

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 04 01 2007 through 04 30 2007

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 05 16 2007

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Kindred Healthcare, Inc. PAC

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		119586.29
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	97089.69									
(c) Total Receipts (from Line 19)	16122.70	54726.10								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	113212.39	174312.39								
7. Total Disbursements (from Line 31)	22032.00	83132.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	91180.39	91180.39								
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	4

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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	5825.20	12922.20
(i) Itemized (use Schedule A)	10297.50	41803.90
(ii) Unitemized	16122.70	54726.10
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	16122.70	54726.10
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	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	16122.70	54726.10
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	16122.70	54726.10

DETAILED SUMMARY PAGE

of Disbursements

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.....	32.00	32.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	32.00	32.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	22000.00	81500.00
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.....	0.00	1600.00
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))..	22032.00	83132.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	22032.00	83132.00

DETAILED SUMMARY PAGE
of Disbursements

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)	16122.70	54726.10
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	16122.70	54726.10
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	32.00	32.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	32.00	32.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 22
	<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

Full Name (Last, First, Middle Initial) A. Ruth Ann Noviello		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 7	
Mailing Address 6207 Oak Park Avenue		Transaction ID: 19697592	
City State Zip Code Las Vegas NV 89118-1957	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Kindred Healthcare Inc.	Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) B. Richard E Chapman		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address 680 S. Fourth Street		Transaction ID: PR1094183810715	
City State Zip Code Louisville KY 40202	Amount of Each Receipt this Period 219.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Kindred Healthcare Inc.	Occupation Exec VP Chief Adm&InfoOff		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 642.00		
		P/R Deduction (\$73.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) C. Edward L Kuntz		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address 8807 Stable Crest Boulevard		Transaction ID: PR1094183910715	
City State Zip Code Houston TX 77024	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Kindred Healthcare Inc.	Occupation Executive Chairman		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00		
		P/R Deduction (\$100.00 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional) ▶	819.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. David R Windhorst		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1094185010715	
Mailing Address 2000 Spring Farms Road		Amount of Each Receipt this Period 120.00	
City State Zip Code Floyds Knobs IN 47119	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 ▼ 360.00		
		P/R Deduction (\$40.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) B. Katheryn J Markham		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1094185610715	
Mailing Address 680 S. Fourth Street		Amount of Each Receipt this Period 135.00	
City State Zip Code Louisville KY 40202	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) ▼	Aggregate Year-to-Date ▼ 365.00		
		P/R Deduction (\$45.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) C. William B Seibert		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1094187410715	
Mailing Address 680 S. Fourth Street		Amount of Each Receipt this Period 90.00	
City State Zip Code Louisville KY 40202	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 ▼ 270.00		
		P/R Deduction (\$30.00 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional) ▶	345.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Charles Wardrip		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 680 S. Fourth Street		Transaction ID: PR1094187910715
City State Zip Code Louisville KY 40202	Amount of Each Receipt this Period _____ 105.00	
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$35.00 Bi-Weekly)	
Name of Employer Kindred Healthcare Inc. Occupation VP IS Ops & Telecomm	Aggregate Year-to-Date ▼ _____ 315.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Stephen M Dobler		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 680 S. Fourth Street		Transaction ID: PR1094188010715
City State Zip Code Louisville KY 40202	Amount of Each Receipt this Period _____ 135.00	
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$45.00 Bi-Weekly)	
Name of Employer Kindred Healthcare Inc. Occupation VP IS Finance & Admin	Aggregate Year-to-Date ▼ _____ 405.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Martin Ardron		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 41 La Sierra Dr.		Transaction ID: PR1094189110715
City State Zip Code Phillips Ranch CA 91766	Amount of Each Receipt this Period _____ 75.00	
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$25.00 Bi-Weekly)	
Name of Employer Kindred Healthcare Inc. Occupation Reg Dir Hosp Rehab-PRS	Aggregate Year-to-Date ▼ _____ 225.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	_____ 315.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Jack Shapiro		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1094190410715
Mailing Address 22591 Covington Drive		Amount of Each Receipt this Period 70.00
City State Zip Code Deer Park IL 60010	FEC ID number of contributing federal political committee. C	P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation Executive Dir	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Linda Tiemens		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1094190710715
Mailing Address 100 Forest Place #P-39		Amount of Each Receipt this Period 90.00
City State Zip Code Oak Park IL 60301	FEC ID number of contributing federal political committee. C	P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation Sr VP-Midwest Reg-HD	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 270.00		

Full Name (Last, First, Middle Initial) C. Theodore Welding		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1094191310715
Mailing Address 2448 Middle River Dr.		Amount of Each Receipt this Period 75.00
City State Zip Code Ft. Lauderdale FL 33305	FEC ID number of contributing federal political committee. C	P/R Deduction (\$25.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation Executive Dir	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 225.00		

SUBTOTAL of Receipts This Page (optional) ▶	235.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Frank Battafarano		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1094191910715
Mailing Address 680 S. Fourth Street		Amount of Each Receipt this Period 150.00
City State Zip Code Louisville KY 40202	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation Exec VP & President-HD	Aggregate Year-to-Date ▼ 450.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Sean R Muldoon		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1094192210715
Mailing Address 680 S. Fourth Street		Amount of Each Receipt this Period 150.00
City State Zip Code Louisville KY 40202	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation Sr VP & Chief Med Off-HD	Aggregate Year-to-Date ▼ 450.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Charles Michael Grannan		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1094193910715
Mailing Address 680 S. Fourth Street		Amount of Each Receipt this Period 90.00
City State Zip Code Louisville KY 40202	FEC ID number of contributing federal political committee. C	P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation VP Purchasing	Aggregate Year-to-Date ▼ 262.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	390.00
TOTAL This Period (last page this line number only) ▶	

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

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

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

Full Name (Last, First, Middle Initial) A. Dennis J Hansen		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1094194110715
Mailing Address 680 S. Fourth Street		Amount of Each Receipt this Period 105.00
City State Zip Code Louisville KY 40202	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-HSD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

Full Name (Last, First, Middle Initial) B. Anne S Woods		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1094195410715
Mailing Address 680 S. Fourth Street		Amount of Each Receipt this Period 105.00
City State Zip Code Louisville KY 40202	FEC ID number of contributing federal political committee. C	P/R Deduction (\$35.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc.	Occupation VP Internal Audit	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 295.00	

Full Name (Last, First, Middle Initial) C. John Lucchese		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1094195910715
Mailing Address 680 S. Fourth Street		Amount of Each Receipt this Period 99.00
City State Zip Code Louisville KY 40202	FEC ID number of contributing federal political committee. C	P/R Deduction (\$33.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc.	Occupation Sr VP & Corp Controller	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 297.00	

SUBTOTAL of Receipts This Page (optional) ▶	309.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 22
	<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) Richard A Lechleiter Mailing Address 680 S. Fourth Street City State Zip Code Louisville KY 40202 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1094196210715 Amount of Each Receipt this Period 225.00 P/R Deduction (\$75.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation Exec VP & CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 675.00	

B. Full Name (Last, First, Middle Initial) Joseph Landenwich Mailing Address 680 S. Fourth Street City State Zip Code Louisville KY 40202 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1094196310715 Amount of Each Receipt this Period 180.00 P/R Deduction (\$60.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation SVPCrpLegalAffairs&CrpSec Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	

C. Full Name (Last, First, Middle Initial) Mark A Laemmle Mailing Address 680 S. Fourth Street City State Zip Code Louisville KY 40202 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1094197110715 Amount of Each Receipt this Period 93.00 P/R Deduction (\$31.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation VP Crp Finance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 279.00	

SUBTOTAL of Receipts This Page (optional)	498.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 22
	<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) Brian L Caudill Mailing Address 680 S. Fourth Street City State Zip Code Louisville KY 40202 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1094197310715 Amount of Each Receipt this Period 78.00 P/R Deduction (\$26.00 Bi-Weekly)
Name of Employer: Kindred Healthcare Inc. Occupation: Sr Dir HD Reimb Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 234.00		

B. Full Name (Last, First, Middle Initial) William M Altman Mailing Address 680 S. Fourth Street City State Zip Code Louisville KY 40202 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1094198010715 Amount of Each Receipt this Period 120.00 P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer: Kindred Healthcare Inc. Occupation: SVPCmplGovtProg&IntAudit Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00		

C. Full Name (Last, First, Middle Initial) T. Stephen Turner Mailing Address 4105 Pacific Ave #4 City State Zip Code Marina Del Ray CA 90292 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1094200310715 Amount of Each Receipt this Period 120.00 P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer: Kindred Healthcare Inc. Occupation: SVPStrategicPlan&BusDevHD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00		

SUBTOTAL of Receipts This Page (optional)	318.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 22
	<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 Comer Mailing Address 12 Lewis City Irvine State CA Zip Code 92620 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1094200410715 Amount of Each Receipt this Period 105.00 P/R Deduction (\$35.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation VP Finance-West Reg-HD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 315.00		

B. Full Name (Last, First, Middle Initial) Traci Shelton Mailing Address 2800 Nelson Way Apt. 506 City Santa Monica State CA Zip Code 90405 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1094200610715 Amount of Each Receipt this Period 360.00 P/R Deduction (\$120.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation Sr VP-West Reg-HD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		

C. Full Name (Last, First, Middle Initial) Steven Monaghan Mailing Address 508 W. Melrose #7-A City Chicago State IL Zip Code 60657 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1094200710715 Amount of Each Receipt this Period 255.00 P/R Deduction (\$85.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation Exec VP-West Grp-HD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 765.00		

SUBTOTAL of Receipts This Page (optional)	720.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 22
	<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)
Mark A McCullough

Mailing Address 680 S. Fourth Street

City State Zip Code
Louisville KY 40202

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

Name of Employer Kindred Healthcare Inc. Occupation President-KPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR1094201110715

Amount of Each Receipt this Period
120.00

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

B. Full Name (Last, First, Middle Initial)
Pamela Marie Riter

Mailing Address 5224 Hampton Beach Place

City State Zip Code
Tampa FL 33609

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 ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR1094202410715

Amount of Each Receipt this Period
75.00

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

C. Full Name (Last, First, Middle Initial)
James J Novak

Mailing Address 9680 Ridgewalk Court

City State Zip Code
Davie FL 33328

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

Name of Employer Kindred Healthcare Inc. Occupation Exec VP-East Grp-HD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 378.00

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR1094205310715

Amount of Each Receipt this Period
126.00

P/R Deduction (\$42.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	321.00
TOTAL This Period (last page this line number only)	

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

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

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

Full Name (Last, First, Middle Initial) A. Donna Kelsey		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 2075 E. Tivoli Hills Drive		Transaction ID: PR1094210110715		
City State Zip Code Draper UT 84020	Amount of Each Receipt this Period _____ 75.00		P/R Deduction (\$25.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. C _____		Aggregate Year-to-Date ▼ _____ 225.00		
Name of Employer Kindred Healthcare Inc.	Occupation Sr VP-Pacific Reg-HSD			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

Full Name (Last, First, Middle Initial) B. Lane M Bowen		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 680 South Fourth Ave		Transaction ID: PR1094213610715		
City State Zip Code Louisville KY 40202	Amount of Each Receipt this Period _____ 150.00		P/R Deduction (\$50.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. C _____		Aggregate Year-to-Date ▼ _____ 450.00		
Name of Employer Kindred Healthcare Inc.	Occupation Exec VP & President-HSD			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

Full Name (Last, First, Middle Initial) C. Stephen F. Stoess		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 680 S. Fourth Street		Transaction ID: PR1094224610715		
City State Zip Code Louisville KY 40202	Amount of Each Receipt this Period _____ 70.20		P/R Deduction (\$23.40 Bi-Weekly)	
FEC ID number of contributing federal political committee. C _____		Aggregate Year-to-Date ▼ _____ 210.60		
Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Telecommunications			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

SUBTOTAL of Receipts This Page (optional) ▶	_____ 295.20
TOTAL This Period (last page this line number only) ▶	_____

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

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

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

Full Name (Last, First, Middle Initial) A. Berard E. Tomassetti		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1094226210715
Mailing Address 680 S. Fourth Street		Amount of Each Receipt this Period 75.00
City State Zip Code Louisville KY 40202	FEC ID number of contributing federal political committee. C	P/R Deduction (\$25.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation VP Finance-KPS	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) B. Gaylia Bond		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1094229710715
Mailing Address 7015 Wooded Meadow Rd		Amount of Each Receipt this Period 90.00
City State Zip Code Louisville KY 40241	FEC ID number of contributing federal political committee. C	P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation Sr VP Human Resources-HD	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 270.00		

Full Name (Last, First, Middle Initial) C. Patricia M McGillan		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1094229910715
Mailing Address 680 S. Fourth Street		Amount of Each Receipt this Period 90.00
City State Zip Code Louisville KY 40202	FEC ID number of contributing federal political committee. C	P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation VP Pat Saf & Risk Mgmt-HD	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 270.00		

SUBTOTAL of Receipts This Page (optional) ▶	255.00
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Douglas Roth		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 9891 Heytesbery		Transaction ID: PR1094237310715	
City State Zip Code Sandy UT 84092	Amount of Each Receipt this Period _____ 120.00		
FEC ID number of contributing federal political committee. C _____			
Name of Employer Kindred Healthcare Inc.	Occupation VP Finance-Pacific RegHSD		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 360.00		
		P/R Deduction (\$40.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) B. Linda L Newberry-Ferguson		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 11310 Haleco Lane		Transaction ID: PR1094241910715	
City State Zip Code Hales Corners WI 53130	Amount of Each Receipt this Period _____ 100.00		
FEC ID number of contributing federal political committee. C _____			
Name of Employer Kindred Healthcare Inc.	Occupation Chief Exec Off II		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 400.00		
		P/R Deduction (\$50.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) C. Gregory C. Miller		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 8000 Allielough Court		Transaction ID: PR1094242810715	
City State Zip Code Prospect KY 40059	Amount of Each Receipt this Period _____ 120.00		
FEC ID number of contributing federal political committee. C _____			
Name of Employer Kindred Healthcare Inc.	Occupation Sr VP Dev & Fin Plan		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 360.00		
		P/R Deduction (\$40.00 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 340.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Raymond J Sierpina		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1094246610715
Mailing Address 14 Westwind Road		Amount of Each Receipt this Period 120.00
City Louisville	State KY	Zip Code 40207
FEC ID number of contributing federal political committee. C		P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Government Program	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) B. Thomas Wood		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1094247210715
Mailing Address 2949 Glascock Street		Amount of Each Receipt this Period 195.00
City Oakland	State CA	Zip Code 94601
FEC ID number of contributing federal political committee. C		P/R Deduction (\$65.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir Operations I	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 585.00	

Full Name (Last, First, Middle Initial) C. Gwynn Rucker		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1094247810715
Mailing Address 15106 59th Place NE		Amount of Each Receipt this Period 75.00
City Kenmore	State WA	Zip Code 98028
FEC ID number of contributing federal political committee. C		P/R Deduction (\$25.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir Operations I	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional) ▶	390.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 22
	<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) Sharon Spittle Mailing Address 26 Estes Street City Ipswich State MA Zip Code 01938 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1094250010715 Amount of Each Receipt this Period 50.00 P/R Deduction (\$10.00 Weekly)
Name of Employer Kindred Healthcare Inc. Occupation Executive Dir II Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 310.00		

B. Full Name (Last, First, Middle Initial) Russell D Ragland Mailing Address 680 S. Fourth Street City Louisville State KY Zip Code 40202 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1267998110715 Amount of Each Receipt this Period 150.00 P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation Sr VP Fin-HSD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00		

C. Full Name (Last, First, Middle Initial) Ross A Johnson Mailing Address 680 S. Fourth Avenue City Louisville State KY Zip Code 40202 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1359729010715 Amount of Each Receipt this Period 75.00 P/R Deduction (\$25.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation VP Recruiting-PRS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		

SUBTOTAL of Receipts This Page (optional)	275.00
TOTAL This Period (last page this line number only)	5825.20

**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 21 / 22

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

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

Full Name (Last, First, Middle Initial) A. Democratic Congressional Campaign Committee		Transaction ID: 19819038 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 7
Mailing Address 430 South Capitol Street, SE 2nd Floor		Amount of Each Disbursement this Period 10000.00
City Washington State DC Zip Code 20003	Contribution	
Purpose of Disbursement Contribution Candidate Name		011 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Friends Of Dick Durbin Committee		Transaction ID: 19864000 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 7
Mailing Address PO Box 1949		Amount of Each Disbursement this Period 5000.00
City Springfield State IL Zip Code 62705	Contribution	
Purpose of Disbursement Contribution Candidate Name Sen. Richard Durbin		011 Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 1		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Glacier PAC		Transaction ID: 19864268 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 7
Mailing Address 818 Connecticut Ave. NW Suite 1009		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20006	Contribution	
Purpose of Disbursement Contribution Candidate Name		011 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	20000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) A. Markey Committee, The		Transaction ID: 19819030 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 7
Mailing Address P.O. Box 526		Amount of Each Disbursement this Period 1000.00
City Medford State MA Zip Code 02155	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Edward Markey Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 7		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
011 Category/Type		

Full Name (Last, First, Middle Initial) B. Re-Elect MCGovern Committee		Transaction ID: 19819037 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 7
Mailing Address PO Box 60405		Amount of Each Disbursement this Period 1000.00
City Worcester State MA Zip Code 01606	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. James McGovern Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 3		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
011 Category/Type		

SUBTOTAL of Disbursements This Page (optional) ►

2000.00

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

22000.00