM / DD / YYYY 06 / 30 / 2011 |
| | Mailing Address 12004 Log Cabin Lane | Transaction ID: PR1784229522258 |
| | City State Zip Code Louisville KY 40223 | Amount of Each Receipt this Period 44.00 |
| | FEC ID number of contributing federal political committee. C | P/R Deduction (\$22.00 Bi-Weekly) |
| Name of Employer Kindred Healthcare | Occupation Dir Customer Supp | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 264.00 | |

| | | |
|---|---|---|
| C. | Full Name (Last, First, Middle Initial) Lawrence J. Toye | Date of Receipt MM / DD / YYYY 06 / 30 / 2011 |
| | Mailing Address 3 September Lane | Transaction ID: PR1784230822258 |
| | City State Zip Code Burlington MA 01803 | Amount of Each Receipt this Period 40.00 |
| | FEC ID number of contributing federal political committee. C | P/R Deduction (\$20.00 Bi-Weekly) |
| Name of Employer Kindred Healthcare | Occupation Controller | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 240.00 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 164.00 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: PAGE 32 / 35
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A.

Full Name (Last, First, Middle Initial)
Carol Faló

Mailing Address 7041 Clubview Dr

City State Zip Code
Bridgeville PA 15017

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

Name of Employer Kindred Healthcare Occupation Chief Clinical Off II

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

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 3 | 0 | / | 2 | 0 | 1 | 1 |

Transaction ID: PR1784231522258

Amount of Each Receipt this Period
40.00

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

B.

Full Name (Last, First, Middle Initial)
Barry Somervell

Mailing Address 339 Gillette Drive

City State Zip Code
Franklin TN 37069

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

Name of Employer Kindred Healthcare Inc. Occupation SVP Sales & Bus Dev NCD

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 3 | 0 | / | 2 | 0 | 1 | 1 |

Transaction ID: PR1835833722258

Amount of Each Receipt this Period
100.00

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

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 140.00 |
| TOTAL This Period (last page this line number only) | ▶ | 6043.00 |

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

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

FOR LINE NUMBER: (check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Friends of Frank Guinta

Mailing Address P.O. Box 877

City Manchester State NH Zip Code 03105

Purpose of Disbursement
Contribution

Candidate Name
Rep. Franklin Guinta

Office Sought: House
 Senate
 President

State: NH District: 01

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 40374560
Date of Disbursement

06 / 01 / 2011

Amount of Each Disbursement this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Wally Herger For Congress Committee

Mailing Address PO Box 1007

City Willows State CA Zip Code 95988

Purpose of Disbursement
Contribution

Candidate Name
Rep. Wally Herger

Office Sought: House
 Senate
 President

State: CA District: 02

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 40511153
Date of Disbursement

06 / 03 / 2011

Amount of Each Disbursement this Period

2000.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Guthrie For Congress

Mailing Address PO Box 9639

City Bowling Green State KY Zip Code 42102

Purpose of Disbursement
Contribution

Candidate Name
Rep. Brett Guthrie

Office Sought: House
 Senate
 President

State: KY District: 02

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 40627801
Date of Disbursement

06 / 20 / 2011

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee | Transaction ID: 40720178 Date of Disbursement |
| | Mailing Address 430 South Capitol Street, SE 2nd Floor | <input type="text" value="06"/> / <input type="text" value="22"/> / <input type="text" value="2011"/> |
| | City Washington State DC Zip Code 20003 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Contribution | <input type="text" value="5000.00"/> |
| | Candidate Name Democratic Congressional Campaign Committee | <input type="text" value="011"/> Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Contribution |
| | State: District: | |

| | | |
|----|---|---|
| B. | Full Name (Last, First, Middle Initial) Pat Roberts For U.S. Senate, Inc. | Transaction ID: 40720179 Date of Disbursement |
| | Mailing Address P.O. Box 433 | <input type="text" value="06"/> / <input type="text" value="22"/> / <input type="text" value="2011"/> |
| | City Great Bend State KS Zip Code 67530 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Contribution | <input type="text" value="1000.00"/> |
| | Candidate Name Sen. Pat Roberts | <input type="text" value="011"/> Category/Type |
| | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Contribution |
| | State: KS District: | |

| | | |
|----|---|---|
| C. | Full Name (Last, First, Middle Initial) Manchin For West Virginia | Transaction ID: 40796463 Date of Disbursement |
| | Mailing Address PO Box 5202 | <input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2011"/> |
| | City Charleston State WV Zip Code 25361 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Contribution | <input type="text" value="1000.00"/> |
| | Candidate Name Sen. Joe Manchin, III | <input type="text" value="011"/> Category/Type |
| | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Contribution |
| | State: WV District: | |

| | |
|--|---------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="7000.00"/> |
| TOTAL This Period (last page this line number only) | <input type="text" value="11000.00"/> |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 35 / 35

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

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

| | | | | |
|--|--|--|--|--|
| A. | Full Name (Last, First, Middle Initial) Friends of Tom Patton | | Transaction ID: 40709023 | |
| | Mailing Address 17157 Rabbit Run Drive | | Date of Disbursement 06 / 22 / 2011 | |
| City Strongsville | | State OH | Zip Code 44136 | Amount of Each Disbursement this Period 1000.00 |
| Purpose of Disbursement Thomas Patton, STATE SENATE 24th OH | | | 011 | Thomas Patton, STATE SENATE 24th OH |
| Candidate Name OH Sen. Thomas Patton | | | Category/ Type | |
| Office Sought: | <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: OH | | District: | | |

| | | |
|--|---|---------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 1000.00 |
| TOTAL This Period (last page this line number only) | ▶ | 1000.00 |