

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

Kindred Healthcare, Inc. PAC

ADDRESS (number and street)

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

<input type="checkbox"/> Feb 20 (M2)	<input checked="" type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

(c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S)

Election on / / in the State of

(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period / / through / /

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

Type or Print Name of Treasurer

Signature of Treasurer Hank Robinson *[Electronically Filed]* 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.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Kindred Healthcare, Inc. PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		79336.23
(b) Cash on Hand at Beginning of Reporting Period.....	107507.23	
(c) Total Receipts (from Line 19)	10666.00	57837.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	118173.23	137173.23
7. Total Disbursements (from Line 31).....	13000.00	32000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	105173.23	105173.23
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Kindred Healthcare, Inc. PAC

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	5549.20	24948.80
(ii) Unitemized	5116.80	27888.20
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	10666.00	52837.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	10666.00	52837.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	10666.00	57837.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	10666.00	57837.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	13000.00	27000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	5000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	13000.00	32000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13000.00	32000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	10666.00	52837.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10666.00	52837.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Roderick J Cowgill
 Full Name (Last, First, Middle Initial)
 Mailing Address 9103 Lantern Lite Pkwy
 City Louisville State KY Zip Code 40220-2960
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare, Inc Occupation VP Facilities Mgmt-HD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 04 / 30 / 2012
Transaction ID : PR1094115424144
 Amount of Each Receipt this Period 80.00
 P/R Deduction (\$40.00 Bi-Weekly)

B. Edward L Kuntz
 Full Name (Last, First, Middle Initial)
 Mailing Address 8807 Stable Crest Boulevard
 City Houston State TX Zip Code 77024-7035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation Chairman of the BOD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 04 / 30 / 2012
Transaction ID : PR1094183924144
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

C. David R Windhorst
 Full Name (Last, First, Middle Initial)
 Mailing Address 2000 Spring Farms Road
 City Floyds Knobs State IN Zip Code 47119-9722
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation VP Financial Sys Dev
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 04 / 30 / 2012
Transaction ID : PR1094185024144
 Amount of Each Receipt this Period 80.00
 P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 360.00
TOTAL This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 7 OF 22
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Katheryn J Markham

Mailing Address 10602 Taylor Farm Ct

City Prospect State KY Zip Code 40059-9580

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

Name of Employer Kindred Healthcare Inc. Occupation VP IS Planning&FieldSvcs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **04 / 30 / 2012**

Transaction ID : PR1094185624144

Amount of Each Receipt this Period **90.00**

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

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

Mailing Address 2805 Chestnut Ridge Place

City Louisville State KY Zip Code 40245-5307

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **04 / 30 / 2012**

Transaction ID : PR1094187924144

Amount of Each Receipt this Period **90.00**

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

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

Mailing Address 1106 Holly Springs Drive

City Louisville State KY Zip Code 40242-7771

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **04 / 30 / 2012**

Transaction ID : PR1094188024144

Amount of Each Receipt this Period **90.00**

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

SUBTOTAL of Receipts This Page (optional)..... ▶ **270.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 OF 22
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 22591 Covington Drive

City State Zip Code
Deer Park IL 60010-3759

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

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

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
04 / 30 / 2012

Transaction ID : PR1094190424144

Amount of Each Receipt this Period
100.00

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

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

Mailing Address 239 Fairfax Avenue

City State Zip Code
Louisville KY 40207-3856

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

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

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1800.00**

Date of Receipt
04 / 30 / 2012

Transaction ID : PR1094192224144

Amount of Each Receipt this Period
200.00

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

Full Name (Last, First, Middle Initial)
C. Joel W Day

Mailing Address 2017 Spring Farms Drive

City State Zip Code
Floyds Knobs IN 47119-9723

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

Name of Employer Occupation
Kindred Healthcare Inc. VP & Controller-HD

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
04 / 30 / 2012

Transaction ID : PR1094193124144

Amount of Each Receipt this Period
60.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ **360.00**

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

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

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

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

A. Susan Moss
Full Name (Last, First, Middle Initial)
Mailing Address 161 Westwind Road
City Louisville State KY Zip Code 40207-1545
FEC ID number of contributing federal political committee. **C**
Name of Employer Kindred Healthcare Inc. Occupation VP Crp Communications
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 320.00

Date of Receipt 04 / 30 / 2012
Transaction ID : PR1094193324144
Amount of Each Receipt this Period 80.00
P/R Deduction (\$40.00 Bi-Weekly)

B. Charles Michael Grannan
Full Name (Last, First, Middle Initial)
Mailing Address 7109 Cannonade Court
City Prospect State KY Zip Code 40059-9332
FEC ID number of contributing federal political committee. **C**
Name of Employer Kindred Healthcare Inc. Occupation VP Purchasing
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 280.00

Date of Receipt 04 / 30 / 2012
Transaction ID : PR1094193924144
Amount of Each Receipt this Period 70.00
P/R Deduction (\$35.00 Bi-Weekly)

C. Dennis J Hansen
Full Name (Last, First, Middle Initial)
Mailing Address 1791 Connor Station Road
City Simpsonville State KY Zip Code 40067-6616
FEC ID number of contributing federal political committee. **C**
Name of Employer Kindred Healthcare Inc. Occupation VP Reimb-NCD
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 280.00

Date of Receipt 04 / 30 / 2012
Transaction ID : PR1094194124144
Amount of Each Receipt this Period 70.00
P/R Deduction (\$35.00 Bi-Weekly)

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

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

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

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

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

Mailing Address 941 Mallard Creek Road

City Louisville State KY Zip Code 40207-5495

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

Name of Employer Kindred Healthcare Inc. Occupation VP Tax Planning

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt **04 / 30 / 2012**

Transaction ID : PR1094195124144

Amount of Each Receipt this Period **80.00**

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

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

Mailing Address 7420 Falls Ridge Ct.

City Louisville State KY Zip Code 40241-6400

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

Name of Employer Kindred Healthcare Inc. Occupation VP Internal Audit

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **312.00**

Date of Receipt **04 / 30 / 2012**

Transaction ID : PR1094195424144

Amount of Each Receipt this Period **78.00**

P/R Deduction (\$39.00 Bi-Weekly)

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

Mailing Address 14401 Broad Oak Place

City Louisville State KY Zip Code 40245-5136

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **768.00**

Date of Receipt **04 / 30 / 2012**

Transaction ID : PR1094195924144

Amount of Each Receipt this Period **192.00**

P/R Deduction (\$96.00 Bi-Weekly)

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

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

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

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

FOR LINE NUMBER: PAGE 11 OF 22
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 1822 Casselberry Road

City State Zip Code
 Louisville KY 40205-1632

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

Name of Employer Occupation
 Kindred Healthcare Inc. SVPCrpLegalAffairs&CrpSec

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 480.00

Date of Receipt
 04 / 30 / 2012
Transaction ID : PR1094196324144

Amount of Each Receipt this Period
 120.00

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

Full Name (Last, First, Middle Initial)
B. Brian L Caudill

Mailing Address 1647 Beechwood Avenue

City State Zip Code
 Louisville KY 40204-1321

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

Name of Employer Occupation
 Kindred Healthcare Inc. Sr Dir HD Reimb

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 208.00

Date of Receipt
 04 / 30 / 2012
Transaction ID : PR1094197324144

Amount of Each Receipt this Period
 52.00

P/R Deduction (\$26.00 Bi-Weekly)

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

Mailing Address 9103 Lexington Lane

City State Zip Code
 Louisville KY 40241-2423

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

Name of Employer Occupation
 Kindred Healthcare Inc. SVPSstrategy&PublicPolicy

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1538.40

Date of Receipt
 04 / 30 / 2012
Transaction ID : PR1094198024144

Amount of Each Receipt this Period
 384.60

P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 556.60

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

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

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

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

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

Mailing Address 12 Lewis

City Irvine State CA Zip Code 92620-3362

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 04 / 30 / 2012
Transaction ID : PR1094200424144

Amount of Each Receipt this Period 70.00

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

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

Mailing Address 508 W. Melrose #7-A

City Chicago State IL Zip Code 60657-6429

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1080.00

Date of Receipt 04 / 30 / 2012
Transaction ID : PR1094200724144

Amount of Each Receipt this Period 270.00

P/R Deduction (\$135.00 Bi-Weekly)

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

Mailing Address 10966 Secret View Drive

City Sandy State UT Zip Code 84092-4949

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 30 / 2012
Transaction ID : PR1094213624144

Amount of Each Receipt this Period 100.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 440.00

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

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

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

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

Full Name (Last, First, Middle Initial) A. Patricia M McGillan		Date of Receipt MM / DD / YYYY 04 / 30 / 2012
Mailing Address 510 Altagate Rd		Transaction ID : PR1094229924144
City Louisville	State KY	Zip Code 40206-2969
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 60.00	
Name of Employer Kindred Healthcare Inc.	Occupation VP Pat Saf & Reg Compl-HD	P/R Deduction (\$30.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. Edward J Goddard		Date of Receipt MM / DD / YYYY 04 / 30 / 2012
Mailing Address 32 Peters Lane		Transaction ID : PR1094233524144
City Wrentham	State MA	Zip Code 02093-1036
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 80.00	
Name of Employer Kindred Healthcare Inc.	Occupation VP Labor Relations	P/R Deduction (\$40.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) C. Peter D Corless		Date of Receipt MM / DD / YYYY 04 / 30 / 2012
Mailing Address 3308 Overlook Ridge Rd		Transaction ID : PR1094235224144
City Prospect	State KY	Zip Code 40059-8577
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 60.00	
Name of Employer Kindred Healthcare Inc.	Occupation Sr VP HR & Admin-NCD	P/R Deduction (\$30.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional).....▶	200.00
TOTAL This Period (last page this line number only).....▶	

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

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

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

Full Name (Last, First, Middle Initial) A. Douglas Roth			Date of Receipt MM / DD / YYYY 04 / 30 / 2012 Transaction ID : PR1094237324144
Mailing Address 9891 Heytesbery			Amount of Each Receipt this Period 80.00
City Sandy	State UT	Zip Code 84092-3712	P/R Deduction (\$40.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer Kindred Healthcare Inc.	Occupation VP Finance-West RegNCD		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00		

Full Name (Last, First, Middle Initial) B. Raymond J Sierpina			Date of Receipt MM / DD / YYYY 04 / 30 / 2012 Transaction ID : PR1094246624144
Mailing Address 14 Westwind Road			Amount of Each Receipt this Period 200.00
City Louisville	State KY	Zip Code 40207-1519	P/R Deduction (\$100.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer Kindred Healthcare Inc.	Occupation VP Public Pol & GovtAffair		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00		

Full Name (Last, First, Middle Initial) C. Thomas Wood			Date of Receipt MM / DD / YYYY 04 / 30 / 2012 Transaction ID : PR1094247224144
Mailing Address 2949 Glascock Street			Amount of Each Receipt this Period 130.00
City Oakland	State CA	Zip Code 94601-2838	P/R Deduction (\$65.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer Kindred Healthcare Inc.	Occupation DVP NCD		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00		

SUBTOTAL of Receipts This Page (optional).....▶	410.00
TOTAL This Period (last page this line number only).....▶	

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

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

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

Full Name (Last, First, Middle Initial) A. Gwynn Rucker		Date of Receipt MM / DD / YYYY 04 / 30 / 2012 Transaction ID : PR1094247824144
Mailing Address 15106 59th Place NE		Amount of Each Receipt this Period 60.00
City Kenmore	State WA	Zip Code 98028-4364
FEC ID number of contributing federal political committee.	C	
Name of Employer Kindred Healthcare Inc.	Occupation Market Executive Dir	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	
		P/R Deduction (\$30.00 Weekly)

Full Name (Last, First, Middle Initial) B. Benjamin A Breier		Date of Receipt MM / DD / YYYY 04 / 30 / 2012 Transaction ID : PR1094250924144
Mailing Address 5400 Farm Ridge Lane		Amount of Each Receipt this Period 384.60
City Prospect	State KY	Zip Code 40059-7617
FEC ID number of contributing federal political committee.	C	
Name of Employer Kindred Healthcare Inc.	Occupation Chief Operating Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1538.40	
		P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. Russell D Ragland		Date of Receipt MM / DD / YYYY 04 / 30 / 2012 Transaction ID : PR1267998124144
Mailing Address 9902 Palace Green Way		Amount of Each Receipt this Period 100.00
City Vienna	State VA	Zip Code 22181-5914
FEC ID number of contributing federal political committee.	C	
Name of Employer Kindred Healthcare Inc.	Occupation Sr VP Fin-NCD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
		P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	544.60
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 16 OF 22
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 12
	<input type="checkbox"/> 16
	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Katherine W Gilchrist

Mailing Address 1668 Victory Court

City	State	Zip Code
Prospect	KY	40059-9175

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

Name of Employer	Occupation
Kindred Healthcare Inc.	Sr VP Finance-RHB

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2012

Transaction ID : PR1524244424144

Amount of Each Receipt this Period
100.00

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

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

Mailing Address 10411 Loving Trail Drive

City	State	Zip Code
Frisco	TX	75035-8181

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2012

Transaction ID : PR1618127524144

Amount of Each Receipt this Period
200.00

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

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

Mailing Address 7307 Grand Isle Way

City	State	Zip Code
Prospect	KY	40059-9689

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2012

Transaction ID : PR1835833724144

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional).....▶	400.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 17 OF 22
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Jeffrey M Jasnof
 Full Name (Last, First, Middle Initial)
 Mailing Address 9012 Coltsfoot Trace
 City Prospect State KY Zip Code 40059-7672
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare, Inc. Occupation Sr VP Human Resources-HD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : PR1961243324144
 Amount of Each Receipt this Period
 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

B. Jeffrey P Stodghill
 Full Name (Last, First, Middle Initial)
 Mailing Address 2002 Kenilworth Place
 City Louisville State KY Zip Code 40205-1514
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare, Inc. Occupation VP & Corporate Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : PR1961243424144
 Amount of Each Receipt this Period
 60.00
 P/R Deduction (\$30.00 Bi-Weekly)

C. Kenneth T Higgins
 Full Name (Last, First, Middle Initial)
 Mailing Address 4103 Old Farm Drive
 City Crestwood State KY Zip Code 40014-7232
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare, Inc. Occupation VP Fin & Controller RHB
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : PR1961243624144
 Amount of Each Receipt this Period
 80.00
 P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 240.00
TOTAL This Period (last page this line number only).....▶

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

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

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Kindred Healthcare, Inc. PAC

A. James T Flowers
 Full Name (Last, First, Middle Initial)
 Mailing Address 4020 Gilman Avenue
 City Louisville State KY Zip Code 40207-2112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare, Inc. Occupation VP Crp Dev & Fin Planning
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 04 / 30 / 2012
Transaction ID : PR1975144124144
 Amount of Each Receipt this Period 60.00
 P/R Deduction (\$30.00 Bi-Weekly)

B. Linda R Kurland
 Full Name (Last, First, Middle Initial)
 Mailing Address 8133 Rock Elm Road
 City Fort Worth State TX Zip Code 76131-3529
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rehab Care Occupation Region Vice President HRS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 04 / 30 / 2012
Transaction ID : PR1983484224144
 Amount of Each Receipt this Period 400.00
 P/R Deduction (\$100.00 Weekly)

C. Patricia M Henry
 Full Name (Last, First, Middle Initial)
 Mailing Address 2555 N Pearl St #502
 City Dallas State TX Zip Code 75201-2244
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation President-RHB
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 855.00

Date of Receipt 04 / 30 / 2012
Transaction ID : PR1983484524144
 Amount of Each Receipt this Period 190.00
 P/R Deduction (\$95.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	650.00
TOTAL This Period (last page this line number only).....▶	

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

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

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)
A. Sherrie Sharp

Mailing Address 11 Talais Drive

City Little Rock State AR Zip Code 72223-9129

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

Name of Employer Kindred Healthcare, Inc. Occupation Region Vice President SRS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2012

Transaction ID : PR1983484624144

Amount of Each Receipt this Period
160.00

P/R Deduction (\$40.00 Weekly)

Full Name (Last, First, Middle Initial)
B. Jovena Stucker

Mailing Address 5851 Midnight Moon Dr

City Frisco State TX Zip Code 75034-0715

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

Name of Employer Kindred Healthcare, Inc. Occupation Region Vice President SRS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **216.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2012

Transaction ID : PR1983484724144

Amount of Each Receipt this Period
108.00

P/R Deduction (\$27.00 Weekly)

Full Name (Last, First, Middle Initial)
C. Mary Claire Willman

Mailing Address 529 Oaks Court

City Webster Groves State MO Zip Code 63119-3530

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

Name of Employer Rehab Care Group Inc. Occupation Region Vice President HRS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **405.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2012

Transaction ID : PR1983484824144

Amount of Each Receipt this Period
180.00

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

SUBTOTAL of Receipts This Page (optional).....▶	448.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 20 OF 22
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Kindred Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial)
Tanya Snodgrass

Mailing Address 28307 Woodsons Lake Dr.

City Spring State TX Zip Code 77386-1789

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

Name of Employer Kindred Healthcare, Inc. Occupation DVP Bus Devlp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 30 / 2012

Transaction ID : PR1983484924144

Amount of Each Receipt this Period
100.00

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

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	5549.20

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Ben Cardin for Senate

Mailing Address P.O. Box 21093

City State Zip Code
Catonsville MD 21228

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Ben Cardin

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MD District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 02 / 2012

Transaction ID : 44805067

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Diane Black For Congress

Mailing Address P.O. Box 1437

City State Zip Code
Gallatin TN 37066

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Diane Black

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TN District: 06

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 17 / 2012

Transaction ID : 45045236

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Stabenow 2012 Victory Fund

Mailing Address P.O. Box 4462

City State Zip Code
East Lansing MI 48826

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 25 / 2012

Transaction ID : 45076038

Amount of Each Disbursement this Period

5000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

10500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Democratic Executive Committee of Florida

Mailing Address 214 South Bronough Street

City Tallahassee State FL Zip Code 32301

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4		2	5		2	0	1	2		

Transaction ID : 45076041

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Contribution

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

Amount of Each Disbursement this Period

--	--	--	--	--	--	--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

Amount of Each Disbursement this Period

--	--	--	--	--	--	--

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

2	5	0	0	.	0	0
---	---	---	---	---	---	---

1	3	0	0	.	0	0
---	---	---	---	---	---	---