04/13/2007 12:09

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. 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: Χ Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day 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) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: **Termination Report** (TER) in the Election on State of 03 0 1 2007 03 3 1 2007 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 04 13 2007 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. 02/2003) Only

Image# 27930511329

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name
Kindred Healthcare, Inc. PAC

FEC Form 3X (Rev. 02/2003)

F	Report Covering the Period: From:	01 2007	To: 0 3 3 1 2 0 0 7
	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 Y2007 Y		119586.29
	(b) Cash on Hand at Begining of Reporting Period	103526.89	
	(c) Total Receipts (from Line 19)	13662.80	38603.40
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	117189.69	158189.69
7.	Total Disbursements (from Line 31)	20100.00	61100.00
8.	Cash on Hand at Close of		
	Reporting Period (subtract Line 7 from Line 6(d))	97089.69	97089.69
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	

For further information contact:

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

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

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

Write or Type Committee Name Kindred Healthcare, Inc. PAC

Report Covering the Period:

м м 0 3

From:

^D 0 1

^Y 2 0 0 7

Γο:

м м 0 3 ^D 3 1

^Y 2007

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From: (a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	4437.00	7097.00
(ii) Unitemized	9225.80	31506.40
(iii) TOTAL (add Lines 11(a)(i) and (ii)	13662.80	38603.40
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	13662.80	38603.40
Transfers From Affiliated/Other Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
to Federal candidates and Other Political Committees	0.00	0.00
7. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
8. Transfers from Non-Federal and Levin Fu	inds	
(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
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	13662.80	38603.40
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	13662.80	38603.40

DETAILED SUMMARY PAGE

of Disbursements

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

	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	0.00	
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	0.00	0.00
	Expenditures(c) Total Operating Expenditures	0.00	0.00
	(add 21(a)(i), (a)(ii) and (b))	0.00	0.00
2.	Transfers to Affiliated/Other Party	0.00	0.00
23.	Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	18500.00	59500.00
4.	Independent Expenditure	0.00	0.00
5.	(use Schedule E)		
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
	Loans MadeRefunds of Contributions To:	0.00	0.00
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	/b\ Dolitical Dorty Committees	0.00	0.00
	(b) Political Party Committees(c) Other Political Committees		
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds	0.00	0.00
	(add Lines 28(a), (b), and (c))	0.00	0.00
9.	Other Disbursements	1600.00	1600.00
80.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share		
	(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	0.00	
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	20100.00	61100.00
2.	Total Federal Disbursements		
Ŀ.	(subtract Line 21(a)(ii) from Line 30(a)(ii)		
	from Line 31)	20100.00	61100.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	13662.80	38603.40
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13662.80	38603.40
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
88. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 19 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
۹.	Full Name (Last, First, Middle Initial) Henry F Powell Mailing Address 9635 Morrfield Cir			Date of Receipt M 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: 19252211
	Louisville FEC ID number of contributing federal political committee.	C	40241	Amount of Each Receipt this Period 750.00
	Name of Employer Kindred Healthcare, Inc Receipt For: Primary General Other (specify)		n eltd-Occup,Nec e Year-to-Date ▼	
3.	Full Name (Last, First, Middle Initial) Dennis Ertel Mailing Address 6912 Windham Parkway	1		Date of Receipt 0 3
	City	State	Zip Code	Transaction ID: 19437090
	Prospect	KY	40059	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		900.00
	Name of Employer Kindred Healthcare, Inc		al/Bus Sys Dev	
	Receipt For: Primary General Other (specify)	Aggregate	year-to-Date ▼ 900.00	
D.	Full Name (Last, First, Middle Initial) Richard E Chapman			Date of Receipt
	Mailing Address 11200 Bodley Drive			M M / D D / Y Y Y Y
	City Louisville	State KY	Zip Code	Transaction ID: PR1094183810510
	FEC ID number of contributing federal political committee.	C	40223	Amount of Each Receipt this Period 143.00
	Name of Employer Kindred Healthcare Inc.	Occupation Exec VP	n Chief Adm&InfoOff	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 423.00	P/R Deduction (\$73.00 Bi- Weekly)
SI	UBTOTAL of Receipts This Page (optional)			1793.00
т	OTAL This Period (last page this line number or	nly)	>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 19 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
۹.	Full Name (Last, First, Middle Initial) Edward L Kuntz Mailing Address 8807 Stable Crest Boule	vard		Date of Receipt
	City Houston	State TX	Zip Code 77024	Transaction ID: PR1094183910510 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	17027	200.00
	Name of Employer Kindred Healthcare Inc.		n e Chairman e Year-to-Date ▼	
	Primary General Other (specify) ▼	Aggregate	600.00	P/R Deduction (\$100.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) David R Windhorst	1		Date of Receipt
	Mailing Address 2000 Spring Farms Road) 		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1094185010510
	Floyds Knobs	IN	47119	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Finan	n ncial Sys Dev	
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		240.00	P/R Deduction (\$40.00 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
	City	State	Zip Code	Transaction ID: PR1094185610510
	Prospect	KY	40059	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		90.00
	Name of Employer Kindred Healthcare Inc.		anning&FieldSvcs	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 230.00	P/R Deduction (\$45.00 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)		·····	370.00
т.	OTAL This Period (last page this line number on	lv)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 8 / 19
	EMIZED RECEIPTS	or each category of the		(check only one)
••	LIMIZED HEOLII 13		Detailed Summary Page	X 11a 11b 11c 12
۸۰	y information copied from such Reports and St	otomonto mov	, not be cold or used by any nore	13 14 15 16 17
or	for commercial purposes, other than using the	name and ado	dress of any political committee to	o solicit contributions from such committee.
abla	NAME OF COMMITTEE (In Full)			
\rangle	Kindred Healthcare, Inc. PAC			
A.	Full Name (Last, First, Middle Initial) Charles Wardrip			Date of Receipt
	Mailing Address 2805 Chestnut Ridge P		= -	M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1094187910510
	Louisville	KY	40245	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		70.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP IS Op	n os & Telecomm	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	210.00		P/R Deduction (\$35.00 Bi- Weekly)
В.	Full Name (Last, First, Middle Initial) Stephen M Dobler			Date of Receipt
	Mailing Address 1106 Holly Springs Driv	M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR1094188010510
	Louisville	KY	40242	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 IS Fin	n nance & Admin	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		270.00	P/R Deduction (\$45.00 Bi- Weekly)
<u> </u>	Full Name (Last, First, Middle Initial) Frank Battafarano			Date of Receipt
	Mailing Address 2700 Little Hills Lane			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1094191910510
	Anchorage	KY	40223	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		C		100.00
	Name of Employer Kindred Healthcare Inc.		& President-HD	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		300.00	P/R Deduction (\$50.00 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			260.00
T	OTAL This Period (last page this line number of	only)	······································	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 9 / 19 (check only one)
•			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
۹.	Full Name (Last, First, Middle Initial) Sean R Muldoon			Date of Receipt
	Mailing Address 5800 Brittany Valley Roa	ad		M M / D D / Y Y Y Y
	City Louisville	State KY	Zip Code 40222	Transaction ID: PR1094192210510 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	TULLE	100.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP & 0	n Chief Med Off-HD	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 300.00	P/R Deduction (\$50.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Dennis J Hansen			Date of Receipt
	Mailing Address 1791 Connor Station Ro	M M / D D / Y Y Y Y		
	City Simpsonville	State KY	Zip Code 40067	Transaction ID: PR1094194110510
	FEC ID number of contributing federal political committee.	C	40007	Amount of Each Receipt this Period 70.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Reim		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 210.00	P/R Deduction (\$35.00 Bi- Weekly)
).	Full Name (Last, First, Middle Initial) Richard A Lechleiter			Date of Receipt
	Mailing Address 601 Club Lane			M M / D D / Y Y Y Y
	City Louisville	State KY	Zip Code 40207	Transaction ID: PR1094196210510 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40207	150.00
	Name of Employer Kindred Healthcare Inc.	Occupation Exec VP		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 450.00	P/R Deduction (\$75.00 Bi- Weekly)
SI	UBTOTAL of Receipts This Page (optional)			320.00
T	OTAL This Period (last page this line number or	nly))	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 10/19	
ΙT	EMIZED RECEIPTS		or each category of the	(check only one)
••	LIMIZED RECEIL 10		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Δ	ny information copied from such Reports and Stateme	onte may	y not be cold or used by any person	
or	for commercial purposes, other than using the name	and add	rnot be sold of used by any persol dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	Kindred Healthcare, Inc. PAC			
\angle	·			_
	Full Name (Last, First, Middle Initial)			
A.	Joseph Landenwich			Date of Receipt
	Mailing Address 2213 Wrocklage Ave.			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1094196310510
		Υ	40205	Amount of Each Receipt this Period
	EFO ID and have a Constitution			
	federal political committee.	;		120.00
	Name of Employer Kindred Healthcare Inc.	cupation	١	7
	Kindred Healthcare Inc. SN	/PCrpL	egalAffairs&CrpSec	
	Receipt For: Ag	ggregate	Year-to-Date ▼	
	Primary General		360.00	P/R Deduction (\$60.00 Bi-
	Other (specify)	1 1	300.00	Weekly)
_	Full Name (Last, First, Middle Initial)			
В.				Date of Receipt
	Mailing Address 9103 Lexington Lane			M M / D D / Y Y Y Y
	•	State	Zip Code	Transaction ID: PR1094198010510
		<u>(Y</u>	40241	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			80.00
	rederal political committee.			
	Kindrod Hoolthoaro Ino	cupation		
			plGovtProg&IntAudit	
		ggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		240.00	P/R Deduction (\$40.00 Bi- Weekly)
	Other (specify)	1 1		vvcciay)
_	Full Name (Last, First, Middle Initial)			
C.	T. Stephen Turner			Date of Receipt
	Mailing Address 680 South Fourth Ave			M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR1094200310510
	<u>Louisville</u>	(Y	40202	Amount of Each Receipt this Period
	FEC ID number of contributing			80.00
	federal political committee.	<u> </u>		80.00
	Name of Employer Oc	cupation	1	-
Kindred Healthcare Inc. SVPStra		-	egicPlan&BusDevHD	
			Year-to-Date ▼	1
	Primary General		040.00	P/R Deduction (\$40.00 Bi-
	Other (specify) ▼		240.00	Weekly)
_				
_	UDTOTAL (D T D			280.00
	SUBTOTAL of Receipts This Page (optional)		·····	
_	OTAL This Period (last page this line number only) .			
1 1	THE THIS I CHOO (IGS) Page this line number only).		······································	

				FOR LINE NUMBER. DACE 44 /40
S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 11 / 19 (check only one)
ıΤ	EMIZED RECEIPTS		or each category of the	
• •	LIVIIZED NEGEIF 13		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An	y information copied from such Reports and State	ments may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the nar	ne and add	dress of any political committee to	solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full)			
\rangle	Kindred Healthcare, Inc. PAC			
/				
	Full Name (Last, First, Middle Initial)			
٩.	Michael Comer			Date of Receipt
	Mailing Address 12 Lewis			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1094200410510
	Irvine	CA	92620	Amount of Each Receipt this Period
	FFC ID number of contribution			
	FEC ID number of contributing federal political committee.	C		70.00
	rederal political committee.			
	Name of Employer Kindred Healthcare Inc.	Occupation	n	7
	Kindred Healthcare Inc.	VP Finan	ice-West Reg-HD	
	Receipt For:		e Year-to-Date ▼	
	Primary General	33 -3		P/R Deduction (\$35.00 Bi-
	Other (specify) ▼		210.00	Weekly)
		0 0	0 0 0 0 0 0 0	1
	Full Name (Last, First, Middle Initial)			
3.	Traci Shelton			Date of Receipt
	Mailing Address 2800 Nelson Way Apt. 50	ne		M M / D D / Y Y Y Y
	Walling Address 2000 Nelson Way Apt. 50	J o		INI S INI / D S D / Y S Y S Y
	City	State	Zip Code	Transaction ID: PR1094200610510
	Santa Monica	CA	•	
	Santa Monica	CA	90405	Amount of Each Receipt this Period
	FEC ID number of contributing	C		240.00
	federal political committee.	<u> </u>		
	Name of Employer	Occupation	n	┪
	Kindrad Haalthaara Ina		est Reg-HD	
	Receipt For:		e Year-to-Date ▼	-
	Primary General	Aggregate	Teal to Date ¥	D/D D - 1 - 11' (0100 00 D'
	Other (specify)		640.00	P/R Deduction (\$120.00 Bi- Weekly)
	Ciriei (specify)	1 1	0 0 0 0 0 0 0	VVCCINY)
	Full Name (Last First MC-UL Latter)			
•	Full Name (Last, First, Middle Initial) Steven Monaghan			Date of Receipt
٠.	Mailing Address 508 W. Melrose #7-A			M M / D D / Y Y Y Y
	Walling Address 506 W. Melrose #7-A			INI S INI / D S D / Y S Y S Y
	City	State	Zip Code	Transaction ID: PR1094200710510
	Chicago	IL	60657	
	•	IL.	60837	Amount of Each Receipt this Period
	FEC ID number of contributing	C		170.00
	federal political committee.			
	Name of Employer Kindred Healthcare Inc.	Occupation	n	7
	Kindred Healthćare Inc.	Exec VP-	West Grp-HD	
	Receipt For:		e Year-to-Date ▼	-
	Primary General	33 -3		P/R Deduction (\$85.00 Bi-
	Other (specify)		510.00	Weekly)
		0 0	1 1 1 1 1 1 1	' <i>''</i>
0	UBTOTAL of Receipts This Page (optional)			480.00
	ODI OTAL OF FICOGIPES THIS Fage (Optional)		······································	
.	OTAL This Daried (lest need this line number and	٨		
	OTAL This Period (last page this line number only	() ······	······································	

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAG	E 12/19
			Use separate schedule(s) or each category of the	(check only one)	
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c	12
				13 14 15	16 17
Ar or	ly information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting cont solicit contributions from such cor	ributions nmittee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)				
\rangle	Kindred Healthcare, Inc. PAC				
۹.	Full Name (Last, First, Middle Initial) Mark A McCullough			Date of Receipt	
	Mailing Address 1101 Old Cannons Lane)		M M / D D / Y	
	City	State	Zip Code	Transaction ID: PR10942	
	Louisville	KY	40207	Amount of Each Receipt this	s Period
	FEC ID number of contributing federal political committee.	C			80.00
	Name of Employer Kindred Healthcare Inc.	Occupation President			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼	0 0	240.00	P/R Deduction (\$40.00 B Weekly)	i-
	Full Name (Last, First, Middle Initial) James J Novak			Date of Receipt	
٠.	Mailing Address 9680 Ridgewalk Court			─	YYY
	City	State	Zip Code	Transaction ID: PR10942	05310510
	<u>Davie</u>	FL	33328	Amount of Each Receipt this	
	FEC ID number of contributing federal political committee.	C			84.00
	Name of Employer Kindred Healthcare Inc.	Occupation			
			East Grp-HD Year-to-Date ▼		
	Receipt For: Primary General	Aggregate	e rear-to-Date V	D/D Doduction (\$40.00 B	:
	Other (specify) ▼	0 0	252.00	P/R Deduction (\$42.00 B Weekly)	I -
).	Full Name (Last, First, Middle Initial) Lane M Bowen			Date of Receipt	
	Mailing Address 680 South Fourth Ave			M M / D D / Y	YYY
	City	State	Zip Code	Transaction ID: PR10942	13610510
	Louisville	KY	40202	Amount of Each Receipt this	Period
	FEC ID number of contributing federal political committee.	С			100.00
	Name of Employer Kindred Healthcare Inc.	Occupation Exec VP	n & President-HSD	7	
	Receipt For:	1	e Year-to-Date ▼		
	Primary General Other (specify) ▼	1 1	300.00	P/R Deduction (\$50.00 B Weekly)	i-
s	UBTOTAL of Receipts This Page (optional)				264.00
	. 5 (1 %)				
T	OTAL This Period (last page this line number or	nly))		

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER	R: PAGE 13/19
			Use separate schedule(s) or each category of the	(check only one)	
	MIZED RECEIPTS		Detailed Summary Page	X 11a 11b	11c 12
				13 14	15 16 17
Any in or for	nformation copied from such Reports and Sta commercial purposes, other than using the r	atements may name and ado	not be sold or used by any perso dress of any political committee to	on for the purpose of so solicit contributions fro	oliciting contributions om such committee.
\ NA	AME OF COMMITTEE (In Full)				
> Ki	ndred Healthcare, Inc. PAC				
4. <u>Do</u>	ll Name (Last, First, Middle Initial) ouglas Roth			Date of Receipt	
Ma	ailing Address 9891 Heytesbery				D / Y Y Y Y
Cit	•	State	Zip Code		PR1094237310510
<u>Sa</u>	andy	UT	84092	Amount of Each	Receipt this Period
	EC ID number of contributing deral political committee.	C			80.00
Na Kir	ame of Employer ndred Healthcare Inc.	Occupation VP Finan	n ce-Pacific RegHSD		
Re	eceipt For:		Year-to-Date ▼		
	Primary General Other (specify) ▼	0 0	240.00	P/R Deduction (Weekly)	(\$40.00 Bi-
				Date of Receipt	
Ma	ailing Address 11310 Haleco Lane			M M / D	D / Y Y Y Y
Cit	ty	State	Zip Code	Transaction ID:	PR1094241910510
<u>Ha</u>	ales Corners	WI	53130	Amount of Each	Receipt this Period
	CC ID number of contributing deral political committee.	С			100.00
Na Kir	ame of Employer ndred Healthcare Inc.	Occupation Chief Exe			
Re	eceipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		300.00	P/R Deduction Weekly)	(\$50.00 Bi-
	Il Name (Last, First, Middle Initial) egory C. Miller			Date of Receipt	
_	ailing Address 8000 Allielough Court			M M / D	D / Y Y Y Y
Cit	ty	State	Zip Code	Transaction ID:	PR1094242810510
<u>Pr</u>	rospect	KY	40059	Amount of Each	Receipt this Period
	CC ID number of contributing deral political committee.	С			80.00
Na Kir	ame of Employer ndred Healthcare Inc.	Occupation Sr VP De	n ev & Fin Plan		
Re	eceipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼	0 0	240.00	P/R Deduction (Weekly)	(\$40.00 Bi-
SUB	TOTAL of Receipts This Page (optional)				260.00
			<u> </u>	-	
TOT	AL This Period (last page this line number o	nly))		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 14 / 19							
ITEMIZED RECEIPTS		or each category of the	(check only one)							
		Detailed Summary Page	X 11a 11b 11c 12 15 16 17 18 19 19 19 19 19 19 19							
Any information copied from such Reports and Si	tatements may	v not be sold or used by any perso								
or for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)										
> Kindred Healthcare, Inc. PAC										
Full Name (Look First Middle Initial)										
Full Name (Last, First, Middle Initial) A. Raymond J Sierpina			Date of Receipt							
Mailing Address 14 Westwind Road			M M / D D / Y Y Y Y							
City	State	Zip Code	Transaction ID: PR1094246610510							
Louisville	KY	40207	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		80.00							
Name of Employer Kindred Healthcare Inc.	Occupation	n	7							
Kindred Healthcare Inc.		overnment Program								
Receipt For:	Aggregate	e Year-to-Date ▼								
Primary General Other (specify) ▼	' '	240.00	P/R Deduction (\$40.00 Bi- Weekly)							
Cirior (openity)	0 0	0 0 0 0 0 0 0								
Full Name (Last, First, Middle Initial) 3. Thomas Wood			Date of Receipt							
Mailing Address 2949 Glascock Street			M M / D D / Y Y Y Y							
City	State	Zip Code	Transaction ID: PR1094247210510							
Oakland	CA	94601	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		130.00							
Name of Employer Kindred Healthcare Inc.	Occupation									
Receipt For:		Operations II e Year-to-Date ▼	_							
Primary General	Aggregate	Teal to Bate V	P/R Deduction (\$65.00 Bi-							
Other (specify) ▼		390.00	Weekly)							
Full Name (Last, First, Middle Initial) Sharon Spittle			Date of Receipt							
Mailing Address 26 Estes Street			M M / D D / Y Y Y Y							
City	State	Zip Code	Transaction ID: PR1094250010510							
Ipswich	MA	01938	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		100.00							
rederal political committee.										
Name of Employer Kindred Healthcare Inc.	Occupation									
	Executive		-							
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	P/R Deduction (\$20.00 Wee-							
Other (specify)		260.00	kly)							
			310.00							
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 15/19 Use separate schedule(s) (check only one) or each category of the 11a 11b 11c Detailed Summary Page 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) A. Russell D Ragland Date of Receipt Mailing Address 234 Moore Avenue S.E. M M / D D / City Zip Code State Transaction ID: PR1267998110510 Vienna VA 22180 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer Kindred Healthcare Inc. Occupation Sr VP Fin-HSD Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$50.00 Bi-Weekly) Primary General 300.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	100.00
TOTAL This Period (last page this line number only)	•	4437.00

SCHEDULE B (FEC Form 3X)

	SHEDOLL B (I LOT OHII 3A)	Use seperate schedule(s)		OR LINE check onl		:K:		L	PAGE	: 16/	19
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		Ė	21b 27	22 28a	X	23 28b	igsquare	4 8c	25 29	26 30b
	y Information copied from such Reports and State											ıs
or	for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)	ne and address of any politica	u com	ım	ittee to so	DIICIT CONTI	ributi	ons tro	om su	cn com	mittee	
$ \rangle$	Kindred Healthcare, Inc. PAC											
_	Full Name (Last, First, Middle Initial)					Trans	acti	on ID:	: 1970)8419		
Α.	Friends of Roy Blunt					M	of Di	sburse	ement	V	v · v	V
	Mailing Address PO Box 50100					0 3	IVI .	0) 1 ′		ž o ŏ :	7
	City Springfield	State Zip Code MO 65805				Amou	int of	f Each	Disbu	ırseme	nt this	Period
	Purpose of Disbursement			0	-						2000.	00
	Contribution Candidate Name				11							
	Rep. Roy Blunt				egory/ /pe							
	Senate President	sement For: 2008 ⟨ Primary General Other (specify) ▼	•			Contr	ibut	ion				
	State: MO District: 7											
В.	Full Name (Last, First, Middle Initial) Dave Camp For Congress 2008					Date	of Di	sburse	ement	7084		_
	Mailing Address 5915 Eastman Avenue Suite 100						М	^D 2	20	Y .	ž 0 ŏ ī	7 ^Y
	City Midland	State Zip Code MI 48640				Amou	int of	f Each	Disbu		nt this	
	Purpose of Disbursement Contribution			0	11	L.	0			-	1000.	00
	Candidate Name Rep. David Camp				egory/ /pe							
	Senate X President	ement For: 2008 (Primary General Other (specify)	•			Contr	ibut	ion				
	State: MI District: 4 Full Name (Last, First, Middle Initial)											
C.	Friends Of Jim Clyburn					Date	of Di	sburse	ement)8422		
	Mailing Address Post Office Box 12567					0 3	М	^D 0	1	<u> </u>	ž 0 Ď :	7 1
	City Columbia	State Zip Code SC 29211				Amou	int of	f Each	Disbu	ırseme	nt this	Period
	Purpose of Disbursement Contribution 011										2000.	00
	Candidate Name Rep. James Clyburn		Ca	ate	egory/ /pe							
	Senate X President	ement For: 2008 (Primary General Other (specify)				Contr	ibut	ion				
<u> </u>	State: SC District: 6								•		5000.	00
\vdash^{s}	UBTOTAL of Disbursements This Page (optional)			•••		-	-		-			
T	OTAL This Period (last page this line number only	')			•							

SCHEDULE B (FEC Form 3X)

	51125022 5 (1 201 0111 07)	Use seperate schedu				only o	ne)	n.		L	PAGE	17/	9	
П	EMIZED DISBURSEMENTS	for each category of t Detailed Summary Pa			21	b Ĺ	22	Χ	23	☐ 2·		25	26	
Δn	y Information copied from such Reports and Sta	tements may not be sold or	used by	<u> </u>	27		28a	rnos	28b		8c	29	30	
	for commercial purposes, other than using the r												5	
\setminus	NAME OF COMMITTEE (In Full)													
$ \rangle$	Kindred Healthcare, Inc. PAC													
Δ.	Full Name (Last, First, Middle Initial)									1944	5391			
Α.	Friends of Byron Dorgan						М	of D	isburse	ement 4	Υ	Y	Υ	
	Mailing Address PO Box 871						0 3	_	1	4		ž o ŏ 7		
	City Bismarck	State Zip Code ND 58502					Amou	nt o	f Each	Disbu	rseme	nt this F	Period	
	Purpose of Disbursement		Тг			7		_				5000.0	00	
	Contribution Candidate Name			Cat)11 tegory/	-								
	Sen. Byron Dorgan			Т	уре									
	X Senate President	x Primary General Other (specify)					Contri	but	tion					
	State: ND District: 2 Full Name (Last, First, Middle Initial)													
В.	Ron Lewis for Congress						Date o	of D	isburs		6788			
	Mailing Address PO Box 307						0 ^M 3	М	[/] 2	21	Y	ž o ŏ 7	, ^Y	
	City Elizabethtown	State Zip Code KY 42702					Amou	nt o	f Each	Disbu	rseme	nt this F	Period	
	Purpose of Disbursement Contribution			()11	7	L.					2500.0	00	
	Candidate Name Rep. Ron Lewis Category/ Type													
	Office Sought: X House Senate President State: KY District: 2	x Primary General Other (specify)					Contri	but	tion					
	Full Name (Last, First, Middle Initial)						Trans	acti	ion ID:	1949	9398			
C.	Earl Pomeroy For Congress						Date of	of D	isburs	ement				
	Mailing Address P.O. Box 9336		0 ^M 3	М	[′] 0	8	, 2	ž o ŏ 7	· *					
	City Fargo	State Zip Code ND 58106					Amou	nt o	f Each	Disbu	rseme	nt this F	Period	
	Purpose of Disbursement Contribution 011											1000.0	00	
	Candidate Name Category/ Rep. Earl Pomeroy Type													
	Senate President	rrsement For: 2008 Primary X General Other (specify) ▼					Contribution							
_	State: ND District: 1													
s	UBTOTAL of Disbursements This Page (option	al)				>						3500.0	00	
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ιT	OTAL This Period (last page this line number o	1IV)				•								

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		OR LINE NUMBER: PAGE 18 / 19										
IT	EMIZED DISBURSEMENT		(CI	neck on 21b 27	lly o	ne) 22 28a	Х	23 28b		24 28c	Н	25 29		26 30b
	y Information copied from such Reports ar for commercial purposes, other than using												s	
\rangle	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC													
۹.	Full Name (Last, First, Middle Initial) Earl Pomeroy For Congress Mailing Address P.O. Box 9336					Trans Date o	of Di	sburse				o ŏ 7	7 ^Y	
	City Fargo Purpose of Disbursement Contribution Candidate Name Rep. Earl Pomeroy	State Zip Code ND 58106	01 Categ	jory/		Amou	nt of	f Each	Dis	burse	-	t this I		od
	Office Sought: X House Senate President State: ND District: 1	Disbursement For: 2008 X Primary General Other (specify)	Тур			Contri	but	ion						

SUBTOTAL of Disbursements This Page (optional)	>	5000.00
TOTAL This Period (last page this line number only)	—	18500.00

S	CHEDULE B (FEC Form 3X)		NE NUMBER: PAGE 19 / 19								
IT	EMIZED DISBURSEMENTS	Use seperate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	y one) 22 23 24 25 26 28a 28b 28c X 29 30b							
	y Information copied from such Reports and for commercial purposes, other than using the										
\rangle	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC										
۹.	Full Name (Last, First, Middle Initial) State of California General Fund Mailing Address 428 J Street, Suite	620		Transaction ID: 19283954 Date of Disbursement O 3 D D D D D D D D D D D D D D D D D D							
	City Sacramento	State Zip Code CA 95814		Amount of Each Disbursement this Period							
	Purpose of Disbursement Payment for fine incurred in 2005 Candidate Name		001 Category/	1000.00							
		isbursement For: Primary General Other (specify)	Type	Payment for fine incurred in 2005							
	State: District:	3 and (opposity) \									

SUBTOTAL of Disbursements This Page (optional)	•	1600.00
TOTAL This Period (last page this line number only)	•	1600.00