08/14/2008 19:11

Image# 28991715382

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 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (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) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 07 0 1 2008 07 3 1 2008 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 08 14 2008 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE

Page 2

OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name Kindred Healthcare, Inc. PAC

FEC Form 3X (Rev. 02/2003)

D D " D 0.7 0.7 0 1 2008 3 1 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 48684.55 2008 January 1 (b) Cash on Hand at 59135.01 Begining of Reporting Period 16679.84 114178.55 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 75814.85 162863.10 6(a) and 6(c) for Column B) 17000.00 104048.25 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 58814.85 58814.85 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D) 0.00 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D)

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

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

Write or Type Committee Name
Kindred Healthcare, Inc. PAC

Report Covering the Period:

м м 0 7

From:

01

2008

o. 0 7

^D 3 1

^Y 2008

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)	12817.84	60521.90
(ii) Unitemized	3862.00	48656.65
(iii) TOTAL (add Lines 11(a)(i) and (ii)	16679.84	109178.55
(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)	16679.84	109178.55
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	5000.00
7. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
8. Transfers from Non-Federal and Levin Fu	nds	
(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))	. 16679.84	114178.55
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	16679.84	114178.55

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS

of Disbursements Page 4 COLUMN A **COLUMN B** Calendar Year-to-Date **Total This Period**

	Total This Period	Calendar Year-to-Date
Operating Expenditures: (a) Shared Federal/Non-Federal	<u>'</u>	
Activity (from Schedule H4) (i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating		10.05
Expenditures	0.00	48.25
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	0.00	48.25
2. Transfers to Affiliated/Other Party	2.22	2.00
Committees	0.00	0.00
Federal Candidates/Committeesand Other Political Committees	17000.00	103500.00
. Independent Expenditure (use Schedule E)	0.00	0.00
Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6. Loan Repayments Made	0.00	0.00
7. Loans Made	0.00	0.00
3. 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
9. Other Disbursements	0.00	500.00
0. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.00
(i) rederal Strate		
(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
. Total Disbursements (add Lines 21(c), 22,	17000.00	104048.25
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	17000.00	104040.23
2. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	17000.00	104048.25

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)	16679.84	109178.55
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	16679.84	109178.55
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	48.25
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	48.25

FE6AN026

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 56 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any per e name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
Α.	Full Name (Last, First, Middle Initial) John Cowgill		Date of Receipt
	Mailing Address 9103 Lantern Lite Par	rkway	07 01 2008
	City Louisville	State Zip Code KY 40220	Transaction ID: 25312014
	FEC ID number of contributing federal political committee.	C 40220	Amount of Each Receipt this Period 1000.00
	Name of Employer Kindred Healthcare, Inc	Occupation Vice President of Facilities Manage	men
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
В.	Full Name (Last, First, Middle Initial) Darlene A. Thompson Mailing Address 5375 Cross Creek Dr	ive	Date of Receipt
			07 08 2008
	City Crestwood	State Zip Code KY 40014	Transaction ID: 25422034 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Kindred Healthcare Inc.	Occupation Division Director of Clinical Operati	0
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
с. С.	Full Name (Last, First, Middle Initial) Clarence Wurdock		Date of Receipt
	Mailing Address 2511 Savannah Road	I	07 08 YYYY 2008
	City	State Zip Code	Transaction ID: 25422035
	Louisville FEC ID number of contributing federal political committee.	KY 40242	Amount of Each Receipt this Period 600.00
	Name of Employer Kindred Healthcare, Inc	Occupation Director of Marketing and Planning	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
	SUBTOTAL of Receipts This Page (optional)		2100.00
Ì	TOTAL This Period (last page this line number		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 56 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or f	vinformation copied from such Reports and Sor commercial purposes, other than using the NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC	Statements may e name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
А.	Full Name (Last, First, Middle Initial) Patricia D. Stephens Mailing Address P.O. Box 115 City Penngrove FEC ID number of contributing federal political committee. Name of Employer Kindred Healthcare Receipt For: Primary General Other (specify)	+ +	Zip Code 94951-0115 n e Director e Year-to-Date ▼ 235.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Full Name (Last, First, Middle Initial) Dennis Ertel Mailing Address 6912 Windham Parkw City Prospect FEC ID number of contributing federal political committee.	State KY	Zip Code 40059	Date of Receipt M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Employer Kindred Healthcare, Inc Receipt For: Primary General Other (specify) ▼		oral/Bus Sys Dev e Year-to-Date ▼ 900.00	
С.	Full Name (Last, First, Middle Initial) Isaac Kaufman Mailing Address 8204 Township Drive City Owings Mills FEC ID number of contributing federal political committee.	State MD	Zip Code 21117-5416	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Employer Kindred Healthcare Inc. Receipt For: Primary General Other (specify)	Occupation Manager		
SI	JBTOTAL of Receipts This Page (optional))	3135.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 56 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Kindred Healthcare, Inc. PAC		
Full Name (Last, First, Middle Initial) Henry F Powell		Date of Receipt
Mailing Address 9635 Morrfield Cir		07 29 7 2008
City	State Zip Code	Transaction ID: 25665626
Louisville	KY 40241	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	750.00
Name of Employer Kindred Healthcare, Inc	Occupation Mgmt-Reltd-Occup,Nec	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	750.00	
Full Name (Last, First, Middle Initial) Teresa S Anderson	<u> </u>	Date of Receipt
Mailing Address 7115 Coachwood Drive	9	07 31 7 2008
City	State Zip Code	Transaction ID: PR1094183714558
Georgetown	IN 47122	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Fin Sys Dev	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Edward L Kuntz		Date of Receipt
Mailing Address 8807 Stable Crest Bou	levard	0 7 3 1 2 0 0 8
City	State Zip Code	Transaction ID: PR1094183914558
Houston	TX 77024	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer Kindred Healthcare Inc.	Occupation Executive Chairman	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1500.00	P/R Deduction (\$100.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)		990.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate sched for each category of Detailed Summary P	the (crieck only only)
4	ny information copied from such Reports and r for commercial purposes, other than using the	Statements may not be sold or used by e name and address of any political cor	any person for the purpose of soliciting contributions nmittee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
	Full Name (Last, First, Middle Initial) David R Windhorst		Date of Receipt
	Mailing Address 2000 Spring Farms F	oad	07 31 YYYY 2008
	City Floyds Knobs	State Zip Code IN 47119	Transaction ID: PR1094185014558 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 Financial Sys Dev	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	0.00 P/R Deduction (\$40.00 Bi-Weekly)
_	Full Name (Last, First, Middle Initial) Lawrence I Wolf	1	Date of Receipt
	Mailing Address 4826 N Winthrop Ave	#3S	0 7 3 1 2 0 0 8
	City	State Zip Code	Transaction ID: PR1094185114558
	Chicago	IL 60640	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Cnslt Appl-Data Arch	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	30	0.00 P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Katheryn J Markham		Date of Receipt
	Mailing Address 10602 Taylor Farm C	t	07 31 YYYY 2008
	City	State Zip Code	Transaction ID: PR1094185614558
	Prospect	KY 40059	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	90.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP IS Planning&FieldSvcs	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	5.00 P/R Deduction (\$45.00 Bi-Weekly)
	SUBTOTAL of Receipts This Page (optional)	1	210.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 56 (check only one) X
A C	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
Z	Full Name (Last, First, Middle Initial) Catherine A Gooch			Date of Receipt
	Mailing Address 14516 Clear Meadow	Court		07 31 2008
	City Louisville	State KY	Zip Code 40245	Transaction ID: PR1094185914558 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Kindred Healthcare Inc.	Occupatio Sr Dir Fi	n n Sys Dev	
	Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 300.00	P/R Deduction (\$20.00 Bi-Weekly)
_	Full Name (Last, First, Middle Initial) Patrick J Gillenwater			Date of Receipt
	Mailing Address 680 S. Fourth Street			07 31 2008
	City	State	Zip Code	Transaction ID: PR1094186414558
	Louisville FEC ID number of contributing federal political committee.	C	40202	Amount of Each Receipt this Period 35.00
	Name of Employer Kindred Healthcare Inc.	Occupatio Adm Dir	n IS Admin	
	Receipt For: Primary General		e Year-to-Date ▼	
	Other (specify)		262.50	P/R Deduction (\$17.50 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) William B Seibert			Date of Receipt
	Mailing Address 4706 Wolfcreek Pkwy			07 31 7 2008
	City	State	Zip Code	Transaction ID: PR1094187414558
	Louisville FEC ID number of contributing federal political committee.	C	40241	Amount of Each Receipt this Period 60.00
	Name of Employer Kindred Healthcare Inc.	Occupatio Sr Dir Fi	n n Sys Dev	
	Receipt For: Primary General Other (specify) ▼	, '	e Year-to-Date ▼ 450.00	P/R Deduction (\$30.00 Bi-Weekly)
Γ	SUBTOTAL of Receipts This Page (optional)	1		135.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 56 (check only one) X 11a 11b 11c 12 13 14 15 16 1
,	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may no e name and addres	t be sold or used by any persons of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
Z	Full Name (Last, First, Middle Initial) Deborah F Rickert			Date of Receipt
	Mailing Address 7003 Shallow Lake Ro	oad		07 07 2008
	City Prospect	State KY	Zip Code 40059	Transaction ID: PR1094187714558 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10000	50.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Fin S	vs Dev	
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	•	P/R Deduction (\$25.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Charles Wardrip	<u> </u>		Date of Receipt
	Mailing Address 680 S. Fourth Street			07 31 2008
	City	State	Zip Code	Transaction ID: PR1094187914558
	Louisville FEC ID number of contributing federal political committee.	C	40202	Amount of Each Receipt this Period 100.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP IS Ops 8	Telecomm	
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye		P/R Deduction (\$50.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Stephen M Dobler			Date of Receipt
	Mailing Address 1106 Holly Springs Dr	rive		07 31 2008
	City	State	Zip Code	Transaction ID: PR1094188014558
	Louisville FEC ID number of contributing federal political committee.	C	40242	Amount of Each Receipt this Period 90.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP IS Finan	ce & Admin	
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 675.00	P/R Deduction (\$45.00 Bi-Weekly)
	SUBTOTAL of Receipts This Page (optional)	-		240.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 56 (check only one) X 11a 11b 11c 12 13 14 15 16 11
A C	Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements may not be sold or used by any per e name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
	Full Name (Last, First, Middle Initial) Terry Carrico		Date of Receipt
	Mailing Address 680 S. Fourth Street		07 / 31 / Y Y Y Y Y Y
	City <u>Louisville</u>	State Zip Code KY 40202	Transaction ID: PR1094188214558 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Clin Systems Dev	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	P/R Deduction (\$20.00 Bi-Weekly)
	Full Name (Last, First, Middle Initial) Steven J Paynter		Date of Receipt
	Mailing Address 3105 Crestmoor Cour	t	07 31 2008
	City	State Zip Code	Transaction ID: PR1094188414558
	Prospect	KY 40059	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Cnslt Tech Arch	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	300.00	P/R Deduction (\$20.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Martin Ardron	I.	Date of Receipt
	Mailing Address 41 La Sierra Dr.		0 7 3 1 2 0 0 8
	City	State Zip Code	Transaction ID: PR1094189114558
	Phillips Ranch	CA 91766	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer Kindred Healthcare Inc.	Occupation Reg Dir Hosp Rehab-PRS	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	375.00	P/R Deduction (\$25.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional) .	1	130.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 56 (check only one) X
A or	ny information copied from such Reports and for commercial purposes, other than using th	Statements may not be sold or used by any perse e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
۸.	Full Name (Last, First, Middle Initial) Michael Metzger		Date of Receipt
	Mailing Address 129 Foley Rd		07 31 2008
	City West Point	State Zip Code VA 23181	Transaction ID: PR1094189314558
	FEC ID number of contributing federal political committee.	C 23101	Amount of Each Receipt this Period 30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Fin Off III	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	P/R Deduction (\$15.00 Bi- Weekly)
 s.	Full Name (Last, First, Middle Initial) Jan Turk		Date of Receipt
	Mailing Address 1314 Amelia St.		07 / 31 / 2008
	City	State Zip Code	Transaction ID: PR1094190014558
	New Orleans	LA 70115	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Exec Off II	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 300.00	P/R Deduction (\$20.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Larry Foster		Date of Receipt
	Mailing Address 5700 N. Winthrop Apartment # 5		07 31 YYYYY 2008
	City Chicago	State Zip Code IL 60660	Transaction ID: PR1094190314558
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 50.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Exec Off III	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	P/R Deduction (\$25.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional).		120.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 56 (check only one) X 11a 11b 11c 12
Any information copied from such Reports an	d Statements may not be sold or used by any perso the name and address of any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC	the name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Jack Shapiro		Date of Receipt
Mailing Address 22591 Covington Dr	rive	M M / D D / Y Y Y Y Y O O O O O O O O O O O O O O
City Deer Park	State Zip Code IL 60010	Transaction ID: PR1094190414558 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Kindred Healthcare Inc.	Occupation Executive Director III	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 740.00	P/R Deduction (\$50.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) Linda Tiemens		Date of Receipt
Mailing Address 9812 NW 2nd. Cour	t	0 7
City Ft. Lauderdale	State Zip Code FL 33324	Transaction ID: PR1094190714558 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer Kindred Healthcare Inc.	Occupation Sr VP & COO-East Group-HD	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	P/R Deduction (\$30.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Theodore Welding		Date of Receipt
Mailing Address 2448 Middle River D	Or.	0 7 3 1 2 0 0 8
City Ft. Lauderdale	State Zip Code FL 33305	Transaction ID: PR1094191314558 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Kindred Healthcare Inc.	Occupation Executive Director I	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	P/R Deduction (\$25.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional	1	210.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 56 (check only one) X 11a
0	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
	Full Name (Last, First, Middle Initial) Sean R Muldoon			Date of Receipt
	Mailing Address 5800 Brittany Valley F	Road		07 31 YYYYY 2008
	City Louisville	State KY	Zip Code 40222	Transaction ID: PR1094192214558
	FEC ID number of contributing federal political committee.	C	40222	Amount of Each Receipt this Period 150.00
	Name of Employer Kindred Healthcare Inc.	Occupatio Sr VP &	n Chief Med Off-HD	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1125.00	P/R Deduction (\$75.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) James L Lindberg			Date of Receipt
	Mailing Address 11119 Brook Stone Co	ourt		07 31 2008
	City	State	Zip Code	Transaction ID: PR1094192514558
	Louisville	KY	40223	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Kindred Healthcare Inc.	Occupatio Adm Mgi	n r Facilities-HD	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	300.00	P/R Deduction (\$20.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Deborah R Doddridge			Date of Receipt
	Mailing Address 312 Hill Street NW			07 31 2008
	City	State	Zip Code	Transaction ID: PR1094193014558
	Depauw	<u>IN</u>	47115	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer Kindred Healthcare Inc.	Occupatio Dir Procu	n ure Sys & Capital	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 225.00	P/R Deduction (\$15.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)	-1		220.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 56 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	son for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)		
Kindred Healthcare, Inc. PAC		
Full Name (Last, First, Middle Initial) Joel W Day		Date of Receipt
Mailing Address 2017 Spring Farms D		07 31 2008
City	State Zip Code	Transaction ID: PR1094193114558
Floyd Knobs	IN 47119	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer Kindred Healthcare Inc.	Occupation VP & Controller-HD	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	225.00	P/R Deduction (\$15.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Susan Moss		Date of Receipt
Mailing Address 680 S. Fourth Street		07 31 2008
City	State Zip Code	Transaction ID: PR1094193314558
Louisville	KY 40202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer Kindred Healthcare Inc.	Occupation VP Crp Communications	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Theresa M Graham	.1	Date of Receipt
Mailing Address 1203 Falls Creek Lar	ding	07 31 2008
City	State Zip Code	Transaction ID: PR1094193514558
New Ablany	IN 47150	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Kindred Healthcare Inc.	Occupation VP Compliance	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	375.00	P/R Deduction (\$25.00 Bi- Weekly)
		120.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(for each category of the Detailed Summary Page	
A	ny information copied from such Reports and S r for commercial purposes, other than using the	tatements may not be sold or used by any name and address of any political commi	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
<u></u>	Full Name (Last, First, Middle Initial) Charles Michael Grannan		Date of Receipt
	Mailing Address 7109 Cannonade Cou		07 31 2008
	City Prospect	State Zip Code KY 40059	Transaction ID: PR1094193914558 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 Purchasing	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	P/R Deduction (\$35.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Dennis J Hansen		Date of Receipt
	Mailing Address 680 S. Fourth Street		0 7 3 1 2 0 0 8
	City	State Zip Code	Transaction ID: PR1094194114558
	Louisville FEC ID number of contributing federal political committee.	KY 40202	Amount of Each Receipt this Period 70.00
	Name of Employer Kindred Healthcare Inc.	Occupation	
	Receipt For:	VP Reimb-HSD Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	525.0	P/R Deduction (\$35.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mary Suzanne Riedman		Date of Receipt
	Mailing Address 6401 Orchid Hill Pl		07 31 2008
	City	State Zip Code	Transaction ID: PR1094194214558
	Louisville	KY 40207	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP & General Counsel	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.0	P/R Deduction (\$20.00 Bi-Weekly)
	SUBTOTAL of Receipts This Page (optional)	1	180.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 56 (check only one) X 11a 11b 11c 12 13 14 15 16
4	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Kindred Healthcare, Inc. PAC		
_	Full Name (Last, First, Middle Initial) Mary L Dennison		Date of Receipt
	Mailing Address 4678 Mount Eden Roa		07 31 7 2008
	City Shelbyville	State Zip Code KY 40065	Transaction ID: PR1094194814558 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	37.50
	Name of Employer Kindred Healthcare Inc.	Occupation Mgr Reimb	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 265.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Michael J Bean	I.	Date of Receipt
	Mailing Address 680 S. Fourth Street		07 31 2008
	City	State Zip Code	Transaction ID: PR1094195114558
	Louisville FEC ID number of contributing federal political committee.	KY 40202	Amount of Each Receipt this Period 40.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Tax Planning	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 300.00	P/R Deduction (\$20.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Anne S Woods	<u> </u>	Date of Receipt
	Mailing Address 7420 Falls Ridge Ct.		07 31 2008
	City	State Zip Code	Transaction ID: PR1094195414558
	Louisville FEC ID number of contributing federal political committee.	KY 40241	Amount of Each Receipt this Period 72.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Internal Audit	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	P/R Deduction (\$36.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)		149.50

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate sch for each category Detailed Summar	y of the
,	or for commercial purposes, other than using the	atements may not be sold or used name and address of any political	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
	Full Name (Last, First, Middle Initial) Stephanie J Warren		Date of Receipt
	Mailing Address 2169 Balmer-Fenwick	Road	07 / 31 / 2008
	City	State Zip Code	Transaction ID: PR1094195714558
	Floyds Knobs	IN 47119	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Facility Mgmt	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼		225.00 P/R Deduction (\$15.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) John Lucchese		Date of Receipt
	Mailing Address 14401 Broad Oak Plac)	07 31 7 2008
	City	State Zip Code	Transaction ID: PR1094195914558
	Louisville	KY 40245	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	76.94
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP & Corp Controller	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼		577.05 P/R Deduction (\$38.47 Bi-Weekly)
_	Full Name (Last, First, Middle Initial) Rose M Michels		Date of Receipt
	Mailing Address 680 S. Fourth Street		07 31 7 2008
	City	State Zip Code	Transaction ID: PR1094196014558
	Louisville	KY 40202	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Tax Compliance	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	P/R Deduction (\$15.00 Bi-Weekly)
Γ	SUBTOTAL of Receipts This Page (optional)		136.94

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 56 (check only one) X 11a
A	ny information copied from such Reports and S for commercial purposes, other than using the	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
. <u>/</u>	Full Name (Last, First, Middle Initial) Joseph Landenwich		Date of Receipt
	Mailing Address 2213 Wrocklage Ave.		07 31 7 2008
	City Louisville	State Zip Code KY 40205	Transaction ID: PR1094196314558
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 120.00
	Name of Employer Kindred Healthcare Inc.	Occupation SVPCrpLegalAffairs&CrpSec	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	P/R Deduction (\$60.00 Bi- Weekly)
-	Full Name (Last, First, Middle Initial) Arthur L Rothgerber	1	Date of Receipt
	Mailing Address 680 S. Fourth Street		07 31 YYYY 2008
	City	State Zip Code	Transaction ID: PR1094196414558
	Louisville	KY 40202	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	38.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP Reimbursement	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	P/R Deduction (\$19.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Charles E Leanhart	1	Date of Receipt
	Mailing Address 680 S. Fourth Street		07 31 YYYY 2008
	City	State Zip Code	Transaction ID: PR1094196614558
	Louisville	KY 40202	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Accts Payable	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 375.00	P/R Deduction (\$25.00 Bi- Weekly)
	CURTOTAL of Pagainta This Paga (antional)		208.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(for each category of the Detailed Summary Page	(Crieck drily drie)
A	ny information copied from such Reports and r for commercial purposes, other than using the	Statements may not be sold or used by any e name and address of any political commit	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
. <u>/</u>	Full Name (Last, First, Middle Initial) Linda M O'Bryan		Date of Receipt
	Mailing Address 1614 Sylvan Way		07 31 7 2008
	City <u>Louisville</u>	State Zip Code KY 40205	Transaction ID: PR1094196714558 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer Kindred Healthcare Inc.	Occupation VPPatient Care &Quality-H	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.0	P/R Deduction (\$15.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mark A Laemmle		Date of Receipt
	Mailing Address 2224 Highland Spring	s Place	M M / D D / Y Y Y Y Y O S O S O S O S O S O S O S O
	City	State Zip Code	Transaction ID: PR1094197114558
	Louisville	KY 40245	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	62.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Crp Finance	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	465.0	P/R Deduction (\$31.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Douglas Curnutte	L	Date of Receipt
	Mailing Address 1014 Springside Way	,	07 31 2008
	City	State Zip Code	Transaction ID: PR1094197214558
	Louisville	KY 40223	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Fac & Real Estate Dev	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.0	P/R Deduction (\$15.00 Bi- Weekly)
Γ	SUBTOTAL of Receipts This Page (optional)	1	122.00

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 56 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any name and address of any political commit	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	•	
Kindred Healthcare, Inc. PAC		
Full Name (Last, First, Middle Initial) Brian L Caudill		Date of Receipt
Mailing Address 680 S. Fourth Street		0 7 3 1 Y Y Y Y Y
City	State Zip Code	Transaction ID: PR1094197314558
Louisville	KY 40202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	52.00
Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir HD Reimb	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	390.00	P/R Deduction (\$26.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Mary R Russell		Date of Receipt
Mailing Address 7300 Wood Rock Rd		07
City	State Zip Code	Transaction ID: PR1094197614558
Louisville	KY 40291	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	44.00
Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Accounting-HSD	
Receipt For:	Aggregate Year-to-Date ▼	
Primary ☐ General Other (specify) ▼	330.00	P/R Deduction (\$22.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) William M Altman	<u> </u>	Date of Receipt
Mailing Address 680 S. Fourth Street		0 7 3 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: PR1094198014558
Louisville	KY 40202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	384.60
Name of Employer Kindred Healthcare Inc.	Occupation SVPStrategy&PublicPolicy	
Receipt For:	Aggregate Year-to-Date ▼	
Primary ☐ General Other (specify) ▼	2884.50	P/R Deduction (\$192.30 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)	1	480.60

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 56 (check only one) X 11a 11b 11c 12 13 14 15 16 16
A	Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements may not be sold or used by any persename and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
	Full Name (Last, First, Middle Initial) Bobby V Bas		Date of Receipt
	Mailing Address 2084 Wind River Roa		07 31 7 2008
	City <u>El Cajon</u>	State Zip Code CA 92019	Transaction ID: PR1094198314558 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Radiology Tech	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	P/R Deduction (\$15.00 Bi-Weekly)
_	Full Name (Last, First, Middle Initial) Joseph Wainscott		Date of Receipt
	Mailing Address 8918 Serpent Circle		0 7 3 1 2 0 0 8
	City	State Zip Code	Transaction ID: PR1094199814558
	Indianapolis	IN 46236	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Finance-Central RegHSD	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	375.00	P/R Deduction (\$25.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) J. Harold Walker	<u> </u>	Date of Receipt
	Mailing Address 429 Freedom Trail		07 31 2008
	City	State Zip Code	Transaction ID: PR1094200114558
	<u>Sparta</u>	TN 38583	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir Operations II	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	P/R Deduction (\$15.00 Bi-Weekly)
	SUBTOTAL of Receipts This Page (optional) .	1	110.00

ITE	HEDULE A (FEC Form 3X) EMIZED RECEIPTS information copied from such Reports and Si	tatements may	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 56 (check only one) X 11a 11b 11c 12 13 14 15 16 11
or fo	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC	name and add	dress of any political committee to	o solicit contributions from such committee.
\ . <u>1</u>	Full Name (Last, First, Middle Initial) Michael Comer Mailing Address 12 Lewis			Date of Receipt 0 7 3 1 2 0 0 8
<u> </u>	Dity rvine	State CA	Zip Code 92620	Transaction ID: PR1094200414558 Amount of Each Receipt this Period
f	FEC ID number of contributing ederal political committee. Name of Employer	Occupation	n	70.00
_	Name of Employer Kindred Healthcare Inc. Receipt For: Primary General Other (specify)	VP & CF	O-West Group-HD Year-to-Date ▼ 525.00	P/R Deduction (\$35.00 Bi-Weekly)
B. <u>E</u>	Full Name (Last, First, Middle Initial) Billy Wilcox Mailing Address 10000 N. Eldridge Pkw	ry # 438		Date of Receipt 0 7 3 1 2 0 0 8
Ō	Dity	State	Zip Code	Transaction ID: PR1094200514558
F	Houston FEC ID number of contributing ederal political committee.	C	77065	Amount of Each Receipt this Period 30.00
} -	Name of Employer Kindred Healthcare Inc. Receipt For:	Occupation Sr CFO I		
	Primary General Other (specify) ▼	Aggregate	225.00	P/R Deduction (\$15.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Fraci Shelton Mailing Address 2800 Nelson Way Apt	. 506		Date of Receipt
-	City	State	Zip Code	0 7 3 1 2 0 0 8 Transaction ID: PR1094200614558
	Santa Monica	CA	90405	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		240.00
_	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP &	n COO-West Group-HD	
F	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1800.00	P/R Deduction (\$120.00 Bi- Weekly)
SU	BTOTAL of Receipts This Page (optional)			340.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 56 (check only one) X 11a 11b 11c 12 13 14 15 16 1
4	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any pers name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
. <u>/</u>	Full Name (Last, First, Middle Initial) Steven Monaghan		Date of Receipt
	Mailing Address 508 W. Melrose #7-A		07 31 YYYYY 2008
	City Chicago	State Zip Code IL 60657	Transaction ID: PR1094200714558 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	140.00
	Name of Employer Kindred Healthcare Inc.	Occupation Exec VP-West Grp-HD	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1245.00	P/R Deduction (\$55.00 Bi-Weekly)
_	Full Name (Last, First, Middle Initial) Susan B Myers		Date of Receipt
	Mailing Address 959 Whetstone Way		07 31 7 2008
	City	State Zip Code	Transaction ID: PR1094201514558
	<u>Louisville</u>	KY 40223	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Clin Ops-CentralRegHSD	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	225.00	P/R Deduction (\$15.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) John Miner		Date of Receipt
	Mailing Address 4730 Dunnie Drive		07 31 7 2008
	City	State Zip Code	Transaction ID: PR1094202114558
	Tampa	FL 33614	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Fin Off III	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	P/R Deduction (\$20.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)		210.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 56 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements may not be sold or used by any persename and address of any political committee	son for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)		
Kindred Healthcare, Inc. PAC		
Full Name (Last, First, Middle Initial) Pamela Marie Riter		Date of Receipt
Mailing Address 300 Beach Dr. N.E. Unit 2301		07 31 2008
City	State Zip Code	Transaction ID: PR1094202414558
St. Petersburg	FL 33701	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Kindred Healthcare Inc.	Occupation Chief Exec Off III	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	375.00	P/R Deduction (\$25.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Mary Craig		Date of Receipt
Mailing Address 18602 Camellia Estat	es Lane	07 31 7 2008
City	State Zip Code	Transaction ID: PR1094202614558
Cypress	TX 77429	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer Kindred Healthcare Inc.	Occupation Chief Exec Off III	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	225.00	P/R Deduction (\$5.00 Bi-W-eekly)
Full Name (Last, First, Middle Initial) Julie Feasel	<u>I</u>	Date of Receipt
Mailing Address 6211 Iroquios Ct.		07 31 2008
City	State Zip Code	Transaction ID: PR1094203014558
Odessa	FL 33556	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer Kindred Healthcare Inc.	Occupation Reg Dir Hosp Rehab-PRS	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	225.00	P/R Deduction (\$15.00 Bi- Weekly)
SURTOTAL of Receipts This Page (ontional)		110.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 56 (check only one) X 11a 11b 11c 12 13 14 15 16 1
4	Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements may no e name and addres	ot be sold or used by any pers ss of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
	Full Name (Last, First, Middle Initial) Charles D Doten			Date of Receipt
	Mailing Address 7644 Harbour Blvd.			07 / 31 / 2008
	City Miramar	State FL	Zip Code 33023	Transaction ID: PR1094203614558 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Exec	Off II	
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 300.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Timothy L Simpson			Date of Receipt
	Mailing Address 140 Pioneer Trail	07 31 2008		
	City	State	Zip Code	Transaction ID: PR1094204314558
	Green Cove Springs FEC ID number of contributing federal political committee.	FL C	32043	Amount of Each Receipt this Period 40.00
	Name of Employer Kindred Healthcare Inc.	Occupation		_
	Receipt For:	Executive D		
	Primary General Other (specify) ▼	riggiogalo i c	300.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) James D Thigpen			Date of Receipt
	Mailing Address 355 Woolsey Brooks			07 31 2008
	City	State	Zip Code	Transaction ID: PR1094204614558
	Fayetteville	GA	30214	Amount of Each Receipt this Period
	federal political committee.	FEC ID number of contributing federal political committee.		30.00
	Name of Employer Kindred Healthcare Inc. Occupation Dir Plant Ops			
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 225.00	P/R Deduction (\$15.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)	1		110.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 56 (check only one) X 11a
A 0	ny information copied from such Reports and r for commercial purposes, other than using th	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
	NAME OF COMMITTEE (In Full) > Kindred Healthcare, Inc. PAC		
	Full Name (Last, First, Middle Initial) James J Novak		Date of Receipt
	Mailing Address 9680 Ridgewalk Cour		07 31 2008
	City	State Zip Code	Transaction ID: PR1094205314558
	Davie	FL 33328	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	84.00
	Name of Employer Kindred Healthcare Inc.	Occupation Exec VP-East Grp-HD	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	630.00	P/R Deduction (\$42.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Sally I Hoffmann		Date of Receipt
	Mailing Address 13713 Rothman Tate	07 31 7 9 9	
	City	State Zip Code	Transaction ID: PR1094205714558
	Riverview	FL 33579	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Exec Off III	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	225.00	P/R Deduction (\$15.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Donna Kelsey		Date of Receipt
	Mailing Address 2075 E. Tivoli Hills Dr	07 31 2008	
	City	State Zip Code	Transaction ID: PR1094210114558
	<u>Draper</u>	UT 84020	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer Kindred Healthcare Inc. Occupation Sr VP-Pacific Reg-HSD		
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	375.00	P/R Deduction (\$25.00 Bi- Weekly)
Γ	SUBTOTAL of Receipts This Page (optional) .		164.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate for each cate Detailed Sum	schedule(s) gory of the	FOR LINE NUMBER: PAGE 29 / 56 (check only one) X
,	ny information copied from such Reports and St r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements may not be sold or us name and address of any politi	sed by any person to cal committee to so	for the purpose of soliciting contributions slicit contributions from such committee.
/	Kindred Healthcare, Inc. PAC			
	Full Name (Last, First, Middle Initial) Katherine Davis			Date of Receipt
	Mailing Address 8419 Oxford Woods Co			07 31 2008
	City Louisville	State Zip Code KY 40222		Transaction ID: PR1094210214558 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Reg Dir Case Mgmt-HS	SD	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	225.00	P/R Deduction (\$15.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Anita Tillery			Date of Receipt
	Mailing Address 2531 Rock Creek Drive	07 31 YYYY 2008		
	City	State Zip Code		Transaction ID: PR1094211014558
	Chesapeake	VA 23325		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Area Executive Dir		
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	300.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Donna M Nackers			Date of Receipt
	Mailing Address 1760 Waters Ferry Driv		07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State Zip Code		Transaction ID: PR1094212514558
	Lawrenceville	GA 30043		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Reg Mgr Operation Rei	mb	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	225.00	P/R Deduction (\$15.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)			100.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 56 (check only one) X 11a
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
∠ A.	Full Name (Last, First, Middle Initial) Celeste M Bentley			Date of Receipt
	Mailing Address 4 Stuart Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1094213314558
	Barrington	NH	03825	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Reim		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		225.00	P/R Deduction (\$15.00 Bi- Weekly)
_ В.	Full Name (Last, First, Middle Initial) Lane M Bowen			Date of Receipt
	Mailing Address 680 South Fourth Ave			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: PR1094213614558
	Louisville	KY	40202	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Kindred Healthcare Inc.	Occupation Exec VP	ո & President-HSD	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		750.00	P/R Deduction (\$50.00 Bi- Weekly)
_ C.	Full Name (Last, First, Middle Initial) Michael W Beal			Date of Receipt
	Mailing Address 10 Glenwood Road	07 31 2008		
	City	State	Zip Code	Transaction ID: PR1094214114558
	Windham	NH	03087	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP-Ea	n ast Reg-HSD	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		300.00	P/R Deduction (\$20.00 Bi- Weekly)
ſ	CUPTOTAL of December This Dags (anti-re-l)	<u> </u>		170.00
-	SUBTOTAL of Receipts This Page (optional)			
	TOTAL This Period (last page this line number	only)		

or for	or commercial purposes, other than using the NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC	Statements may not be sold or used by any pers e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\ <u>\</u> \	Kindred Healthcare, Inc. PAC		
١	Tull Name (Leat First Middle Initial)		
-	Full Name (Last, First, Middle Initial) Susan A Kesterson		Date of Receipt
[Mailing Address 2334 Heritage Dr		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Corona	State Zip Code CA 92882	Transaction ID: PR1094216214558
Ī	ECO ID number of contributing ederal political committee.	CA 92882	Amount of Each Receipt this Period 30.00
i	Name of Employer Kindred Healthcare Inc.	Occupation Reg Financial Ana	
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	P/R Deduction (\$15.00 Bi-Weekly)
	Full Name (Last, First, Middle Initial) Sylvia Burton		Date of Receipt
ı	Mailing Address 433 S. Plantation		07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: PR1094217614558
-	Cookeville	TN 38506	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C	30.00
Ī	Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir III	
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	P/R Deduction (\$15.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Gloria J Miller		Date of Receipt
İ	Mailing Address 100 Revere Crossing Apt. 107	Ln.	0 7 3 1 Y Y Y Y Y
	City	State Zip Code	Transaction ID: PR1094222114558
Ī	Cary FEC ID number of contributing ederal political committee.	NC 27519	Amount of Each Receipt this Period 40.00
i	Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir Operations I	
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	P/R Deduction (\$20.00 Bi- Weekly)
QII	BTOTAL of Receipts This Page (optional)	. I	100.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 56 (check only one) X 11a 11b 11c 12 13 14 15 16
A 0	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) > Kindred Healthcare, Inc. PAC	tatements may not be sold or used by any perso name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Patricia Pruden Lennox Mailing Address 11 Cider Mill Road		Date of Receipt
	City	State Zip Code	0 7 3 1 2 0 0 8 Transaction ID: PR1094222814558
	Medway FEC ID number of contributing federal political committee.	MA 02053	Amount of Each Receipt this Period 40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Reg Dir Sales & MktingHSD Aggregate Year-to-Date	
	Primary General Other (specify) ▼	300.00	P/R Deduction (\$20.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Ronald D Long		Date of Receipt
	Mailing Address 680 S. Fourth Street		07 31 2008
	City Louisville	State Zip Code KY 40202	Transaction ID: PR1094224514558
	FEC ID number of contributing federal political committee.	C 40202	Amount of Each Receipt this Period 30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Adm Dir Contract Admin	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	P/R Deduction (\$15.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Stephen F. Stoess		Date of Receipt
	Mailing Address 514 Locust Creek Blvd	07 31 2008	
	City	State Zip Code	Transaction ID: PR1094224614558
	Louisville	KY 40245	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	46.80
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Telecommunications	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 351.00	P/R Deduction (\$23.40 Bi- Weekly)
Į,	SUBTOTAL of Receipts This Page (optional)		116.80

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	for each	parate schedule(s) n category of the d Summary Page	FOR LINE NUMBER: PAGE 33 / 56 (check only one) X 11a 11b 11c 12 15 16		
any information copied from such Reports and r for commercial purposes, other than using the	Statements may not be sole e name and address of any	d or used by any person y political committee to s	for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full)					
Kindred Healthcare, Inc. PAC					
Full Name (Last, First, Middle Initial) James E. Bell			Date of Receipt		
Mailing Address 14213 Aiken Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State Zip Co	ode	Transaction ID: PR1094225014558		
Louisville	KY 40245	5	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		30.00		
Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Div Reimb-l	HD			
Receipt For:	Aggregate Year-to-Da	ate V	1		
Primary General Other (specify) ▼		225.00	P/R Deduction (\$15.00 Bi- Weekly)		
Full Name (Last, First, Middle Initial) Paul R. Eiseman	1		Date of Receipt		
Mailing Address 3714 Fringe Tree Plan	ce		07		
City	State Zip Co	ode	Transaction ID: PR1094225814558		
Louisville	KY 40241	1	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		30.00		
Name of Employer Kindred Healthcare Inc.	Occupation VP Bus Dev & Phy	ys Rel-HD			
Receipt For:	Aggregate Year-to-Da	ate ▼			
Primary General Other (specify) ▼	0 0 0 0	225.00	P/R Deduction (\$15.00 Bi- Weekly)		
Full Name (Last, First, Middle Initial) Catharine C Young	1		Date of Receipt		
Mailing Address 6303 Deep Creek Driv	re		07 31 2008		
City	State Zip Co	ode	Transaction ID: PR1094228014558		
Prospect	KY 40059	9	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		30.00		
Name of Employer Kindred Healthcare Inc.	Occupation VP & Employment	t Counsel			
Receipt For:	Aggregate Year-to-Da	ate 🔻			
Primary General Other (specify) ▼		225.00	P/R Deduction (\$15.00 Bi- Weekly)		
SUBTOTAL of Receipts This Page (optional)	1		90.00		

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 56 (check only one) X
A	ny information copied from such Reports and r for commercial purposes, other than using the	Statements may	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
<u></u>	Full Name (Last, First, Middle Initial) Charles K. Currens			Date of Receipt
	Mailing Address 7801 McCarthy Lane			07 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Louisville	State KY	Zip Code 40222	Transaction ID: PR1094229114558 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Kindred Healthcare Inc.	Occupatio Dir IS Pr		
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 300.00	P/R Deduction (\$20.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Gaylia Bond			Date of Receipt
	Mailing Address 7015 Wooded Meado	0 7 3 1 2 0 0 8		
	City	State	Zip Code	Transaction ID: PR1094229714558
	Louisville	KY	40241	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer Kindred Healthcare Inc.	Occupatio Sr VP Hu	n uman Resources-HD	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		450.00	P/R Deduction (\$30.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Keith Krein			Date of Receipt
	Mailing Address 680 S. Fourth Street	07 31 2008		
	City	State	Zip Code	Transaction ID: PR1094229814558
	Louisville	KY	40202	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Kindred Healthcare Inc. Occupation Sr VP & Chief Med Off-HSD			
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		300.00	P/R Deduction (\$20.00 Bi- Weekly)
Г	SUBTOTAL of Receipts This Page (optional)			140.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 56 (check only one) X 11a 11b 11c 12 13 14 15 16
4	ny information copied from such Reports and a r for commercial purposes, other than using the	Statements may not be sold or used by any perse name and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
	Full Name (Last, First, Middle Initial) Patricia M McGillan		Date of Receipt
	Mailing Address 510 Altagate Rd		07 31 7 2008
	City <u>Louisville</u>	State Zip Code KY 40206	Transaction ID: PR1094229914558 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	60.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Pat Saf & Reg Compl-HD	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	P/R Deduction (\$30.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Barbara L Baylis		Date of Receipt
•	Mailing Address 6702 Kingslook Court	07 31 2008	
	City	State Zip Code	Transaction ID: PR1094230014558
	Louisville FEC ID number of contributing federal political committee.	KY 40207	Amount of Each Receipt this Period 40.00
	Name of Employer Kindred Healthcare Inc.	Occupation	_
	Receipt For:	Sr VP Clin & Res Svcs-HSD	_
	Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Richard H Starke	I	Date of Receipt
	Mailing Address 2404 Dundee Rd		07 31 2008
	City	State Zip Code	Transaction ID: PR1094231514558
	Louisville FEC ID number of contributing federal political committee.	KY 40205	Amount of Each Receipt this Period 40.00
	Name of Employer Kindred Healthcare Inc. Sr VP Rehab Svcs-PRS		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	P/R Deduction (\$20.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional) .	1	140.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 56 (check only one) X 11a 11b 11c 12 13 14 15 16 1
4	or for commercial purposes, other than using the	Statements may not be sold or used by any per- le name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
	Full Name (Last, First, Middle Initial) Mary J Yesue		Date of Receipt
	Mailing Address P. O. Box 921		07 7 31 7 2008
	City <u>York Harbor</u>	State Zip Code ME 03911	Transaction ID: PR1094232114558 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir Clin Ops	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	P/R Deduction (\$15.00 Bi-Weekly)
_	Full Name (Last, First, Middle Initial) Edward J Goddard		Date of Receipt
	Mailing Address 32 Peters Lane	07 31 2008	
	City	State Zip Code	Transaction ID: PR1094233514558
	Wrentham FEC ID number of contributing federal political committee.	MA 02093	Amount of Each Receipt this Period 40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Labor Rel	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Jacqueline Lanter		Date of Receipt
	Mailing Address 2355 W Noble Height	s Drive	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: PR1094234314558
	Tucson FEC ID number of contributing federal political committee.	AZ 85742	Amount of Each Receipt this Period 30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir II	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	P/R Deduction (\$15.00 Bi-Weekly)
Г	SUBTOTAL of Receipts This Page (optional)	1	100.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 56 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any per name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Kindred Healthcare, Inc. PAC		
Full Name (Last, First, Middle Initial) Jeffrey F Luckett		Date of Receipt
Mailing Address 6109 Whispering Hills		07 31 2008
City <u>Louisville</u>	State Zip Code KY 40219	Transaction ID: PR1094234414558 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	44.00
Name of Employer Kindred Healthcare Inc.	Occupation Dir Internal Audit-IS	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	P/R Deduction (\$22.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Peter D Corless		Date of Receipt
Mailing Address 680 S. Fourth Street		07 31 7 2008
City	State Zip Code	Transaction ID: PR1094235214558
Louisville FEC ID number of contributing federal political committee.	KY 40202	Amount of Each Receipt this Period 40.00
Name of Employer Kindred Healthcare Inc.	Occupation Sr VP HR & Admin-HSD	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Tamila Johnson-White		Date of Receipt
Mailing Address 2615 Zhale Smith Rd.		07 31 7 2008
City LaGrange	State Zip Code KY 40031	Transaction ID: PR1094235414558 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer Kindred Healthcare Inc.	Occupation Dir Case Mgmt-HSD	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	P/R Deduction (\$20.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)		124.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 56 (check only one) X 11a 11b 11c 12 13 14 15 16 16
,	or for commercial purposes, other than using the	Statements may not be sold or used by any pere name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
	Full Name (Last, First, Middle Initial) Douglas Roth		Date of Receipt
	Mailing Address 9891 Heytesbery		07 31 7 2008
	City Sandy	State Zip Code UT 84092	Transaction ID: PR1094237314558 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 Finance-Pacific RegHSD	
	Receipt For: Primary General	Aggregate Year-to-Date ▼ 600.00	P/R Deduction (\$40.00 Bi-
_	Other (specify) ▼		Weekly)
	Full Name (Last, First, Middle Initial) Douglas T Collins		Date of Receipt
	Mailing Address 3703 River Bluff Road	I	07 31 2008
	City	State Zip Code	Transaction ID: PR1094241214558
	Prospect	KY 40059	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Fin Sys-HSD	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	300.00	P/R Deduction (\$20.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Linda L Newberry-Ferguson		Date of Receipt
	Mailing Address 11310 Haleco Lane		07 31 2008
	City	State Zip Code	Transaction ID: PR1094241914558
	Hales Corners	WI 53130	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Exec Off II	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 630.00	P/R Deduction (\$20.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional) .	I	160.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 56 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Ar	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC	atements may not be sold or used by any pers name and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Gregory C. Miller		Date of Receipt
	Mailing Address 8000 Allielough Court	State 7in Code	07 31 2008 2008
	City Prospect	State Zip Code KY 40059	Transaction ID: PR1094242814558 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	80.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP Dev & Fin Plan	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	P/R Deduction (\$40.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Diana Hanyak		Date of Receipt
	Mailing Address 17057 Rosebud Dr.		07 31 2008
	City	State Zip Code	Transaction ID: PR1094243414558
	Yorba Linda	CA 92886	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Administrator II	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	P/R Deduction (\$15.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Philip L. Jones		Date of Receipt
	Mailing Address 702 Helmsdale Place N	I.	$\begin{bmatrix} M & M \\ 0 & 7 \end{bmatrix}$ $\begin{bmatrix} D & D \\ 3 & 1 \end{bmatrix}$ $\begin{bmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{bmatrix}$
	City	State Zip Code	Transaction ID: PR1094243514558
	Brentwood	TN 37027	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Fin Off I	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	P/R Deduction (\$20.00 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)		150.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 56 (check only one) X 11a 11b 11c 12 13 14 15 16
A C	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any per name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
	Full Name (Last, First, Middle Initial) Jerome J. Yarnish		Date of Receipt
	Mailing Address 215 Sheffield Lane		07 7 31 7 2008
	City <u>Birmingham</u>	State Zip Code AL 35242	Transaction ID: PR1094245614558 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Business Dev-PRS	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	P/R Deduction (\$15.00 Bi-Weekly)
_	Full Name (Last, First, Middle Initial) Raymond J Sierpina		Date of Receipt
	Mailing Address 14 Westwind Road		0 7 3 1 2 0 0 8
	City	State Zip Code	Transaction ID: PR1094246614558
	Louisville FEC ID number of contributing federal political committee.	KY 40207	Amount of Each Receipt this Period 100.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Public Pol &GovtAffair	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 730.00	P/R Deduction (\$50.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Steven Tanner		Date of Receipt
	Mailing Address 6622 Rosebud Lane		0 7 3 1 2 0 0 8
	City Indianapolis	State Zip Code IN 46237	Transaction ID: PR1094246814558
	FEC ID number of contributing federal political committee.	IN 46237	Amount of Each Receipt this Period 40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir III	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	P/R Deduction (\$20.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)	1	170.00

[7]	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Statemente me	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 56 (check only one) X 11a
	any information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC	e name and add	dress of any political committee to	o solicit contributions from such committee.
. ∠ 	Full Name (Last, First, Middle Initial) Mark A Bush			Date of Receipt
	Mailing Address 6208 Tiara Court City	State	Zip Code	0 7 3 1 2 0 0 8 Transaction ID: PR1094247114558
	Louisville	KY	40219	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Fin P	n rogram Dev	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 225.00	P/R Deduction (\$15.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Thomas Wood Mailing Address 2949 Glascock Street	ı		Date of Receipt
	0::		7' 0 1	07 31 2008
	City Oakland	State CA	Zip Code	Transaction ID: PR1094247214558
	FEC ID number of contributing federal political committee.	C	94601	Amount of Each Receipt this Period 130.00
	Name of Employer Kindred Healthcare Inc.	, ·	oir Operations	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 975.00	P/R Deduction (\$65.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Gwynn Rucker			Date of Receipt
	Mailing Address 15106 59th Place NE			07 07 31 2008
	City	State	Zip Code	Transaction ID: PR1094247814558
	Kenmore	WA	98028	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Kindred Healthcare Inc.	, '	Operations I	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 375.00	P/R Deduction (\$25.00 Bi- Weekly)
Γ,	SUBTOTAL of Receipts This Page (optional)	1		210.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	for e	separate schedule(s) each category of the ailed Summary Page	FOR LINE NUMBER: PAGE 42 / 56 (check only one) X 11a
4	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be name and address of	sold or used by any perso any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
	Full Name (Last, First, Middle Initial) Kristie A Frock			Date of Receipt
	Mailing Address RR 6 Box 20 Redcoat			07 31 2008
	City <u>Nevada</u>		Code 772	Transaction ID: PR1094249514558 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Field Dir Util Co	lamo	
	Receipt For: Primary General Other (specify)	Aggregate Year-to	·	P/R Deduction (\$15.00 Bi-Weekly)
_	Full Name (Last, First, Middle Initial) Larry J Green			Date of Receipt
	Mailing Address 1420 Creekstone Dr. N	IE		07 31 2008
	City		Code	Transaction ID: PR1094249814558
	Corydon	IN 47	<u>'112</u>	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		36.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Planning	& Dev	
	Receipt For:	Aggregate Year-to	o-Date V	
	Primary General Other (specify) ▼		270.00	P/R Deduction (\$18.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Sharon J Spittle	l		Date of Receipt
	Mailing Address 26 Estes Street			07 31 YYYY 2008
	City		Code	Transaction ID: PR1094250014558
	lpswich	MA 01	938	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir I		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to	o-Date ▼ 300.00	P/R Deduction (\$10.00 Wee-kly)
	SUBTOTAL of Receipts This Page (optional)	ı		116.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 56 (check only one) X 11a 11b 11c 12 13 14 15 16 11	
4	Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
۷.	Full Name (Last, First, Middle Initial) Benjamin A Breier		Date of Receipt	
	Mailing Address 5400 Farm Ridge Lane		07 31 2008	
	City	State Zip Code	Transaction ID: PR1094250914558	
	Prospect	KY 40059	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	40.00	
	Name of Employer Kindred Healthcare Inc.	Occupation Exec VP & President-HD		
	Receipt For:	Aggregate Year-to-Date ▼		
	Primary General Other (specify) ▼	300.00	P/R Deduction (\$20.00 Bi- Weekly)	
_	Full Name (Last, First, Middle Initial) Steve Ross		Date of Receipt	
	Mailing Address 35069 Roberts Lane			
	City	State Zip Code	Transaction ID: PR1135252614558	
	St Helens	OR 97051	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	40.00	
	Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir I		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	P/R Deduction (\$20.00 Wee-kly)	
_	Full Name (Last, First, Middle Initial) Josephine Litzenberger	Date of Receipt		
	Mailing Address 11401 Dr. M.L.K. Jr. S Apt 1201	07		
	City	State Zip Code	Transaction ID: PR1135286914558	
	St Petersburg	FL 33716	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	36.00	
	Name of Employer Kindred Healthcare Inc.	Occupation Grp SrDir Managed Care-HD		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	P/R Deduction (\$18.00 Bi- Weekly)	
	SUBTOTAL of Receipts This Page (optional)		116.00	

of COMMITTEE (In Full) ed Healthcare, Inc. PAC ame (Last, First, Middle Initial) y T Hayden y Address 680 S. Fourth Street ville O number of contributing political committee. of Employer d Healthcare Inc. of For: Primary General Other (specify) ▼ ame (Last, First, Middle Initial) el L Parker y Address 70 Birch Ridge Rd	State Zip Code KY 40202 C Occupation Dir State Tax Aggregate Year-to-Date 225.0	Date of Receipt Date of Receipt
ed Healthcare, Inc. PAC ame (Last, First, Middle Initial) y T Hayden y Address 680 S. Fourth Street ville O number of contributing political committee. of Employer d Healthcare Inc. of For: Primary General Other (specify) Tame (Last, First, Middle Initial) el L Parker y Address 70 Birch Ridge Rd	State Zip Code KY 40202 C Occupation Dir State Tax Aggregate Year-to-Date ▼ 225.0	Transaction ID: PR1150400114558 Amount of Each Receipt this Period 30.00 P/R Deduction (\$15.00 Bi-Weekly) Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
y T Hayden y Address 680 S. Fourth Street ville D number of contributing political committee. of Employer d Healthcare Inc. of For: Primary General Other (specify) ame (Last, First, Middle Initial) el L Parker g Address 70 Birch Ridge Rd	State Zip Code KY 40202 C Occupation Dir State Tax Aggregate Year-to-Date ▼ 225.0	Transaction ID: PR1150400114558 Amount of Each Receipt this Period 30.00 P/R Deduction (\$15.00 Bi-Weekly) Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ville D number of contributing political committee. of Employer d Healthcare Inc. of For: Primary General Other (specify) ▼ ame (Last, First, Middle Initial) el L Parker g Address 70 Birch Ridge Rd	State Zip Code KY 40202 C Occupation Dir State Tax Aggregate Year-to-Date ▼ 225.0	7 3 1 2 0 0 8 Transaction ID: PR1150400114558 Amount of Each Receipt this Period 30.00 P/R Deduction (\$15.00 Bi-Weekly) Date of Receipt 0 7 3 1 2 0 0 8
O number of contributing political committee. of Employer d Healthcare Inc. of For: Primary General Other (specify) ▼ ame (Last, First, Middle Initial) el L Parker g Address 70 Birch Ridge Rd	C Occupation Dir State Tax Aggregate Year-to-Date ▼ 225.0	Amount of Each Receipt this Period 30.00 P/R Deduction (\$15.00 Bi-Weekly) Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
O number of contributing political committee. of Employer d Healthcare Inc. of For: Primary General Other (specify) ▼ ame (Last, First, Middle Initial) el L Parker g Address 70 Birch Ridge Rd	C Occupation Dir State Tax Aggregate Year-to-Date ▼ 225.0 State Zip Code	P/R Deduction (\$15.00 Bi-Weekly) Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ot For: Primary General Other (specify) ▼ ame (Last, First, Middle Initial) el L Parker g Address 70 Birch Ridge Rd	Dir State Tax Aggregate Year-to-Date ▼ 225.0 State Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) ▼ Tame (Last, First, Middle Initial) el L Parker g Address 70 Birch Ridge Rd	State Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
y Address 70 Birch Ridge Rd	· ·	07 31 YYYYY
· · · · · · · · · · · · · · · · · · ·	· ·	
	· ·	Transaction ID: PRITOU411114558
ford	VT 05494	Amount of Each Receipt this Period
O number of contributing political committee.	C	50.00
of Employer d Healthcare Inc.	Occupation Executive Dir II	
ot For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 310.0	P/R Deduction (\$10.00 Wee-kly)
ame (Last, First, Middle Initial)		Date of Receipt
Address 476 Pluto Court		07 31 2008
	State Zip Code	Transaction ID: PR1150411814558
on O number of contributing political committee.	CO 80124	Amount of Each Receipt this Period 30.00
of Employer d Healthcare Inc.	Occupation Executive Dir I	
ot For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	P/R Deduction (\$15.00 Wee-kly)
		110.00
	Address 476 Pluto Court On Onumber of contributing political committee. of Employer d Healthcare Inc. It For: Irimary General	Address 476 Pluto Court State Zip Code CO 80124 Double on CO 80124 C C C C C C C C C C C C C C C C C C C

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	for each	arate schedule(s) category of the Summary Page	FOR LINE NUMBER: PAGE 45 / 56 (check only one) X 11a 11b 11c 12 13 14 15 16
A C	ny information copied from such Reports and r for commercial purposes, other than using th	Statements may not be sold e name and address of any	or used by any perso political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
	Full Name (Last, First, Middle Initial) Pamela M Bresee			Date of Receipt
	Mailing Address 4155 SW 192nd Ave	nue		07 31 7 2008
	City Aloha	State Zip Co	de	Transaction ID: PR1227852414558 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Reg Financial Ana		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Dat	te ▼ 225.00	P/R Deduction (\$15.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Russell D Ragland			Date of Receipt
	Mailing Address 9902 Palace Green W	ay		07 31 2008
	City	State Zip Co	de	Transaction ID: PR1267998114558
	Vienna FEC ID number of contributing federal political committee.	VA 22181		Amount of Each Receipt this Period 100.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP Fin-HSD		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Dat	te ▼ 750.00	P/R Deduction (\$50.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Catherine Nurmela			Date of Receipt
	Mailing Address 1409 W. Elmdale			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Chicago	State Zip Co	de	Transaction ID: PR1267998414558
	FEC ID number of contributing federal political committee.	IL 60660		Amount of Each Receipt this Period 30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Clinical Off II		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Dat	te ▼ 225.00	P/R Deduction (\$15.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional) .	1		160.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 56 (check only one) X 11a 11b 11c 12 13 14 15 16 16
,	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any per- e name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
	Full Name (Last, First, Middle Initial) Donna Sroczynski		Date of Receipt
	Mailing Address 399 Fountain Drive		07 31 2008
	City <u>Elgin</u>	State Zip Code IL 60124	Transaction ID: PR1281185314558 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dist Dir Operations	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Diane L. Otteman		Date of Receipt
	Mailing Address 40 East Cedar Apt. #21A		07 31 7 2008
	City	State Zip Code	Transaction ID: PR1300206414558
	Chicago FEC ID number of contributing	IL 60611	Amount of Each Receipt this Period 30.00
	federal political committee. Name of Employer	Occupation	
	Kindred Healthćare Inc.	Chief Exec Off II	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	225.00	P/R Deduction (\$15.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Rita D Simmons	L	Date of Receipt
	Mailing Address 680 S. Fourth Street		0 7 3 1 2 0 0 8
	City	State Zip Code	Transaction ID: PR1333437014558
	Louisville	KY 40202	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	32.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Ops Risk Mgmt	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	P/R Deduction (\$16.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)		102.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 56 (check only one) X 11a 11b 11c 12 13 14 15 16 16
Ar	ny information copied from such Reports and for commercial purposes, other than using th	Statements may not be sold or used by any pe e name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
	Full Name (Last, First, Middle Initial) Mark D. Johnson		Date of Receipt
	Mailing Address 3011 Springcrest Driv		07 31 7 2008
	City Louisville	State Zip Code KY 40241	Transaction ID: PR1336786714558 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Mgr Desktop Supp	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	P/R Deduction (\$15.00 Bi-Weekly)
_	Full Name (Last, First, Middle Initial) Ann Bumb		Date of Receipt
	Mailing Address 9301 S. Mitthoeffer R	oad	07 31 2008
	City	State Zip Code	Transaction ID: PR1336786914558
	Indianapolis	IN 46259	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Quality Mgmt	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	225.00	P/R Deduction (\$15.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Patrick Herm		Date of Receipt
	Mailing Address 1910 Woodfield Road		07 31 2008
	City	State Zip Code	Transaction ID: PR1336787114558
	Louisville	KY 40220	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer Kindred Healthcare Inc	Occupation Adm Mgr Fin Rpting	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	P/R Deduction (\$15.00 Bi- Weekly)
	UBTOTAL of Receipts This Page (optional).	•	90.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 56 (check only one) X 11a 11b 11c 12 13 14 15 16
4	ny information copied from such Reports and S r for commercial purposes, other than using the	tatements may not be sold or used by any per name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
. <u>/</u>	Full Name (Last, First, Middle Initial) Ross A Johnson		Date of Receipt
	Mailing Address 5221 Moccasin Trail		07 31 7 2008
	City Louisville	State Zip Code KY 40207	Transaction ID: PR1359729014558 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Recruiting-PRS	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 375.00	P/R Deduction (\$25.00 Bi-Weekly)
_	Full Name (Last, First, Middle Initial) James C Hansen		Date of Receipt
	Mailing Address 1944 South 275 East		07 31 2008
	City	State Zip Code	Transaction ID: PR1394177114558
	<u>Clearfield</u>	UT 84015	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Reg Mgr Operation Reimb	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	225.00	P/R Deduction (\$15.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mary D Van De Kamp		Date of Receipt
	Mailing Address 251 Arbor Lane		07 31 2008
	City	State Zip Code	Transaction ID: PR1408953114558
	Green Bay	WI 54301	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Clinical Rehab-PRS	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	P/R Deduction (\$15.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)	1	110.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 56 (check only one) X 11a
7	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any perse name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
. K	Full Name (Last, First, Middle Initial) Pamela A. Justice		Date of Receipt
	Mailing Address 5912 Mercury Dr		07 31 2008
	City Louisville	State Zip Code KY 40291	Transaction ID: PR1408953214558 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Fin Sys Dev	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Deborah A Foushee		Date of Receipt
	Mailing Address 1106 Indiana Ave.		07 31 2008
	City	State Zip Code	Transaction ID: PR1425258814558
	New Albany FEC ID number of contributing federal political committee.	IN 47150	Amount of Each Receipt this Period 32.00
	Name of Employer Kindred Healthcare Inc.	Occupation State Dir of Risk Mgmt	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	P/R Deduction (\$16.00 Bi-Weekly)
_	Full Name (Last, First, Middle Initial) Thomas Sullivan		Date of Receipt
	Mailing Address 467 Mendon Road		07 31 2008
	City	State Zip Code	Transaction ID: PR1493281114558
	Northbridge FEC ID number of contributing federal political committee.	MA 01534	Amount of Each Receipt this Period 50.00
	Name of Employer Kindred Healthcare	Occupation Area Executive Dir	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	P/R Deduction (\$10.00 Wee-kly)
	SUBTOTAL of Receipts This Page (optional) .		122.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 56 (check only one) X 11a 11b 11c 12 13 14 15 16 1
A or	ny information copied from such Reports and S for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
	Full Name (Last, First, Middle Initial) Jeff Barbieri		Date of Receipt
	Mailing Address 3823 Creek Mont		07 31 2008
	City	State Zip Code OR 97504	Transaction ID: PR1503295614558
	Medford FEC ID number of contributing federal political committee.	OR 97504	Amount of Each Receipt this Period 30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir II	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 240.00	P/R Deduction (\$15.00 Wee-kly)
_	Full Name (Last, First, Middle Initial) Katherine W Gilchrist		Date of Receipt
	Mailing Address 1668 Victory Court		07 31 2008
	City	State Zip Code	Transaction ID: PR1524244414558
	Prospect	KY 40059	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP Finance-PRS	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	P/R Deduction (\$20.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) George H Schaefer		Date of Receipt
	Mailing Address 645 Ulverston Dr.		07 31 2008
	City Columbus	State Zip Code OH 43230	Transaction ID: PR1541444314558
	FEC ID number of contributing federal political committee.	OH 43230	Amount of Each Receipt this Period 40.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Sales & Marketing-HSD	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 300.00	P/R Deduction (\$20.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)		110.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate for each categ	ory of the	FOR LINE NUMBER: PAGE 51 / 56 (check only one) X 11a						
	Any information copied from such Reports and St or for commercial purposes, other than using the	atements may	y not be sold or us dress of any politic	ed by any persor cal committee to	n for the purpose of soliciting contributions solicit contributions from such committee.						
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC										
Α.	Full Name (Last, First, Middle Initial) David Culbreth				Date of Receipt						
	Mailing Address 2823 Regatta Drive				07 31 YYYYY 2008						
	City	State	Zip Code		Transaction ID: PR1559851814558						
	Oakland	CA	94601		Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C	1 1 1 1	1	40.00						
	Name of Employer Kindred Healthcare Inc.	Occupation Executive									
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼	300.00	P/R Deduction (\$20.00 Bi- Weekly)						
- В.	Full Name (Last, First, Middle Initial) Linda Larson				Date of Receipt						
	Mailing Address 30021 51st Court S				0 7 3 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
	City	State	Zip Code		Transaction ID: PR1559851914558						
	Auburn	WA	98001		Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C	1 1 1 1	1	40.00						
	Name of Employer Kindred Healthcare Inc.	Occupation Executive			1						
	Receipt For:	Aggregate	Year-to-Date								
	Primary General Other (specify) ▼			300.00	P/R Deduction (\$20.00 Wee-kly)						

SUBTOTAL of Receipts This Page (optional)	•	80.00
TOTAL This Period (last page this line number only)	•	12817.84

	HEDULE E	3 (FEC Form	3X) l	Jse sepa	arate schedule(s)	, [_		NUMBE	R:		L PA	GE 5	52 / 56	3
ITE	MIZED DIS	SBURSEMEN	TS f	or each o	category of the Summary Page		<u>`</u>	1b [y one) 22 28a	X 20	3 3b	24 28c		25 29	
		ed from such Reports poses, other than usi													
/ N	IAME OF COM	AITTEE (In Full) care, Inc. PAC	ng the name ar	ia daare.	so or any pointed		Tillitoo	10 00	SHOTE GOTTE	ibation.	3 110111	34011 6			
	•	First, Middle Initial) Senate Committee									ID: 2		211		
M	Mailing Address	865 Macon Alle	ey .						o ^M 7	M /	^D 0 ^B	/ Y	žo	8 Ó (Υ
	City Columbus		Stat OH		Zip Code 43206				Amou	int of E	ach Dis	sburse	-		erio
С	Purpose of Disbu Contribution	rsement				_	011						100	0.00	_
S	Candidate Name Sen. George V Office Sought:	_	Disburseme	nt For:	2010	ı	tegory Γype	·/ 							
	State: OH	X Senate President District:	X Pr		General				Contr	ibutio	n				
F		First, Middle Initial)	1						Date	of Disb	ID: 2				_
M	Mailing Address	607 14th Street Suite 800	t NW						0 ^M 7	M /	^D 3 0	/ Y	žo	8 Ó (Y
	City Vashington		Stat DC		Zip Code 20005				Amou	int of E	ach Dis	sburse			
С	Purpose of Disbu	rsement					011		L.	•			100	0.00	_
S	Candidate Name Sen. Claire Mo				tegory Γуре	/									
	Office Sought:	House X Senate President District:	Disburseme X Pr		2012 General				Contr	ibutio	n				
F		First, Middle Initial)	1						Date	of Disb	I D: 2		564		_
M	Mailing Address 228 South Washington St Suite 115								o ^M 7	M /	^D 3 0	/ Y	žo	8 Ó (Y
	City Alexandria		Sta VA		Zip Code 22314				Amou	int of E	ach Dis	sburse			
	Purpose of Disbu Contribution			011		L.				200	0.00	_			
P				Category/ Type											
P C C	Candidate Name Gordon Smith		Levis		0000	!									
P C C G	Candidate Name	House X Senate President District:		nt For: imary her (spe	2008 X General				Contr	ibutio	n				

SCHEDOLL B (I LC I OHII 3X)		Use separate scriedule(s			neck only	= NUMBER: PAGE 53 / 56 ly one)						
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			21b 27	22 28a	X	23 28b	\square	24 28c	25 29	
	y Information copied from such Reports and State for commercial purposes, other than using the na											s
\rangle	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC											
	Full Name (Last, First, Middle Initial) Udall For Us All					Trans Date of	of Di	sburse	ement			
	Mailing Address 3311 Candelaria NE Suite A					0 7			3 O	Y	žoŏ	
	City Albuquerque	State Zip Code NM 87107				Amou	nt of	Each	Disb	ursem	ent this	
	Purpose of Disbursement Contribution Candidate Name			01	1 Jory/	L.	•	•		•	2000.0	Ü
	Mr. Tom Udall	sement For: 2008		Тур								
	X Senate President State: NM District:	Primary X General Other (specify) ▼				Contr	ibut	ion				
	Full Name (Last, First, Middle Initial) John Boccieri For Congress					Trans		on ID:	_		75	
	Mailing Address P.O. Box 3016					0 ^M 7	M	о 3	3 O	Y	žoŏ	8 ^Y
	City Alliance	State Zip Code OH 44601				Amou	nt of	Each	Disb	ursem	ent this	
	Purpose of Disbursement Contribution Candidate Name		C	01 ateo	1 Jory/						1000.0	0
	Mr. John Boccieri Office Sought: X House Senate President State: OH District: 16	sement For: 2008 Primary X General Other (specify)	<u> </u>	Тур	e	Contri	ibut	ion				
	Full Name (Last, First, Middle Initial) Bright For Congress.Com					Trans Date of	of Di	sburse	ement			
	Mailing Address P.O. Box 2106					0 ^M 7	M	^D 3	3 O	Y	žoŏ	8 ^Y
	City Montgomery	State Zip Code AL 36102				Amou	nt of	Each	Disb	ursem	ent this	Perio
	Purpose of Disbursement Contribution			01		L.	_	•		•	1000.0	0
	Candidate Name Mr. Bobby Bright			ateg Typ	jory/ e							
	Office Sought: X House Senate President State: AL District: 02	sement For: 2008 Primary X General Other (specify) ▼				Contri	ibut	ion				
Г	l						-	-		-	4000.0	

SCHEDIII E B (FEC Form 3Y)

	LE D (FEC FOIIII 37	′ Use sep	parate schedule(s)		eck onl	: NUMBE			1 /	-GL	54 / 5	5
TEMIZED	DISBURSEMENT	for each Detailed	category of the A		21b 27	22 28a	X 2	3 8b	24 28c		25 29	\exists
or for commerc	copied from such Reports an al purposes, other than using COMMITTEE (In Full)											
Kindred H	ealthcare, Inc. PAC											
	Last, First, Middle Initial) nnolly For Congress					Date	action of Disb	oursen	7 /		Υ	Υ
Mailing Add	ress P.O. Box 563					o ^M 7		3 0			8 Ó C	
City Merrifield		State VA	Zip Code 22116			Amou	int of E	ach D	isburse		this P	-
Purpose of Contribution				011 ateg	_					100	0.00	
Gerry Cor	nolly	Disbursement For:	2008	Тур	-							
State: VA	Senate President District: 11	Primary Other (sp	X General			Contr	ibutio	n				
Full Name (Last, First, Middle Initial) For Congress						action of Disk	oursen)596		
Mailing Add	ress P.O. Box 176					0 7	M /	^D 3 C		Ž (8 Ó C	Y
City Crete		State IL	Zip Code 60417			Amou	int of E	ach D	isburse			
Purpose of Contribution	Disbursement I			011		L.				100	00.00	
Candidate I Deborah I	Halvorson			atego Type								
Office Soug	ht: X House Senate President District: 11	Disbursement For: Primary Other (sp	2008 X General pecify) ▼			Contr	ibutio	n				
	Last, First, Middle Initial)					Date	of Disb	oursen		0607		
Mailing Add	ress 2118 Central Ave #71	nue SE				0 ^M 7	M /	^D 3 C		ž	8 Ó C	Y
City Albuquero		State NM	Zip Code 87106			Amou	int of E	ach D	isburse	-		
Contribution				011						200	00.00	
Candidate Mr. Martin	Heinrich	Dishura ament C	2000	atego Type								
Office Soug	ht: X House Senate President District: 01	Disbursement For: Primary Other (sp	2008 X General pecify) ▼			Contr	ibutio	n				
	f Disbursements This Page (c	optional)			•		•		•	400	0.00	_

TEMIZED DIODUDOEMENTO		Use separate schedule(s)	(check c		E NUMBER: PAGE 55 nly one)					_ 33 / \	50
IT _	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	_	Č,	21b 27	22 28a		23 28b	2 2	4 8c	25 29	
	y Information copied from such Reports and Sta for commercial purposes, other than using the r											3
\rangle	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC											
,	Full Name (Last, First, Middle Initial) Kurt Schrader For Congress					Date	of Dis	sburse	ement	6062		
	Mailing Address 205 N Main St.					0 ^M 7	M /	□3	O /	Y	ž 0 ŏ 8	3
	City Oregon City	State Zip Code OR 97045				Amou	int of	Each	Disbu		nt this F	-
	Purpose of Disbursement Contribution			01	-		_			1	000.00	U
	Candidate Name Mr. Kurt Schrader Office Sought: X House Disb	ursement For: 2008		ateg Typ	gory/ oe							
	Office Sought: X House Senate President State: OR District: 05	Primary X General Other (specify)				Contr	ibuti	on				
	Full Name (Last, First, Middle Initial) Griffith For Congress							on ID:		6064	3	
	Mailing Address P.O. Box 2619					0 ^M 7	M /	^D 3	0 /	Y	ž 0 ď 8	3 Y
	City Huntsville	State Zip Code AL 35804				Amou	int of	Each	Disbu		nt this F	
	Purpose of Disbursement Contribution Candidate Name		-	01	1 gory/	L.		0 1		1	00.00	0
	Mr. R Parker Griffith			Тур	, ,							
	Office Sought: X House Senate President State: AL District: 05	orsement For: 2008 Primary X General Other (specify) ▼				Contr	ibuti	on				
	Full Name (Last, First, Middle Initial) Kirkpatrick For Arizona					Date	of Di	sburse	ement	6065		
	Mailing Address P.O. Box 993					0 7	M /	□3	0 /		ž 0 ŏ 8	3
	City Prescott	State Zip Code AZ 86302				Amou	int of	Each	Disbu		nt this F	
	Purpose of Disbursement Contribution		_	01						1	000.00	U
	Candidate Name Ann Kirkpatrick			ateo Typ	gory/ be							
	Office Sought: X House Senate President State: AZ District: 01	x Primary	•			Contr	ibuti	on				
_	UBTOTAL of Disbursements This Page (option						-				00.00	

В.

District: 25

SCHEDULE B (FEC Form 3X)		OR LINE NUMBER: PAGE 56 / 56 check only one)		
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page of the Detailed Summary Page			
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC				
Full Name (Last, First, Middle Initial) Madia For U S Congress		Transaction ID: 25660666 Date of Disbursement		
Mailing Address P.O. Box 2459		07 7 7 3 0 7 2 0 0 8		
City Maple Grove	State Zip Code MN 55311	Amount of Each Disbursement this Period		
Purpose of Disbursement Contribution	0	1000.00		
Candidate Name Jigar Madia	l l	gory/ pe		
Senate X President	ment For: 2008 Primary General Other (specify)	Contribution		
State: MN District: 03 Full Name (Last, First, Middle Initial)		T 11 ID 0500000		
Friends Of Dan Maffei		Transaction ID: 25660668 Date of Disbursement		
Mailing Address PO Box 74		07 M / D3 D / Y 2008 Y		
City Syracuse	State Zip Code NY 13214	Amount of Each Disbursement this Period		
Purpose of Disbursement Contribution	0	1000.00		
Candidate Name Mr. Daniel Maffei	l l	gory/ pe		
-	ment For: 2008 Primary General Other (specify)	Contribution		

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	2000.00
TOTAL This Period (last page this line number only)	•	17000.00

State: NY