02/17/2010 09:47

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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Us	e Only	
011100 00		
1 1 1 1	1 1	
40)202	
:	ZIPCOD	E 🗥
AMENDED (A)		
Aug 20 (M8)		Nov 20 (M11) (Non-Election Year Only)
Sep 20 (M9)		Dec 20 (M12) (Non-Election Year Only)
Oct 20 (M10)		Jan 31 (YE)
eral (12G)		Runoff (12R)
cial (12G)		
	in the State of	
off (30R)		Special (30S)
	in the State of	
2010		
lete.		

1.	NAME OF COMMITTEE (in full)	USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines			
L	Kindred Healthcare, Inc. PAG				
L					
AD	DRESS (number and street)	680 S. Fourth St.			
	Check if different than previously reported. (ACC)	Louisville KY 40202			
2.	FEC IDENTIFICATION NUM	MBER ♥ CITY ▲ STATE ▲ ZIPCODE ▲			
	C00242271	3. IS THIS X NEW (N) OR (A)			
4.	TYPE OF REPORT (Choose One)	(b) Monthly Report Aug 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)			
	(a) Quarterly Reports:	Due On: Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)			
	April 15	Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)			
	Quarterly Report(C July 15 Quarterly Report(C	(c) 12-Day Primary (12P) General (12G) Runoff (12R)			
	October 15 Quarterly Report(C	Report for the: Convention (12C) Special (12G)			
	January 31 Quarterly Report(Y	in the			
	July 31 Mid-Year Report(Non-electio Year Only) (MY)	Post -ElectionGeneral (30G)Runoff (30R)Special (30S)			
	Termination Repor (TER)	Report for the: in the State of			
5.	Covering Period 0	1 01 2010 through 01 31 2010			
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.					
Type or Print Name of Treasurer Hank Robinson					
Signature of Treasurer Electronically Filed by Hank Robinson Date 0 2 1 7 2 0 1 0					
NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.					
	Office Use Only	FEC FORM 3X (Rev. 12/2004)			
FE	6AN026				

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name Kindred Healthcare, Inc. PAC

FEC Form 3X (Rev. 02/2003)

	Tamaroa Froattrioaro, mo. 1770		
Rep	port Covering the Period: From:	01 2010	To: 0 1 3 1 2 0 1 0
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2010 Y Y Y		35053.91
(b) Cash on Hand at Begining of Reporting Period	35053.91	
(c) Total Receipts (from Line 19)	9576.40	9576.40
(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	44630.31	44630.31
7. T	otal Disbursements (from Line 31)	4000.00	4000.00
-	eash on Hand at Close of Reporting Period		

10. Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D)

9. Debts and Obligations owed TO the committee (Itemize all on

(subtract Line 7 from Line 6(d))

Schedule C and/or Schedule D)

0.00

40630.31

0.00

X 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

FE6AN026

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40630.31

DETAILED SUMMARY PAGE OF RECEIPTS

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Write or Type Committee Name
Kindred Healthcare, Inc. PAC

Report Covering the Period:

From:

м м 0 1 D D 0 1

2010

-0:

м м 0 1 ^D 31

Y Y Y Y 2 0 1 0

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)	734.60	734.60
(ii) Unitemized	8841.80	8841.80
(iii) TOTAL (add Lines 11(a)(i) and (ii)	9576.40	9576.40
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees(such as PACs)(d) Total Contributions (add Lines	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	9576.40	9576.40
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
8. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	9576.40	9576.40
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	9576.40	9576.40

DETAILED SUMMARY PAGE

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of Disbursements

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	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(/	0.00	0.00
	(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00
	Expenditures	0.00	0.00
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	0.00	0.00
2.	Transfers to Affiliated/Other Party		
3.	Committees Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	0.00	0.00
	Independent Expenditure (use Schedule E)	0.00	0.00
5.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
3 .	Loan Repayments Made	0.00	0.00
	Loans Made	0.00	0.00
3.	Refunds of Contributions To:	0.00	0.00
	(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
).	Other Disbursements	4000.00	4000.00
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
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	4000.00	4000.00
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	4000 00	4000.00
	from Line 31)	4000.00	4000.00

DETAILED SUMMARY PAGE

of Disbursements

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	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)	9576.40	9576.40
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	9576.40	9576.40
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

A.

В.

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

PAGE 6/7 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the 11a 11b 11c **Detailed Summary Page** 13 14 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) Date of Receipt William M Altman Mailing Address 9103 Lexington Lane 0.1 3 1 2010 City State Zip Code Transaction ID: PR1094198018728 **Louisville** KY 40241 Amount of Each Receipt this Period FEC ID number of contributing 384.60 C federal political committee. Name of Employer Kindred Healthcare Inc. Occupation SVPStrategy&PublicPolicy Receipt For: Aggregate Year-to-Date Primary General P/R Deduction (\$192.30 Bi-384.60 Other (specify) Weekly) Full Name (Last, First, Middle Initial) Traci Shelton Date of Receipt Mailing Address 2913 3rd. Street # 201 0.1 3 1 2010 City State Zip Code Transaction ID: PR1094200618728 Santa Monica CA 90405 Amount of Each Receipt this Period FEC ID number of contributing C 350.00 federal political committee. Name of Employer Kindred Healthcare Inc. Occupation Sr VP & COO-West Reg-HD Receipt For: Aggregate Year-to-Date

350.00

SUBTOTAL of Receipts This Page (optional)	•	734.60
TOTAL This Period (last page this line number only)	<u> </u>	734.60

Primary

Other (specify)

General

P/R Deduction (\$175.00 Bi-

Weekly)

A.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER:	PAGE 7/7
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only one) 21b 22 2 27 28a	23
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)		Transacti	ion ID: 33018637
Friends of Heather Mizeur		Date of D	isbursement
Mailing Address P.O. Box 11290		0 1	08 4 2010
,	State Zip Code MD 20913	Amount o	f Each Disbursement this Period
Purpose of Disbursement Heather Mizeur, STATE HOUSE 20th MD		011	4000.00
Candidate Name MD Del. Heather Mizeur		tegory/ Гуре	
X	ment For: 2010 Primary General Other (specify)	Heather SE 20th	Mizeur, STATE HOU- MD

SUBTOTAL of Disbursements This Page (optional)		4000.00
TOTAL This Period (last page this line number only)	•	4000.00