FEC FORM 3X	AN	PORT OF D DISBUF Other Than An A	RSEME	NTS	e	(Dffice Use Only	
1. NAME OF COMMITTEE (in fu		EC MAILING LABE		iple:If typing, he lines	type			
Kindred Healthcare	, Inc. PAC							
ADDRESS (number and	street)) S. Fourth St.						
Check if differ than previousl reported. (ACC						KY	40202	
2. FEC IDENTIFICAT	ION NUMBER	▼	CITY 🛋		S	TATE	ZIPCOD	E 🔺
C00242271		3.	IS THIS REPORT		ew N) OR	AME (A)	NDED	
July 15 Quarterly October Quarterly January 3 Quarterly July 31 M Report(N Year Only	orts: Report(Q1) 5 Report(Q2) 5 Report(Q3) 1 Report(YE) id-Year on-election	(c) 12-Day PRE-Election Report for the	ection on	J	2C)	Aug 20 Sep 20 Oct 20 General (12 Special (12 Runoff (30	2G) (M9) (M10) (G) G) in the State of	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R)
(TER)		Ele	ection on				in the State of	
5. Covering Period	06	01 2008		through	06	30	2008	
I certify that I have exam Type or Print Name of T Signature of Treasurer		ank Robinson		d belief it is t	rue, correct ar		10	2008
NOTE : Submission of f	alse, erroneous, d	or incomplete inform	ation may subj	ect the perso	n signing this	Report to the p	enalties of 2 U.S.	.C 437g.
Office Use Only							FEC FORM (Rev. 12/2004	

Image# 28932142571 FEC Form 3X (Rev. 02/2003)		SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	Page 2
V	Irite or Type Committee Name Kindred Healthcare, Inc. PAC		
F	eport Covering the Period: From:	M M D D Y Y W Y Y Y T Y W Y Y W Y <th< th=""><th>To: M M D D Y Y Y Y Y Y Y Y 2 0 0 8</th></th<>	To: M M D D Y Y Y Y Y Y Y Y 2 0 0 8
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 2008 Y Y		48684.55
	(b) Cash on Hand at Begining of Reporting Period	68373.17	
	(c) Total Receipts (from Line 19)		97498.71
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	87135.01	146183.26
7.	Total Disbursements (from Line 31)		87048.25
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	59135.01	59135.01
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)		

SUMMARY PAGE

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

	FEC Form 3X (Rev. 06/2004)	OF RECEIPTS	Page 3
	r Type Committee Name dred Healthcare, Inc. PAC		
Report	Covering the Period: From:		: 06 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	ributions (other than loans) From: Individuals/Persons Other		
	Than Political Committees(i) Itemized (use Schedule A)	14405.34	47704.06
	(ii) Unitemized	4356.50	44794.65
	(iii) TOTAL (add Lines 11(a)(i) and (ii) >	18761.84	92498.71
	Political Party Committees	0.00	0.00
()	Other Political Committees (such as PACs) Total Contributions (add Lines	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	18761.84	92498.71
	sfers From Affiliated/Other y Committees	0.00	0.00
3. All L	oans Received	0.00	0.00
4. Loan 5. Offs	Repayments Received ets To Operating Expenditures	0.00	0.00
(Refi (Cari	unds, Rebates, etc.) ry Totals to Line 37, page 5)	0.00	0.00
to Fe	nds of Contributions Made ederal candidates and Other ical Committees	0.00	5000.00
	er Federal Receipts dends, Interest, etc.)	0.00	0.00
	nsfers from Non-Federal and Levin Funds		
. ,	Non-Federal Account (from Schedule H3)	0.00	0.00
(b) l	_evin Funds (from Schedule H5)	0.00	0.00
(c) T	Fotal Transfer (add 18(a) and 18(b)).	0.00	0.00
	I Receipts (add Lines 11(d), 13, 14, 15, 16, 17, and 18(c))	18761.84	97498.71
	I Federal Receipts tract Line 18(c) from Line 19)	18761.84	97498.71

Image# 28932142573

DETAILED SUMMARY PAGE

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) 		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	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 Committees	0.00	0.00
3. Contributions to Federal Candidates/Committees		86500.00
and Other Political Committees Independent Expenditure	28000.00	
(use Schedule E) 5. Coordinated Expenditures Made by Party	0.00	0.00
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
 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	0.00	0.00
(add Lines 28(a), (b), and (c)) 🕨		
9. Other Disbursements	0.00	500.00
 Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity 		
(from Schedule H6) (i) Federal Share	0.00	0.00
	0.00	0.00
(ii) "Levin" Share (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, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) 	28000.00	87048.25
2. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)	00000 00	07040.05
from Line 31)	28000.00	87048.25

Image# 28932142574

DETAILED SUMMARY PAGE

	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)	18761.84	92498.71
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	18761.84	92498.71
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

	IEDULE A (FEC Form 3X) /IIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only X 11a			
[13	14 15 16 17		
Any in	formation copied from such Reports and St commercial purposes, other than using the	atements may name and add	y not be sold or used by any pers dress of any political committee t	on for the purp o solicit contrib	ose of soliciting contributions utions from such committee.		
NA	ME OF COMMITTEE (In Full)						
Kii	ndred Healthcare, Inc. PAC						
	ll Name (Last, First, Middle Initial) ank Battafarano	Date of	Receipt				
Ма	iling Address 2700 Little Hills Lane			0 6	/ D D / Y Y Y Y 03 2008		
Cit	у	State	Zip Code	Transac	ction ID: 24867414		
<u>Ar</u>	ichorage	KY	40223	Amount	t of Each Receipt this Period		
	C ID number of contributing leral political committee.	C			4500.00		
Na Kir	me of Employer Idred Healthcare Inc.	Occupation Chief Op	n erating Officer				
Re	ceipt For:	Aggregate	e Year-to-Date				
	Primary General Other (specify) ▼	0 0	5000.00				
	II Name (Last, First, Middle Initial) chard A Lechleiter			Date of	Receipt		
Ма	iling Address 680 S. Fourth Street		^м б	/ D D / Y Y Y Y 06 2008			
Cit	у	State	Zip Code	Transac	Transaction ID: 25009955		
<u>Lo</u>	uisville	KY	40202	Amount	t of Each Receipt this Period		
	C ID number of contributing leral political committee.	C			4250.00		
Na Kir	me of Employer ndred Healthcare Inc.	Occupation Exec VP					
Re	ceipt For:	Aggregate	Year-to-Date 🔻				
	Primary General Other (specify) ▼	0 0	5000.00				
	II Name (Last, First, Middle Initial) resa S Anderson			Date of	Receipt		
Ма	iling Address 7115 Coachwood Drive)		м м 06	¹ ^D ^D ¹ ^Y		
Cit		State	Zip Code	Transac	ction ID: PR1094183714201		
	eorgetown	IN	47122	Amount	t of Each Receipt this Period		
	C ID number of contributing leral political committee.	C			40.00		
Na Kir	me of Employer ndred Healthcare Inc.	Occupation	n n Sys Dev				
Re	ceipt For: Primary General	Aggregate	e Year-to-Date 🔻				
	Other (specify)		260.00	P/R Dec Weekly)	duction (\$20.00 Bi-)		
QI IPT	I				8790.00		
SUB	IVIAL OF RECEIPTS THIS Page (optional)						
тоти	AL This Period (last page this line number of	only)					

ITE	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 41 (check only one)
Any or fo	information copied from such Reports and S r commercial purposes, other than using the	on for the purpose of soliciting contributions solicit contributions from such committee.		
	IAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
λ . <u>Ε</u>	ull Name (Last, First, Middle Initial) idward L Kuntz	Date of Receipt		
N	lailing Address 8807 Stable Crest Bou	ulevard		06 J D D / Y Y Y Y 08 30 2008
	Sity	State	Zip Code	Transaction ID: PR1094183914201
F	louston	ТХ	77024	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		200.00
_	lame of Employer (indred Healthcare Inc.	Occupatio Executiv	n e Chairman	
R	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	
	Other (specify) v	0 0	1300.00	P/R Deduction (\$100.00 Bi- Weekly)
	ull Name (Last, First, Middle Initial) David R Windhorst	Date of Receipt		
N	Nailing Address 2000 Spring Farms Ro	M M / D D / Y Y Y Y 06 30 2008		
C	City State		Zip Code	Transaction ID: PR1094185014201
<u>F</u>	loyds Knobs	IN	47119	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		80.00
N K	lame of Employer (indred Healthcare Inc.	Occupatio VP Finar	ⁿ ncial Sys Dev	
R	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify)	0 0	520.00	P/R Deduction (\$40.00 Bi- Weekly)
	ull Name (Last, First, Middle Initial) awrence I Wolf			Date of Receipt
N	Mailing Address 4826 N Winthrop Ave	#3S		0 6 / 0 0 / Y Y Y Y 0 8 / 0 0 0 / 2 0 0 8
C	Sity	State	Zip Code	Transaction ID: PR1094185114201
<u>C</u>	Chicago	IL	60640	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		40.00
_			Appl-Data Arch	
R			e Year-to-Date ▼ 260.00	P/R Deduction (\$20.00 Bi- Weekly)
SUE	BTOTAL of Receipts This Page (optional)			320.00
	BTOTAL of Receipts This Page (optional) TAL This Period (last page this line number		r	320.00

;	SCHEDULE A (FEC Form 3X)		Use separate s		FOR LINE NUMBER: PAGE 8 / 41 (check only one)
	TEMIZED RECEIPTS		for each catego Detailed Summ		$\begin{array}{c c} X \\ \hline X \\ \hline 13 \\ \hline 14 \\ \hline 15 \\ \hline 16 \\ \hline 17 \\ \hline 10 \\ \hline 10$
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	ay not be sold or use Idress of any politica	ed by any persor al committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC				
۷ A.	Full Name (Last, First, Middle Initial) Katheryn J Markham	Date of Receipt			
	Mailing Address 10602 Taylor Farm Ct				0 6 / D D / Y Y Y Y 0 6 / 3 0 2 0 0 8
	City	State	Zip Code		Transaction ID: PR1094185614201
	Prospect	KY	40059		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			90.00
	Name of Employer Kindred Healthcare Inc.	Occupatio VP IS PI	on lanning&FieldSvo	cs	_
	Receipt For:	Aggregate	e Year-to-Date 🔻		
	Primary General Other (specify) ▼			585.00	P/R Deduction (\$45.00 Bi- Weekly)
- В.	Full Name (Last, First, Middle Initial) Catherine A Gooch	Date of Receipt			
	Mailing Address 14516 Clear Meadow (Court			M M / D D / Y
	City	State	Zip Code		Transaction ID: PR1094185914201
	Louisville	KY	40245		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 Fi	on in Sys Dev		
	Receipt For:	Aggregate	e Year-to-Date 🔻		
	Primary General Other (specify) ▼		0 0 0 0 0	260.00	P/R Deduction (\$20.00 Bi- Weekly)
- C.	Full Name (Last, First, Middle Initial) Patrick J Gillenwater				Date of Receipt
	Mailing Address 680 S. Fourth Street				06 / D D / Y Y Y Y 06 30 2008
	City	State	Zip Code		Transaction ID: PR1094186414201
	Louisville	KY	40202		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			35.00
	Name of Employer Kindred Healthcare Inc.	Name of Employer Occupatio Kindred Healthcare Inc. Adm Dir			
	Receipt For:	Aggregate	e Year-to-Date 🔻		
	Primary General Other (specify) ▼			227.50	P/R Deduction (\$17.50 Bi- Weekly)
ſ	SUBTOTAL of Receipts This Page (optional)	1		>	165.00
╞				r	
	TOTAL This Period (last page this line number	orliy)		🕨	

Any information copied from such Reports and Statements may not be solid or used by any person for the purpose of solid time contributions from such committee. NAME OF COMMITTEE (In Full) Name of Exployer City State City State City State Price Price Price City State State State State State State State State State Sta		SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 41 (check only one) X X 11a 11b 11c
A. Full Name (Last, First, Middle Initial) Date of Receipt Maling Address 4706 Wolfcreek Pkwy Date of Receipt City State Zip Code Primary General City Name (Last, First, Middle Initial) Occupation Name of Employee Name of Employee Name (Last, First, Middle Initial) Occupation Name (Last, First, Middle Initial) Date of Receipt Debotalt Fickert Maling Address 7003 Shallow Lake Road City State Zip Code Prospect KY 4059 FEC ID number of contributing federal political committee. Occupation State Zip Code Transaction ID: PR1094187714201 Aggregate Year-to-Date V V Prospect KY 40059 FEC ID number of contributing federal political committee. Occupation Transaction ID: PR1094187714201 Aggregate Year-to-Date V Maling Address 2805 Chestnut Ridge Place V City State Zip Code Transaction IS: PR109418714201 Aggregate Year-to-Date V State Zip Code Prinsary		Any information copied from such Reports and s or for commercial purposes, other than using the	Statements ma e name and ad	ay not be sold or used by any pers Idress of any political committee to	13 14 15 16 17 on for the purpose of soliciting contributions o solicit contributions from such committee.
A. William B Saibari Date of Receipt Mailing Address 4706 Wolfcreek Pkwy 06 ' 30' 2008 City State Zip Code LouisVille KY 40241 FEC ID number of contributing rederal political committee. C Aggregate Year-to-Date P/R Deduction (\$30.00 Bi- Weekly) Receipt For: Occupation Sr Dir Fin Sys Dev Aggregate Year-to-Date P/R Deduction (\$30.00 Bi- Weekly) B. Eut Name (Last, First, Middle Initial) Deborah F Rickert Date of Receipt in Period City State Zip Code Prospect KY 40059 FEC ID number of contributing rederal political committee. C Transaction ID: PR1094187714201 Aggregate Year-to-Date C Transaction ID: PR1094187714201 Amount of Each Receipt Inite Priod FEG ID number of contributing rederal political committee. C Prospect KY 40059 Transaction ID: PR1094187714201 Aggregate Year-to-Date V Sign J 2.0.0 Bi- Weekly) City State Zip Code Transaction ID: PR1094187014201 Amount of Each Receipt Inite					
City State Zip Code Louisville KY 40241 FEC ID number of contributing C Amount of Each Receipt this Period Preceipt For: Occupation Sr Dir Fin Sys Dev Receipt For: Occupation Sr Dir Fin Sys Dev Perceipt For: Occupation Sr Dir Fin Sys Dev Preceipt For: Option (S30.00 Bi-Weekly) Other (specify) ▼ 390.00 38. Deborah F Rickert Mailing Address 7003 Shallow Lake Road City State Zip Code Prospect KY 40059 Pranaecton ID: PR1094187714201 Amount of Each Receipt this Period Prospect KY 40059 Pranaecton ID: PR1094187714201 Amount of Each Receipt this Period Prospect KY 40059 Primary General State Zip Code Name of Employer Aggregate Year-to-Date V P/R Deduction (\$25.00 Bi-Weekly) P State Zip Code State Zip Code Name of Employer State Zip Code State Zip Code	∡ ۹.	William B Seibert	·		
Louisville KY 40241 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. © 60.00 Name of Employer Kindred HealthCare Inc. Sr Dir Fin Sys Dev Preceipt For: 0 Beceipt For: Occupation Other (specify) ♥ Aggregate Year-to-Date ♥ P/R Deduction (\$30.00 Bi- Weekly) 38. Full Name (Last, First, Middle Initial) Date of Receipt Deborah F Rickert Date of Receipt Mailing Address 7003 Shallow Lake Road Oity State Zip Code Prospect KY 40059 Prospect Full Name (Last, First, Middle Initial) Coccupation Sr Dir Fin Sys Dev Receipt For: Occupation Sr Dir Fin Sys Dev P/R Deduction (\$25.00 Bi- Weekly) Prospect KY 4025 P/R Deduction (\$25.00 Bi- Weekly) Charlee Wardrip Aggregate Year-to-Date ♥ P/R Deduction (\$25.00 Bi- Weekly) Cliv State Zip Code Transaction ID: PR1094187914201 Charlee Wardrip Occupation Sr Dir Fin Sys Dev Date of Receipt 0 Cliv State Zip Code Transaction ID: PR1094187914201 0 </td <td></td> <td>Mailing Address 4706 Wolfcreek Pkwy</td> <td>/</td> <td></td> <td></td>		Mailing Address 4706 Wolfcreek Pkwy	/		
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tederal political committee. C Vinne of Employer Kindred Healthcare Inc. Sr Dir Fin Sys Dev Receipt For: Other (specify) ♥ Aggregate Year-to-Date ♥ Primary General Other (specify) ♥ Bate of Receipt Bate of Receipt Bate of Receipt Mailing Address 7003 Shallow Lake Road City State Zip Code Prospect KY 40059 PEC ID number of contributing federal political committee. C Primary General Occupation Other (specify) ♥ State Zip Code Primary General Occupation Mailing Address 20.08 Y Primary General Aggregate Year-to-Date P/R Deduction (\$25.00 Bi- Weekly) Date of Receipt State Zip Code Nort of Each Receipt His Period City State Zip Code Nort of Each Receipt His Period City State Zip Code Nort of Each Receipt His Period City State Zip Code Nort of Each Receipt His Period City State Zip Code Nort		Louisville	KY	40241	Amount of Each Receipt this Period
Receipt For: Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ P/R Deduction (\$30.00 Bi-Weekly) 3. Deborah F Rickert Mailing Address 7003 Shallow Lake Road City State Prospect KY Aggregate Year-to-Date Date of Receipt Other (specify) ▼ State Zity State Prospect KY Aggregate Year-to-Date Prinasetton ID: PR1094187714201 Amount of Each Receipt this Period 50.00 Prospect KY Name of Employer Aggregate Year-to-Date ▼ Name of Employer Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Occupation State Zip Code Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ P/R Deduction (\$25.00 Bi-Weekly) Primary General Occupation State Zip Code Maiing Address 2805 Chestnut Ridge Place City State Zip Code Maiing Address 2805 Chestnut Ridge Place			C		60.00
Primary General 390.00 Other (specify) ▼ 390.00 Full Name (Last, First, Middle Initial) Deboran F Rickert Mailing Address 7003 Shallow Lake Road City State Zip Code Prospect KY 40059 FEC ID number of contributing federal political committee. C Amount of Each Receipt this Period Name of Employer Kindred HealthCare Inc. Occupation Sr Dir Fin Sys Dev Aggregate Year-to-Date ▼ Primary General 0 feeral 9/R Deduction (\$25.00 Bi- Other (specify) ▼ Aggregate Year-to-Date ▼ P/R Deduction (\$25.00 Bi- Weekly) C State Zip Code Other (specify) ▼ Aggregate Year-to-Date ▼ P/R Deduction (\$25.00 Bi- Vitage (Last, First, Middle Initial) C State Zip Code City State Zip Code Mount of Each Receipt this Period Louisville KY 40245 Amount of Each Receipt this Period Receipt For: Occupation Occupation Mount of Each Receipt this Period Mailing Address 2805 Chestnut Ridge Place P/R Deduction (\$50.00 Bi-					
Other (specify) ▼ 390.00 Weekly) Full Name (Last, First, Middle Initial) Date of Receipt Deboran F Rickert Date of Receipt Mailing Address 7003 Shallow Lake Road City State Zip Code Prospect KY 40059 FEC ID number of contributing federal political committee. Occupation Sr Dir Fin Sys Dev Amount of Each Receipt this Period Name of Employer Kindred HealthCare Inc. Sr Dir Fin Sys Dev P/R Deduction (\$25.00 Bi- Weekly) 2. Charles Wardip Aggregate Year-to-Date ▼ P/R Deduction (\$25.00 Bi- Weekly) 2. Charles Wardip Date of Receipt Date of Receipt Mailing Address 2805 Chestnut Ridge Place Transaction ID: PRI094187914201 City State Zip Code Meekly Louisville KY 40245 Transaction ID: PRI094187914201 Amount of Each Receipt this Period 100.00 100.00 100.00 Name of Employer Kindred HealthCare Inc. Occupation VP IS Ops & Telecomm P/R Deduction (\$50.00 Bi- Weekly) P/R Deduction (\$50.00 Bi- Weekly)			Aggregat	e Year-to-Date 🔻	
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City State Zip Code Prospect KY 40059 FEC ID number of contributing rederal political committee. C Amount of Each Receipt this Period Name of Employer Kindred Healthcare Inc. C State Zip Code Primary General Occupation Sr Dir Fin Sys Dev P/R Deduction (\$25.00 Bi- Weekly) Full Name (Last, First, Middle Initial) Charles Wardrip Aggregate Year-to-Date ▼ P/R Deduction (\$25.00 Bi- Weekly) City State Zip Code Zip Code Louisville KY 40245 Transaction ID: PR1094187914201 Amount of Each Receipt Inic. C 30 / 2 0 0.8 Receipt For: Aggregate Year-to-Date ▼ Date of Receipt Louisville KY 40245 Transaction ID: PR1094187914201 Amount of Each Receipt Inic. Occupation VP IS Ops & Telecomm P/R Deduction (\$50.00 Bi- Weekly) Name of Employer Kindred Healthcare Inc. Aggregate Year-to-Date ▼ P/R Deduction (\$50.00 Bi- Weekly)	- 3.		Date of Receipt		
Prospect KY 40059 FEC ID number of contributing federal political committee. C Amount of Each Receipt this Period Name of Employer Kindred HealthCare Inc. Occupation Sr Dir Fin Sys Dev P/R Deduction (\$25.00 Bi- Weekly) Receipt For: Other (specify) ▼ Aggregate Year-to-Date ▼ P/R Deduction (\$25.00 Bi- Weekly) Full Name (Last, First, Middle Initial) Charles Wardrip Date of Receipt Mailing Address 2805 Chestnut Ridge Place M 6 / 0 0 / 2 0 0 8 City State Zip Code Louisville KY 40245 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C 100.00 Name of Employer Kindred HealthCare Inc. Occupation VP IS Ops & Telecomm P/R Deduction (\$50.00 Bi- Weekly)		Mailing Address 7003 Shallow Lake Ro	oad		06 30 2008
FEC ID number of contributing federal political committee. C 50.00 Name of Employer Kindred HealthCare Inc. Occupation Sr Dir Fin Sys Dev P/R Deduction (\$25.00 Bi- Weekly) Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ P/R Deduction (\$25.00 Bi- Weekly) Eull Name (Last, First, Middle Initial) Charles Wardrip Date of Receipt Mailing Address 2805 Chestnut Ridge Place Mof 0 30 / 2008 City State Zip Code Louisville KY 40245 Transaction ID: PR1094187914201 Aggregate Year-to-Date 0 100.00 Name of Employer Kindred HealthCare Inc. Occupation VP IS Ops & Telecomm P/R Deduction (\$50.00 Bi- Weekly) Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ P/R Deduction (\$50.00 Bi- Weekly)		•			
federal political committee. Image of Employer Kindred HealthCare Inc. Occupation Sr Dir Fin Sys Dev Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$25.00 Bi- Weekly) Full Name (Last, First, Middle Initial) Other (specify) ▼ Date of Receipt Mailing Address 2805 Chestnut Ridge Place Date of Receipt City State Zip Code Louisville KY 40245 FEC ID number of contributing federal political committee. Occupation VP IS Ops & Telecomm Receipt For: Occupation VP IS Ops & Telecomm Receipt For: Aggregate Year-to-Date ▼ Pfinary General Other (specify) ▼ Occupation VP IS Ops & Telecomm P/R Deduction (\$50.00 Bi- Weekly)			KY	40059	Amount of Each Receipt this Period
Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 325.00 Full Name (Last, First, Middle Initial) Date of Receipt Charles Wardrip Date of Receipt Mailing Address 2805 Chestnut Ridge Place City State Zip Code Louisville KY 40245 FEC ID number of contributing federal political committee. Occupation Name of Employer Kindred Healthcare Inc. Occupation Primary General Occupation Other (specify) ▼ Aggregate Year-to-Date ▼ P/R Deduction (\$50.00 Bi-Weekly)			C		50.00
Primary General Other (specify) ▼ 325.00 Full Name (Last, First, Middle Initial) Date of Receipt Charles Wardrip Date of Receipt Mailing Address 2805 Chestnut Ridge Place City State Zip Code Louisville KY 40245 FEC ID number of contributing federal political committee. C 100.00 Name of Employer Kindred Healthcare Inc. VP IS Ops & Telecomm P/R Deduction (\$50.00 Bi-Weekly) Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$50.00 Bi-Weekly) Other (specify) ▼ 650.00 P/R Deduction (\$50.00 Bi-Weekly)		Name of Employer Kindred Healthcare Inc.			
Other (specify) ▼ 325.00 F/n Deduction (\$23.00 Bi-Weekly) Full Name (Last, First, Middle Initial) Date of Receipt Charles Wardrip Date of Receipt Mailing Address 2805 Chestnut Ridge Place 0 6 City State Zip Code Louisville KY 40245 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. VP IS Ops & Telecomm Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 650.00			Aggregat	e Year-to-Date 🔻	
Charles Wardrip Date of Receipt Mailing Address 2805 Chestnut Ridge Place City State Zip Code Louisville KY 40245 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation VP IS Ops & Telecomm Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 650.00				325.00	P/R Deduction (\$25.00 Bi- Weekly)
City State Zip Code Louisville KY 40245 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation VP IS Ops & Telecomm Receipt For: Aggregate Year-to-Date Primary General Other (specify) ▼	-).				Date of Receipt
Louisville KY 40245 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C 100.00 Name of Employer Kindred Healthcare Inc. Occupation VP IS Ops & Telecomm 100.00 Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$50.00 Bi-Weekly) Other (specify) ▼ 650.00 P/R Deduction (\$50.00 Bi-Weekly)		Mailing Address 2805 Chestnut Ridge	Place		
FEC ID number of contributing federal political committee. 100.00 Name of Employer Kindred Healthcare Inc. Occupation VP IS Ops & Telecomm Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Other (specify) ▼ 650.00		-			
federal political committee. Intervention Name of Employer Kindred Healthcare Inc. Occupation VP IS Ops & Telecomm Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Other (specify)			KY	40245	Amount of Each Receipt this Period
Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 650.00			C		100.00
Primary General Other (specify) ▼ General Other (specify) ▼ P/R Deduction (\$50.00 Bi- Weekly) 210.00			VP IS O	ps & Telecomm	
Other (specify) ▼ 650.00 Weekly)		1.99.095		e Year-to-Date 🔻	P/P Deduction (*50.00 Pi
SUBTOTAL of Receipts This Page (optional)				650.00	
	Γ	SUBTOTAL of Receipts This Page (optional)	1		210.00
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 10 / 41 (check only one) 11a 11b 11c 12 X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and ad	y not be sold or used by any perso dress 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			
لا A.	Full Name (Last, First, Middle Initial) Stephen M Dobler			Date of Receipt
	Mailing Address 1106 Holly Springs Dr	rive		06 30 YYYY 2008
	City	State	Zip Code	Transaction ID: PR1094188014201
	Louisville	KY	40242	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		90.00
	Name of Employer Kindred Healthcare Inc.	Occupatio VP IS Fil	n nance & Admin	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	585.00	P/R Deduction (\$45.00 Bi- Weekly)
- B.	Full Name (Last, First, Middle Initial) Terry Carrico			Date of Receipt
	Mailing Address 3311 Cobblers Ct			06 30 YYYY 2008
	City	State	Zip Code	Transaction ID: PR1094188214201
	New Albany	IN	47150	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 Cl	ⁿ in Systems Dev	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify) ▼		260.00	P/R Deduction (\$20.00 Bi- Weekly)
- C.	Full Name (Last, First, Middle Initial) Steven J Paynter			Date of Receipt
	Mailing Address 680 S. Fourth Street			0 6 3 0 2 0 0 8
	City	State	Zip Code	Transaction ID: PR1094188414201
	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.	Occupatio Sr Cnslt	ⁿ Tech Arch	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 260.00	P/R Deduction (\$20.00 Bi- Weekly)
ſ	SUBTOTAL of Receipts This Page (optional).	1		170.00
┢			r	
1	TOTAL This Period (last page this line number	r oniy)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 41 (check only one) X X 11a 11b 11c
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any pers a name and address of any political committee t	13 14 15 16 17 son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
∠ A.	Full Name (Last, First, Middle Initial) Martin Ardron	Date of Receipt	
	Mailing Address 41 La Sierra Dr.		0 6 / 0 0 / 0 V V V V V V V V V V V V V V V
	City	State Zip Code	Transaction ID: PR1094189114201
	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:	Aggregate Year-to-Date ▼	
	Other (specify)	325.00	P/R Deduction (\$25.00 Bi- Weekly)
– В.	Full Name (Last, First, Middle Initial) Linn Billingsley		Date of Receipt
	Mailing Address P.O. Box 122		M M / D D / Y Y Y Y 06 / 30 / 2008
	City Dive Diamond	State Zip Code NV 89004	Transaction ID: PR1094189814201
	Blue Diamond FEC ID number of contributing federal political committee.	NV 89004	Amount of Each Receipt this Period
	Name of Employer Kindred Healthcare Inc.	Occupation Executive Director I	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) Image: Constraint of the second	240.00	P/R Deduction (\$20.00 Bi- Weekly)
– c.	Full Name (Last, First, Middle Initial) Jan Turk		Date of Receipt
	Mailing Address 1314 Amelia St.		M M / D D / Y Y Y Y 06 30 2008
	City	State Zip Code	Transaction ID: PR1094190014201
	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:	Aggregate Year-to-Date V	
	Other (specify)	260.00	P/R Deduction (\$20.00 Bi- Weekly)
Γ	SUBTOTAL of Receipts This Page (optional)		110.00
F	TOTAL This Period (last page this line number		

ſ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and S	tatements may	Use separate schedule(s) for each category of the Detailed Summary Page not be sold or used by any perso	FOR LINE N (check only X 11a 13 on for the purpo	one) 11b 11c 12 14 15 16 17 pse of soliciting contributions
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC	name and addr	ress of any political committee to	solicit contribu	itions from such committee.
۷ A.	Full Name (Last, First, Middle Initial) Larry Foster Mailing Address 5700 N. Winthrop	Date of F	•		
	Mailing Address 5700 N. Winthrop Apartment # 5			0 6	/ D D / Y Y Y Y 30 / 2008
	City	State	Zip Code	Transact	tion ID: PR1094190314201
	Chicago	IL	60660	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			
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	Year-to-Date ▼ 325.00	P/R Ded Weekly)	uction (\$25.00 Bi-
- B.	Full Name (Last, First, Middle Initial) Jack Shapiro				Receipt
	Mailing Address 22591 Covington Drive			м м 0 б	/ D D / Y Y Y Y 30 2008
	City	State	Zip Code	Transact	tion ID: PR1094190414201
	Deer Park	IL	60010	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:	Aggregate `	Year-to-Date 🔻		
	Primary General Other (specify) ▼	0 0	640.00	P/R Ded Weekly)	uction (\$50.00 Bi-
- C.	Full Name (Last, First, Middle Initial) Linda Tiemens			Date of F	Receipt
	Mailing Address 9812 NW 2nd. Court			м м 06	/ D D / Y Y Y Y 30 2008
	City	State	Zip Code	Transact	tion ID: PR1094190714201
	Ft. Lauderdale	FL	33324	Amount	of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			60.00
			COO-East Group-HD		
			Year-to-Date ▼ 390.00	P/R Ded Weekly)	uction (\$30.00 Bi-
ſ	SUBTOTAL of Receipts This Page (optional)		•		210.00
┢					
	TOTAL This Period (last page this line number	only)			

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13/41 (check only one) 11a X 11a 11b 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC	Statements may e name and add	r not be sold or used by any pers dress of any political committee t	on for the purpose of soliciting contributions
A.	Full Name (Last, First, Middle Initial) Theodore Welding Mailing Address 2448 Middle River Dr.			Date of Receipt
	City	State	Zip Code	Transaction ID: PR1094191314201
	Ft. Lauderdale	FL	33305	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	e Director I	
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General Other (specify) ▼	0 0	325.00	P/R Deduction (\$25.00 Bi- Weekly)
— В.	Full Name (Last, First, Middle Initial) Sean R Muldoon			Date of Receipt
	Mailing Address 680 S. Fourth Street			0 6 / 0 0 / Y Y Y Y 0 6 / 3 0 / 2 0 0 8
	City	State	Zip Code	Transaction ID: PR1094192214201
	Louisville	KY	40202	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP & 0	n Chief Med Off-HD	
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General Other (specify) ▼		975.00	P/R Deduction (\$75.00 Bi- Weekly)
с. –	Full Name (Last, First, Middle Initial) James L Lindberg			Date of Receipt
	Mailing Address 11119 Brook Stone Co	ourt		0 6 3 0 Y Y Y Y 0 6 3 0 2 0 0 8
	City	State	Zip Code	Transaction ID: PR1094192514201
	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.	Occupation Adm Mgr	r Facilities-HD	
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General Other (specify) ▼		260.00	P/R Deduction (\$20.00 Bi- Weekly)
Γ	SUBTOTAL of Receipts This Page (optional)	1		240.00
	TOTAL This Period (last page this line number			

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14/41 (check only one) X X 11a 11b 11c 12
	Any information copied from such Reports and State or for commercial purposes, other than using the nar	ements may not be sold or used by any perso me and address of any political committee to	13 14 15 16 17 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) Susan Moss		Date of Receipt
	Mailing Address 161 Westwind Road		06 / 0 / Y Y Y Y 0 8 / 30 / 2008
	City	State Zip Code	Transaction ID: PR1094193314201
	Louisville	KY 40207	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
		Occupation VP Crp Communications	
	Receipt For:	Aggregate Year-to-Date	
	Other (specify)	260.00	P/R Deduction (\$20.00 Bi- Weekly)
в.	Full Name (Last, First, Middle Initial) Theresa M Graham		Date of Receipt
	Mailing Address 1203 Falls Creek Landing		M M / D D Y
	City	State Zip Code	Transaction ID: PR1094193514201
	New Ablany	IN 47150	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		50.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Compliance	
	Receipt For:	Aggregate Year-to-Date V	-
	Other (specify) ▼	325.00	P/R Deduction (\$25.00 Bi- Weekly)
C.	Full Name (Last, First, Middle Initial) Charles Michael Grannan		Date of Receipt
	Mailing Address 7109 Cannonade Court		M M / D D / Y Y Y Y 06 30 2008
	City	State Zip Code	Transaction ID: PR1094193914201
	Prospect	KY 40059	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 Purchasing	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	390.00	P/R Deduction (\$35.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)	·····	150.00
	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 15/41 (check only one) 11a X 11a 11b 11c 12 13 14			
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee t	son for the purpose of soliciting contributions			
	Kindred Healthcare, Inc. PAC						
Α.	Full Name (Last, First, Middle Initial) Dennis J Hansen			Date of Receipt			
	Mailing Address 1791 Connor Station F	Road		06 / 0 0 / Y Y Y Y 08 / 30 / 2008			
	City	State	Zip Code	Transaction ID: PR1094194114201			
	Simpsonville	KY	40067	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 Reim					
	Receipt For:	Aggregate	e Year-to-Date 🔻				
	Primary General Other (specify) ▼	0 0	455.00	P/R Deduction (\$35.00 Bi- Weekly)			
- B.	Full Name (Last, First, Middle Initial) Mary Suzanne Riedman			Date of Receipt			
	Mailing Address 6401 Orchid Hill Pl			M M / D D / Y Y Y Y 06 30 2008			
	City	State	Zip Code	Transaction ID: PR1094194214201			
		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	^m General Counsel				
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻				
	Other (specify)		260.00	P/R Deduction (\$20.00 Bi- Weekly)			
- C.	Full Name (Last, First, Middle Initial) Mary L Dennison			Date of Receipt			
	Mailing Address 680 S. Fourth Street			0 6 / D D / Y Y Y Y Y 0 6 3 0 2 0 0 8			
	City	State	Zip Code	Transaction ID: PR1094194814201			
	Louisville	KY	40202	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		35.00			
	Name of Employer Kindred Healthcare Inc.	Occupation Mgr Reir					
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻				
	Other (specify) ▼		227.50	P/R Deduction (\$17.50 Bi- Weekly)			
[SUBTOTAL of Receipts This Page (optional)	I		145.00			
ŀ							
	TOTAL This Period (last page this line number	only)					

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	for e	separate schedule(s) each category of the uiled Summary Page	FOR LINE NUMBER: PAGE 16 / 41 (check only one) X X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and So for commercial purposes, other than using the	tatements may not be	sold or used by any perso	n for the purpose of soliciting contributions solicit contributions from such committee
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
Z A.	Full Name (Last, First, Middle Initial) Michael J Bean			Date of Receipt
	Mailing Address 8011 Kendrick Crossin	g Lane		M M / D D / Y Y Y Y 06 30 2008
	City	•	Code	Transaction ID: PR1094195114201
	Louisville	KY 40	291	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 Tax Plannin	g	
	Receipt For:	Aggregate Year-to	o-Date 🔻	
	Primary General Other (specify)		260.00	P/R Deduction (\$20.00 Bi- Weekly)
— В.	Full Name (Last, First, Middle Initial) Anne S Woods	<u> </u>		Date of Receipt
	Mailing Address 7420 Falls Ridge Ct.			0 6 / D D / Y Y Y Y 0 6 3 0 2 0 0 8
	City		Code	Transaction ID: PR1094195414201
	Louisville	KY 40	241	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		72.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Internal Auc	lit	
	Receipt For:	Aggregate Year-to	o-Date 🔻	
	Other (specify)		468.00	P/R Deduction (\$36.00 Bi- Weekly)
– c.	Full Name (Last, First, Middle Initial) John Lucchese	1		Date of Receipt
	Mailing Address 14401 Broad Oak Plac	е		M M / D D / Y Y Y Y 06 30 2008
	City		Code	Transaction ID: PR1094195914201
	Louisville	<u>KY</u> 40	245	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 C		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to	500.11	P/R Deduction (\$38.47 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)			188.94
F	TOTAL This Period (last page this line number			

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 41 (check only one) 11c 12 X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may the name and addr	not be sold or used by any perso ess 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			
⊻ A.	Full Name (Last, First, Middle Initial) Joseph Landenwich			Date of Receipt
	Mailing Address 2213 Wrocklage Ave.			06 30 2008
	City	State	Zip Code	Transaction ID: PR1094196314201
	Louisville	KY	40205	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		120.00
	Name of Employer Kindred Healthcare Inc.	Occupation SVPCrpLe	egalAffairs&CrpSec	
	Receipt For: Primary General	Aggregate `	Year-to-Date 🔻	
	Other (specify) ▼	0 0	780.00	P/R Deduction (\$60.00 Bi- Weekly)
в.	Full Name (Last, First, Middle Initial) Arthur L Rothgerber			Date of Receipt
	Mailing Address 680 S. Fourth Street			M M / D D Y
	City	State	Zip Code	Transaction ID: PR1094196414201
	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 Rei	mbursement	
	Receipt For: Primary General	Aggregate `	Year-to-Date 🔻	
	Other (specify) ▼	0 0	247.00	P/R Deduction (\$19.00 Bi- Weekly)
- c.	Full Name (Last, First, Middle Initial) Charles E Leanhart			Date of Receipt
	Mailing Address 1200 Twin Willows La	ane		M M / D D / Y Y Y Y 06 30 2008
	City	State	Zip Code	Transaction ID: PR1094196614201
	Louisville	KY	40214	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 Acc	ts Payable	
	Receipt For: Primary General Other (specify) ▼	Aggregate \	Year-to-Date ▼ 325.00	P/R Deduction (\$25.00 Bi- Weekly)
Γ				
L	SUBTOTAL of Receipts This Page (optional)			208.00
	TOTAL This Period (last page this line number	r only)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 18/41 (check only one) X 11a 11b 11c 12
F			Detailed Summary Page	13 14 15 16 17
	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 perso dress 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			
A.	Full Name (Last, First, Middle Initial) Mark A Laemmle			Date of Receipt
	Mailing Address 680 S. Fourth Street			M M / D D / Y Y Y Y 06 30 2008
	City	State	Zip Code	Transaction ID: PR1094197114201
	Louisville	KY	40202	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 F		
	Receipt For:	- · · · · · ·	Year-to-Date 🔻	-
	Primary General Other (specify)	0 0	403.00	P/R Deduction (\$31.00 Bi- Weekly)
– В.	Full Name (Last, First, Middle Initial) Brian L Caudill			Date of Receipt
	Mailing Address 680 S. Fourth Street			M M / D D / Y
	City	State	Zip Code	Transaction ID: PR1094197314201
		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		
	Receipt For:	- I -	Year-to-Date V	_
	Primary General Other (specify) ▼		338.00	P/R Deduction (\$26.00 Bi- Weekly)
– C.	Full Name (Last, First, Middle Initial) Mary R Russell	1		Date of Receipt
0.	Mailing Address 680 S. Fourth Street			M M / D D / Y Y Y Y 06 30 2008
	City	State	Zip Code	Transaction ID: PR1094197614201
	Louisville	KY	40202	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 Ac	n counting-HSD	
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Other (specify)		286.00	P/R Deduction (\$22.00 Bi- Weekly)
Γ	SUBTOTAL of Receipts This Page (optional)		·····	158.00
	TOTAL This Period (last page this line number			

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s for each category of the Detailed Summary Page	,	FOR LINE NUMBER: PAGE 19/41 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	r not be sold or used by any Iress of any political commit	person ttee to s	for the purpose of soliciting contributions
Ζ	Kindred Healthcare, Inc. PAC Full Name (Last, First, Middle Initial)				
Α.	William M Altman	Date of Receipt			
	Mailing Address 9103 Lexington Lane		0 6 / 3 0 / Y Y Y Y 0 8		
	City Louisville	State KY	Zip Code 40241		Transaction ID: PR1094198014201
	FEC ID number of contributing federal political committee.	C			Amount of Each Receipt this Period 384.60
	Name of Employer Kindred Healthcare Inc.	Occupation SVPStrat	egic&PublicPolicy		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.9	0	P/R Deduction (\$192.30 Bi- Weekly)
— B.	Full Name (Last, First, Middle Initial) Joseph Wainscott				Date of Receipt
	Mailing Address 8918 Serpent Circle				M M / D D / Y Y Y Y 06 30 2008
	City	State	Zip Code		Transaction ID: PR1094199814201
	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 Finan	n ce-Central RegHSD		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date 325.0	0	P/R Deduction (\$25.00 Bi- Weekly)
_		0 0		0	
C.	Full Name (Last, First, Middle Initial) Michael Comer				Date of Receipt
	Mailing Address 12 Lewis				M M / D D / Y Y Y Y 06 30 2008
	City	State	Zip Code		Transaction ID: PR1094200414201
		CA	92620		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			70.00
	Name of Employer Kindred Healthcare Inc.	Occupation	n D-West Group-HD		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 455.0	0	P/R Deduction (\$35.00 Bi- Weekly)
Γ	SUBTOTAL of Receipts This Page (optional)			•	504.60
F	TOTAL This Period (last page this line number			•	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedu for each category of Detailed Summary P	the	FOR LINE NUMBER: PAGE 20 / 41 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17		
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC	Statements ma e name and ad	ay not be sold or used by Idress of any political con	any person nmittee to s	for the purpose of soliciting contributions olicit contributions from such committee.		
	Full Name (Last, First, Middle Initial)				1		
Α.	Traci Shelton				Date of Receipt		
	Mailing Address 2800 Nelson Way Ap	Mailing Address 2800 Nelson Way Apt. 506					
	City	State	Zip Code		Transaction ID: PR1094200614201		
	Santa Monica	CA	90405	_	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C			240.00		
	Name of Employer Kindred Healthcare Inc.	Occupation	on COO-West Group-H	D	1		
	Receipt For:	- I	e Year-to-Date V		1		
	Primary General Other (specify) ▼	0 0	1560	0.00	P/R Deduction (\$120.00 Bi- Weekly)		
- B.	Full Name (Last, First, Middle Initial) Steven Monaghan				Date of Receipt		
	Mailing Address 508 W. Melrose #7-A				0 6 / ^D D D / <u>Y Y Y Y</u> 0 6 2 0 0 8		
	City	State	Zip Code		Transaction ID: PR1094200714201		
	Chicago	IL	60657	_	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C			170.00		
	Name of Employer Kindred Healthcare Inc.	Occupation Exec VP	on P-West Grp-HD		1		
	Receipt For:	Aggregat	e Year-to-Date 🔻				
	Primary General Other (specify) ▼	0 0	110	5.00	P/R Deduction (\$85.00 Bi- Weekly)		
– C.	Full Name (Last, First, Middle Initial) John Miner				Date of Receipt		
-	Mailing Address 4730 Dunnie Drive				M M / D D / Y Y Y Y Y 06 30 2008		
	City	State	Zip Code		Transaction ID: PR1094202114201		
	Tampa	<u>FL</u>	33614	_	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C			40.00		
	Name of Employer Kindred Healthcare Inc.	Occupatio Chief Fir			1		
	Receipt For: Primary General	Aggregat	e Year-to-Date 🔻		P/P Doduction (\$20.00 Pi		
	Other (specify) ▼	0 0	260	0.00	P/R Deduction (\$20.00 Bi- Weekly)		
ſ	SUBTOTAL of Receipts This Page (optional)	1			450.00		
┢							
	TOTAL This Period (last page this line number	only)		🕨			

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 41 (check only one)
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC	rts and Statements may not be sold or used by any persor using the name and address of any political committee to s	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Pamela Marie Riter		Date of Receipt
Mailing Address 5224 Hampton	Beach Place	06 30 Y Y Y Y 06 30 2008
City	State Zip Code	Transaction ID: PR1094202414201
Tampa	FL 33609	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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	P/R Deduction (\$25.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Charles D Doten Mailing Address 7644 Harbour B	Plud	Date of Receipt
		06 30 2008
City	State Zip Code	Transaction ID: PR1094203614201
Miramar	FL 33023	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		40.00
Name of Employer Kindred Healthcare Inc.	Occupation Chief Exec Off II	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 260.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Timothy L Simpson		Date of Receipt
Mailing Address 140 Pioneer Tr	ail	M M / D D / Y Y Y Y 06 30 2008
City	State Zip Code	Transaction ID: PR1094204314201
Green Cove Springs	FL 32043	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		40.00
Name of Employer Kindred Healthcare Inc.	Occupation Executive Director II	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$20.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (or	btional)	130.00
	number only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	for	e separate schedule(s) each category of the	FOR LINE NUMBER: PAGE 22/41 (check only one) X 11a 11b 11c 12
		Det	ailed Summary Page	
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be e name and address o	e sold or used by any perso f 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			
× ۹.	Full Name (Last, First, Middle Initial) James J Novak	Date of Receipt		
	Mailing Address 9680 Ridgewalk Court		M M / D D / Y Y Y Y 06 30 2008	
	City	State Zi	p Code	Transaction ID: PR1094205314201
	Davie	FL 3	3328	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-t	·	7
	Primary General Other (specify) ▼		546.00	P/R Deduction (\$42.00 Bi- Weekly)
- 3.	Full Name (Last, First, Middle Initial) Donna Kelsey	1		Date of Receipt
	Mailing Address 2075 E. Tivoli Hills Dri	ive		M M / D D Y
	City	State Zi	p Code	Transaction ID: PR1094210114201
	Draper	<u>UT 8</u>	4020	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 F	Reg-HSD	
	Receipt For:	Aggregate Year-t	o-Date 🔻	
	Primary General Other (specify)		325.00	P/R Deduction (\$25.00 Bi- Weekly)
-	Full Name (Last, First, Middle Initial) Anita Tillery	1		Date of Receipt
	Mailing Address 2531 Rock Creek Driv	е		M M / D D / Y Y Y Y 06 30 2008
	City	State Zi	p Code	Transaction ID: PR1094211014201
	Chesapeake	VA 23	3325	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:	Aggregate Year-t	o-Date 🔻	
	Primary General Other (specify) ▼		260.00	P/R Deduction (\$20.00 Bi- Weekly)
Γ	SUBTOTAL of Receipts This Page (optional)	I		174.00
┝	CODICIAL OF RECEIPTS THIS Fage (optional)		P	
	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 41 (check only one) 11c 12 X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and s or for commercial purposes, other than using th	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
⊻ 4.	Full Name (Last, First, Middle Initial) Lane M Bowen			Date of Receipt
	Mailing Address 680 South Fourth Ave		0 6 / D D / Y Y Y Y 0 6 3 0 2 0 0 8	
	City	State	Zip Code	Transaction ID: PR1094213614201
	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	n & President-HSD	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	650.00	P/R Deduction (\$50.00 Bi- Weekly)
- 3.	Full Name (Last, First, Middle Initial) Michael W Beal			Date of Receipt
	Mailing Address 10 Glenwood Road			M M / D D / Y Y Y Y Y O O O O O O O O O O O O O O
	City	State	Zip Code	Transaction ID: PR1094214114201
	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	on ast Reg-HSD	
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	
	Other (specify) ▼	0 0	260.00	P/R Deduction (\$20.00 Bi- Weekly)
-).	Full Name (Last, First, Middle Initial) Gloria J Miller			Date of Receipt
	Mailing Address 100 Revere Crossing Apt. 107	Ln.		M M / D D Y
	City	State	Zip Code	Transaction ID: PR1094222114201
	Cary	NC	27519	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Kindred Healthcare Inc.	1 1	Operations I	
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	
	Other (specify) T	0 0	260.00	P/R Deduction (\$20.00 Bi- Weekly)
ſ	SUBTOTAL of Receipts This Page (optional).			180.00
┝	CODICINE OF RECEIPTS THIS FAYE (OPTIONAL).		p	
	TOTAL This Period (last page this line number	r only)	D	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 41 (check only one) X X 11a 13 14 15 16 17
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC	and Statements may not be sold or used by any persor g the name and address of any political committee to s	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Patricia Pruden Lennox Mailing Address 11 Cider Mill Roac	3	Date of Receipt
City	State Zip Code	0 6 3 0 2 0 0 8 Transaction ID: PR1094222814201
Medway	MA 02053	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer Kindred Healthcare Inc.	Occupation Reg Dir Sales & MktingHSD	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Stephen F. Stoess Mailing Address 514 Locust Creek	Blvd.	Date of Receipt
City	State Zip Code	Transaction ID: PR1094224614201
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 304.20	P/R Deduction (\$23.40 Bi- Weekly)
Full Name (Last, First, Middle Initial) Charles K. Currens		Date of Receipt
Mailing Address 7801 McCarthy Lane		0 6 / D D / Y Y Y Y 2 0 0 8
City	State Zip Code	Transaction ID: PR1094229114201
Louisville FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 40.00
Name of Employer Kindred Healthcare Inc.	Occupation Dir IS Prod Svcs	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$20.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (option	nal)	126.80
	nber only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 41 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17			
	Any information copied from such Reports and S or for commercial purposes, other than using the	Any information copied from such Reports and Statements may not be sold or used by any person or for commercial purposes, other than using the name and address of any political committee to s					
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC						
А.	Full Name (Last, First, Middle Initial) Gaylia Bond			Date of Receipt			
А.							
	City	State	Zip Code	0 6 3 0 2 0 0 8 Transaction ID: PR1094229714201			
	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.	Occupation Sr VP Hu	n Iman Resources-HD				
	Receipt For:	Aggregate	Year-to-Date V				
	Primary General Other (specify) ▼	0 0	390.00	P/R Deduction (\$30.00 Bi- Weekly)			
В.	Full Name (Last, First, Middle Initial) Keith Krein			Date of Receipt			
	Mailing Address 7212 Deer Ridge Rd			M / D D / Y			
	City	State	Zip Code	Transaction ID: PR1094229814201			
	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 &	n Chief Med Off-HSD				
	Receipt For: Primary General	Aggregate	Year-to-Date V				
	Other (specify) ▼		260.00	P/R Deduction (\$20.00 Bi- Weekly)			
C.	Full Name (Last, First, Middle Initial) Patricia M McGillan			Date of Receipt			
	Mailing Address 510 Altagate Rd			06 / D / Y Y Y Y 02008			
	City	State	Zip Code	Transaction ID: PR1094229914201			
	Louisville	KY	40206	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		60.00			
	Name of Employer Kindred Healthcare Inc.	1 1	af & Reg Compl-HD				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V 390.00	P/R Deduction (\$30.00 Bi- Weekly)			
	SUBTOTAL of Receipts This Page (optional)			160.00			
	TOTAL This Period (last page this line number	only)					

	OULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 41 (check only one) X X 11a 11b 11c 12 13 14 15 16 17
Any information or for comm	ation copied from such Reports and S nercial purposes, other than using the	Statements may e name and add	not be sold or used by any personers of any political committee to	on for the purpose of soliciting contributions oscillations solicit contributions from such committee.
	OF COMMITTEE (In Full) d Healthcare, Inc. PAC			
Full Nar A. Barbara	ne (Last, First, Middle Initial) L Baylis			Date of Receipt
Mailing	Address 6702 Kingslook Court	0 6 / D D / Y Y Y Y 0 6 3 0 2 0 0 8		
City		State	Zip Code	Transaction ID: PR1094230014201
<u>Louisv</u>		KY	40207	Amount of Each Receipt this Period
	number of contributing political committee.	C		40.00
Name o Kindred	f Employer I Healthcare Inc.	Occupation Sr VP Cli	n & Res Svcs-HSD	
Receipt		Aggregate	Year-to-Date 🔻	
	rimary General ther (specify) ▼		260.00	P/R Deduction (\$20.00 Bi- Weekly)
	me (Last, First, Middle Initial) H Starke	I		Date of Receipt
Mailing	Address 2404 Dundee Rd			M M / D D / Y
City		State	Zip Code	Transaction ID: PR1094231514201
<u>Louisv</u>		KY	40205	Amount of Each Receipt this Period
	number of contributing political committee.	C		40.00
Name o Kindred	f Employer I Healthcare Inc.	Occupation Sr VP Re	hab Svcs-PRS	
Receipt		Aggregate	Year-to-Date 🔻	
	rimary General ther (specify) ▼		260.00	P/R Deduction (\$20.00 Bi- Weekly)
	ne (Last, First, Middle Initial) J Goddard	I		Date of Receipt
Mailing	Address 32 Peters Lane			M M / D D / Y
City		State	Zip Code	Transaction ID: PR1094233514201
Wrentl		MA	02093	Amount of Each Receipt this Period
	number of contributing political committee.	C		40.00
	f Employer I Healthcare Inc.	Occupation Sr Dir Lal		
	For: rimary General ther (specify) ▼	Aggregate	Year-to-Date 260.00	P/R Deduction (\$20.00 Bi- Weekly)
SUBTOTA	AL of Receipts This Page (optional)			120.00
	his Period (last page this line number			

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 41 (check only one) 11a 11b 11c 12 13 14 15 16 17
4	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may	y not be sold or used by any pers	on for the purpose of soliciting contributions a solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
∠ A.	Full Name (Last, First, Middle Initial) Jeffrey F Luckett			Date of Receipt
	Mailing Address 6109 Whispering Hills	0 6 3 0 Y Y Y Y 0 8 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
	City	State	Zip Code	Transaction ID: PR1094234414201
	Louisville	KY	40219	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 Intern	n nal Audit-IS	
	Receipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 286.00	P/R Deduction (\$22.00 Bi- Weekly)
– B.	Full Name (Last, First, Middle Initial) Peter D Corless	0 0		Date of Receipt
	Mailing Address 3308 Overlook Ridge F	Rd		M M / D D / Y Y Y Y 0 6 3 0 2 0 0 8
	City	State	Zip Code	Transaction ID: PR1094235214201
	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.	1	R & Admin-HSD	
	Receipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date 260.00	P/R Deduction (\$20.00 Bi- Weekly)
 C.	Full Name (Last, First, Middle Initial) Tamila Johnson-White	•		Date of Receipt
	Mailing Address 2615 Zhale Smith Rd.			0 6 / ^D ^D / ^Y ^Y ^Y ^Y ^Y
	City	State	Zip Code	Transaction ID: PR1094235414201
	LaGrange	KY	40031	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Kindred Healthcare Inc.	1 1	Mgmt-HSD	
	Receipt For: Primary General Other (specify) \bigtriangledown	Aggregate	PYear-to-Date ▼ 260.00	P/R Deduction (\$20.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)	•		124.00
F	TOTAL This Period (last page this line number		•	-

ę	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 28 / 41 (check only one)
I	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
∠ A.	Full Name (Last, First, Middle Initial) Douglas Roth			Date of Receipt
	Mailing Address 9891 Heytesbery			0 6 3 0 Y Y Y Y 0 8 0 0 8
	City	State	Zip Code	Transaction ID: PR1094237314201
	Sandy	UT	84092	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer Kindred Healthcare Inc.	Occupatio VP Finar	n nce-Pacific RegHSD	
	Receipt For:	Aggregate	e Year-to-Date	
	Primary General Other (specify) ▼	0 0	520.00	P/R Deduction (\$40.00 Bi- Weekly)
– В.	Full Name (Last, First, Middle Initial) Douglas T Collins			Date of Receipt
	Mailing Address 3703 River Bluff Road			M M / D D / Y Y Y Y 0 6 30 2008
	City	State	Zip Code	Transaction ID: PR1094241214201
	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.	Occupatio Dir Fin S		
	Receipt For:	Aggregate	e Year-to-Date 🔻	_
	Primary General Other (specify) ▼		260.00	P/R Deduction (\$20.00 Bi- Weekly)
- C.	Full Name (Last, First, Middle Initial) Linda L Newberry-Ferguson			Date of Receipt
	Mailing Address 11310 Haleco Lane			M M / D D / Y Y Y Y 06 30 2008
	City	State	Zip Code	Transaction ID: PR1094241914201
	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.	Occupatio Chief Exe		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify)		590.00	P/R Deduction (\$20.00 Bi- Weekly)
Γ	SUBTOTAL of Receipts This Page (optional)			160.00
ŀ	TOTAL This Period (last page this line number		· · · · · · · · · · · · · · · · · · ·	-

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 41 (check only one)
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC	Statements ma	y not be sold or used by any per dress of any political committee	son for the purpose of soliciting contributions
A.	Full Name (Last, First, Middle Initial) Gregory C. Miller Mailing Address 8000 Allielough Court			Date of Receipt
	<u>C:h.</u>	Ctoto	Zin Codo	
	City Prospect	State KY	Zip Code 40059	Transaction ID: PR1094242814201 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer Kindred Healthcare Inc.	Occupatio Sr VP De	ⁿ ev & Fin Plan	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 520.00	P/R Deduction (\$40.00 Bi- Weekly)
– B.	Full Name (Last, First, Middle Initial) Philip L. Jones	I		Date of Receipt
	Mailing Address 702 Helmsdale Place	N.		06 30 2008
	City	State	Zip Code	Transaction ID: PR1094243514201
	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.	Occupatio Chief Fir	n Off I	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 260.00	P/R Deduction (\$20.00 Bi- Weekly)
с. -	Full Name (Last, First, Middle Initial) Raymond J Sierpina Mailing Address 14 Westwind Road			Date of Receipt
		0	7.0.1	06 30 2008
	City Louisville	State KY	Zip Code 40207	Transaction ID: PR1094246614201 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		
	Name of Employer Kindred Healthcare Inc.	Occupatio VP Publi	ⁿ c Pol &GovtAffair	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 630.00	P/R Deduction (\$50.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)	1		220.00
	TOTAL This Period (last page this line number			•

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check o	NE NUMBER: PAGE 30 / 41 only one) Ia 11b 11c 12	
_			,	13		
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any pe dress of any political committee	rson for the p to solicit con	ourpose of soliciting contributions tributions from such committee.	
	NAME OF COMMITTEE (In Full)					
	Kindred Healthcare, Inc. PAC					
۸.	Full Name (Last, First, Middle Initial) Steven Tanner					
	Mailing Address 6622 Rosebud Lane	M O (6 / D D / Y Y Y Y 6 30 2008			
	City	Tran	saction ID: PR1094246814201			
	Indianapolis	IN	46237	Amo	ount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C			40.00	
	Name of Employer Kindred Healthcare Inc.	Occupatio Executiv				
	Receipt For:					
	Primary General Other (specify) ▼		260.00	P/R [Weel	Deduction (\$20.00 Bi- kly)	
	Full Name (Last, First, Middle Initial) Thomas Wood	1		Date	e of Receipt	
	Mailing Address 2949 Glascock Street			M O (6 / D D / Y Y Y Y 30 2008	
	City	State	Zip Code	Tran	saction ID: PR1094247214201	
	Oakland	CA	94601	Amo	ount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С			130.00	
	Name of Employer Kindred Healthcare Inc.	Occupation	on Dir Operations			
	Receipt For:	1 1	e Year-to-Date 🔻			
	Primary General Other (specify) ▼		845.00	P/R [Weel	Deduction (\$65.00 Bi- kly)	
;.	Full Name (Last, First, Middle Initial) Gwynn Rucker	<u> </u>		Date	e of Receipt	
	Mailing Address 15106 59th Place NE			M O (6 / ^D D / ^Y Y Y Y 6 2008	
	City	State	Zip Code	Tran	saction ID: PR1094247814201	
	Kenmore	WA	98028	Amo	ount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C			50.00	
	Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir	on Operations I			
	Receipt For:	Aggregate	e Year-to-Date 🔻			
	Primary General Other (specify) ▼		325.00	P/R [Weel	Deduction (\$25.00 Bi- kly)	
Γ	SUBTOTAL of Receipts This Page (optional)	I			220.00	
┝						
	TOTAL This Period (last page this line number	only)				

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 41 (check only one)
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
∠ A.	Full Name (Last, First, Middle Initial) Larry J Green Mailing Address 680 S. Fourth Street		Date of Receipt
	City Louisville	State Zip Code KY 40202	0 6 3 0 2 0 0 8 Transaction ID: PR1094249814201
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 36.00
	Name of Employer Kindred Healthcare Inc. Receipt For: Primary General Other (specify) ▼	Occupation Sr Dir Planning & Dev Aggregate Year-to-Date ▼ 234.00	P/R Deduction (\$18.00 Bi- Weekly)
– B.	Full Name (Last, First, Middle Initial) Sharon Spittle Mailing Address 26 Estes Street		Date of Receipt
	City	State Zip Code	Transaction ID: PR1094250014201
	Ipswich FEC ID number of contributing federal political committee.	MA 01938	Amount of Each Receipt this Period 40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir I	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	P/R Deduction (\$10.00 Wee- kly)
- c.	Full Name (Last, First, Middle Initial) Benjamin A Breier	I	Date of Receipt
	Mailing Address 5400 Farm Ridge Lan	e	0 6 3 0 2 0 0 8
	City Prospect	State Zip Code KY 40059	Transaction ID: PR1094250914201 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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$20.00 Bi- Weekly)
ſ	SUBTOTAL of Receipts This Page (optional)	·	116.00
F	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 atements may not be sold or used by any persor	FOR LINE NUMBER: PAGE 32 / 41 (check only one) X 11a 11b 11c 12 X 11a 11b 11c 12 13 14 15 16 17 n for the purpose of soliciting contributions
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC	name and address of any political committee to s	solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Steve Ross Mailing Address 35069 Roberts Lane		Date of Receipt
	City St Helens	State Zip Code OR 97051	Transaction ID: PR1135252614201
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 40.00
	Name of Employer Kindred Healthcare Inc. Receipt For: Primary General Other (specify) ▼	Occupation Executive Dir I Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$20.00 Wee-kly)
в.	Full Name (Last, First, Middle Initial) Josephine Litzenberger Mailing Address 11401 Dr. M.L.K. Jr. S Apt 1201	treet N.	Date of Receipt
	City	State Zip Code	Transaction ID: PR1135286914201
	St Petersburg FEC ID number of contributing federal political committee.	FL 33716	Amount of Each Receipt this Period 36.00
	Name of Employer Kindred Healthcare Inc. Receipt For: Primary General Other (specify) ▼	Occupation Grp SrDir Managed Care-HD Aggregate Year-to-Date 234.00	P/R Deduction (\$18.00 Bi- Weekly)
C.	Full Name (Last, First, Middle Initial) Rachael L Parker Mailing Address 70 Birch Ridge Rd		Date of Receipt
	City	State Zip Code	Transaction ID: PR1150411114201
	Westford FEC ID number of contributing federal political committee.	VT 05494	Amount of Each Receipt this Period 40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir II	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 260.00	P/R Deduction (\$10.00 Wee- kly)
	SUBTOTAL of Receipts This Page (optional)	•	116.00
	TOTAL This Period (last page this line number of	only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 41 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17 pp for the purpose of soliciting contributions 11 12 13
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC	e name and ad	dress of any political committee to	solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Russell D Ragland			Date of Receipt
	Mailing Address 9902 Palace Green W	06 30 Y Y Y Y 06 30 2008		
	City	State	Zip Code	Transaction ID: PR1267998114201
	Vienna	VA	22181	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Kindred Healthcare Inc.	Occupatio Sr VP Fi		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	 Primary General Other (specify) ▼ 		650.00	P/R Deduction (\$50.00 Bi- Weekly)
- B.	Full Name (Last, First, Middle Initial) Donna Sroczynski			Date of Receipt
	Mailing Address 399 Fountain Drive			M M / D D / Y Y Y Y Y 06 30 2008
	City	State II	Zip Code	Transaction ID: PR1281185314201
	Elgin FEC ID number of contributing federal political committee.	C	60124	Amount of Each Receipt this Period 40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dist D	n Dir Operations	_
	Receipt For:	Aggregate	e Year-to-Date 🔻	_
	 Primary General Other (specify) ▼ 	0 0	260.00	P/R Deduction (\$20.00 Bi- Weekly)
- C.	Full Name (Last, First, Middle Initial) Rita D Simmons	1		Date of Receipt
	Mailing Address 200 Franck Avenue			0 6 3 0 Y Y Y Y 0 8 3 0 2 0 0 8
	City	State	Zip Code	Transaction ID: PR1333437014201
	Louisville	KY	40206	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		32.00
	Name of Employer Kindred Healthcare Inc.	1	ps Risk Mgmt	
	Receipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 208.00	P/R Deduction (\$16.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)		b	172.00
	TOTAL This Period (last page this line number			

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 34 / 41
			for each category of the	(check only one)
			Detailed Summary Page	
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any pe dress 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			
Α.	Full Name (Last, First, Middle Initial) Ross A Johnson			Date of Receipt
	Mailing Address 680 S. Fourth Avenue	M M / D D / Y		
	City	State	Zip Code	Transaction ID: PR1359729014201
	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.	Occupatio VP Recr	on uiting-PRS	
	Receipt For:	1 1	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	325.00	P/R Deduction (\$25.00 Bi- Weekly)
- B.	Full Name (Last, First, Middle Initial) Pamela A. Justice			Date of Receipt
	Mailing Address 5912 Mercury Dr			M M / D D / Y Y Y Y Y <th< th=""></th<>
	City	State	Zip Code	Transaction ID: PR1408953214201
	Louisville	KY	40291	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 Fin S		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	260.00	P/R Deduction (\$20.00 Bi- Weekly)
- C.	Full Name (Last, First, Middle Initial) Deborah A Foushee			Date of Receipt
	Mailing Address 1106 Indiana Ave.			0 6 3 0 2 0 0 8
	City	State	Zip Code	Transaction ID: PR1425258814201
	New Albany	IN	47150	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		32.00
	Name of Employer Kindred Healthcare Inc.	Occupation State Direction	n r of Risk Mgmt	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		208.00	P/R Deduction (\$16.00 Bi- Weekly)
ſ	SUBTOTAL of Receipts This Page (optional)	1		122.00
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	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	for each category of the	FOR LINE NUMBER: PAGE 35 / 41 (check only one)
Any information panied from such Departs of	Detailed Summary Page	
or for commercial purposes, other than usin	and Statements may not be sold or used by any pers g the name and address of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
Full Name (Last, First, Middle Initial) Thomas Sullivan		Date of Receipt
Mailing Address 467 Mendon Road		0 6 3 0 Y Y Y Y 0 8 3 0 2 0 0 8
City	State Zip Code	Transaction ID: PR1493281114201
Northbridge	MA 01534	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer Kindred Healthcare	Occupation Area Executive Dir	
Receipt For:	Aggregate Year-to-Date V	
Primary General Other (specify) ▼	250.00	P/R Deduction (\$10.00 Wee- kly)
Full Name (Last, First, Middle Initial) Jeff Barbieri	1	Date of Receipt
Mailing Address 150 Woodcrest La		M M / D D / Y
City	State Zip Code	Transaction ID: PR1503295614201
Alisa Viejo	OR 97504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	45.00
Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir II	
Receipt For: Primary General	Aggregate Year-to-Date ▼	D/D Deduction (\$15.00 Mice
Other (specify)	210.00	P/R Deduction (\$15.00 Wee- kly)
Full Name (Last, First, Middle Initial) Katherine W Gilchrist		Date of Receipt
Mailing Address 1668 Victory Court	t	0 6 3 0 Y Y Y Y 0 8 3 0 2 0 0 8
City	State Zip Code	Transaction ID: PR1524244414201
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	Aggregate Year-to-Date ▼	
Other (specify) ▼	260.00	P/R Deduction (\$20.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (option	ial)	125.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	3X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 41 (check only one) X X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than us	s and Statements may not be sold or used by any persor sing the name and address of any political committee to s	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) A. George H Schaefer		Date of Receipt
Mailing Address 645 Ulverston D	06 / 0 / Y Y Y Y 06 / 30 / 2008	
City	State Zip Code	Transaction ID: PR1541444314201
Columbus	OH 43230	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 Sales & Marketing-HSD	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	260.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) David Culbreth		Date of Receipt
Mailing Address 2823 Regatta D	rive	M M / D D Y
City	State Zip Code	Transaction ID: PR1559851814201
Oakland	CA 94601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		40.00
Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir II	
Receipt For: Primary General	Aggregate Year-to-Date 🔻	
Other (specify) ▼	260.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Linda Larson		Date of Receipt
Mailing Address 30021 51st Cou	rt S	06 30 YYYYY 08 30 2008
City	State Zip Code	Transaction ID: PR1559851914201
Auburn	WA 98001	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 II]
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$20.00 Wee- kly)
SUBTOTAL of Receipts This Page (opti	ional)	120.00
	number only)	14405.34

CHEDULE B (FEC Form 3X)	IZED DISBURSEMENTS							PA	PAGE 37 / 41								
TEMIZED DISBURSEMENTS					21b	ŕ	22 28a	X	23 28b	,	24 28c	П	25 29	П			
ny Information copied from such Reports and State																	
r for commercial purposes, other than using the nan NAME OF COMMITTEE (In Full)	ne and addres	ss of any political	COLL	111	littee to	SOIIC	cit contr	ndut	ions	Tron	n such o	comr	nittee				
Kindred Healthcare, Inc. PAC																	
Full Name (Last, First, Middle Initial) Collins For Senator							Date	of D	isbuı	rsen		159					
Mailing Address PO Box 1096							0 ^M 6	М	/	11		Ź	0 ð 8	Y			
City	State	Zip Code					Amou	int o	f Ead	ch D	isburse	men	t this F	Perioc			
Bangor	ME	04402				_					0.00	35	00.00)			
Purpose of Disbursement Contribution				С	11		L										
Candidate Name Sen. Susan Collins					egory/ ype												
Office Sought: House Disburs X Senate President State: ME District:	ement For: Primary Other (spe	2008 X General cify) ▼					Contribution										
Full Name (Last, First, Middle Initial) Every Republican is Critical PAC (ERICP)	AC)						Trans				25010 nent	812					
Mailing Address 25 East Main Street Suite 200	g Address 25 East Main Street Suite 200																
City Richmond	State VA	Zip Code 23219					Amou	int o	f Ead	isburse			-				
Purpose of Disbursement Contribution		Γ	C	11		L.					10	00.00)				
Candidate Name Every Republican is Critical PAC (ERICP)	AC)				egory/ ype												
Office Sought: House Disburs Senate President State: District:	ement For: Primary Other (spe	General General					Contr	ibut	tion								
Full Name (Last, First, Middle Initial) Friends of John Boehner							Trans Date of				25011 nent	804					
Mailing Address 7908-I Cincinnati Dayto	n Road						0 [™] 6	М	/ [¹ 1		ź	0 ð 8	Y			
City West Chester	State OH	Zip Code 45069					Amou	int o	f Ead	ch D	isburse						
Purpose of Disbursement Contribution				Ç	11						50	00.00)				
Candidate Name Rep. John Boehner					egory/ ype												
Office Sought: X House Disburs Senate President State: OH District: 08	ement For: Primary Other (spe	2008 X General cify) ▼					Contr	ibut	tion								
SUBTOTAL of Disbursements This Page (optional)						•						95	00.00)			
TOTAL This Period (last page this line number only	/)					•											
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C Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		LINE	NUMBE (one)	R:		PA	PAGE 38 / 41					
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			21b 27	22 28a	X	23 28b	\square	24 28c	Π	25 29	\square		
Any Information copied from such Reports and Sta												3		
or for commercial purposes, other than using the r	ame and address of any politica	al com	nmitte	e to so	licit cont	ribut	ions fr	oms	such c	omn	nittee			
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC														
Full Name (Last, First, Middle Initial) McNerney For Congress							i on ID : isburs			805				
Mailing Address 6520 Village Parkway Second Floor					0 ^M 6	М	′ 1	1 ^D	/ Y	ž	οòε	3 ^Y		
City Dublin	State Zip Code CA 94568				Amou	int o	f Each	ı Dis	burse	-				
Purpose of Disbursement Contribution			011		L.					20	00.0	0		
Candidate Name Rep. Jerry McNerney			atego Type	у/ 										
Office Sought: X House Disb Senate President State: CA District: 11	ursement For: 2008 Primary X General Other (specify) ▼				Contribution									
Full Name (Last, First, Middle Initial) Hoosiers For Hill					Transaction ID: 25012605 Date of Disbursement									
Mailing Address P.O. Box 1071					$\begin{array}{c} \begin{array}{c} M \\ 0 \\ 6 \end{array} & \left(\begin{array}{c} D \\ 1 \\ 1 \end{array} \right) & \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 8 \end{array} \right) \end{array}$									
City Seymour	State Zip Code IN 47274				Amount of Each Disbursement this Period									
Purpose of Disbursement Contribution			011		L.,					25	00.0	0		
Candidate Name Rep. Baron Hill			atego Type	у/										
Office Sought: X House Disb Senate President State: IN District: 09	Ursement For: 2008 Primary X General Other (specify) ▼				Contr	ibut	tion							
Full Name (Last, First, Middle Initial) Carney For Congress							i on ID : isburse			608				
Mailing Address P.O. Box A					0 ^M 6	М	/ ^D 1	I 1	/ Y	ž	٥ ð ٤	3 ^Y		
City Clarks Summit	State Zip Code PA 18411				Amou	int o	f Each	ı Dis	burse	men	t this I	Perio		
Purpose of Disbursement Contribution	011					2500.00								
Candidate Name Rep. Christopher Carney	opher Carney Type													
Office Sought: X House Disb Senate President State: PA District: 10	Primary X General Other (specify) ▼				Contr	ibut	tion							
SUBTOTAL of Disbursements This Page (option	al)			•						70	00.00	D		
TOTAL This Period (last page this line number o	nly)			►										
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FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X)	Use sepa						ER:		PAGE 39/41						
ITEMIZED DISBURSEMENTS	for each Detailed	(check onl			b	ly one) 22 X 23 28a 28b				24 28c		25 29	\square		
Any Information copied from such Reports and State					ny per	son f	or the p		se of	f sc	liciting c		butions		
or for commercial purposes, other than using the nar	ne and addre	ss of any political	con	nr	nittee	to so	licit con	tribu	tions	fro	m such	comr	nittee		
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC															
Full Name (Last, First, Middle Initial) Melissa Bean For Congress							Date	of E	Disbu	rse	25012 ment	2609)		
Mailing Address P.O. Box 3068							0 ^M 6	М	/	1	D / 1	ź	έο ὁ ε	3 ^Y	
City Barrington	State IL	Zip Code 60010					Amo	unt	of Ea	ch	Disburse	-			
Purpose of Disbursement Contribution				_)11		1000.00								
Candidate Name Rep. Melissa Bean					egory ype	/									
Office Sought: X House Disburs Senate President State: IL District: 08	sement For: Primary Other (spe	2008 X General ecify) ▼					Contribution								
Full Name (Last, First, Middle Initial) Committee To Elect Chris Murphy											25012 ment	2625	5		
Mailing Address P.O. Box 127							$\begin{array}{c} \begin{array}{c} M \\ 0 \\ 6 \end{array} \\ \end{array} \\ \begin{array}{c} P \\ 1 \\ 1 \end{array} \\ \begin{array}{c} P \\ 1 \\ 1 \end{array} \\ \end{array} \\ \begin{array}{c} P \\ 1 \\ 1 \\ \end{array} \\ \begin{array}{c} P \\ 1 \\ 2 \\ 0 \\ 0 \\ 8 \end{array} \\ \begin{array}{c} P \\ 1 \\ 2 \\ 0 \\ 0 \\ 8 \end{array} \\ \begin{array}{c} P \\ 1 \\ 1 \\ 1 \end{array} \\ \begin{array}{c} P \\ 2 \\ 0 \\ 0 \\ 8 \end{array} \\ \begin{array}{c} P \\ 1 \\ 1 \\ 1 \\ 1 \end{array} \\ \begin{array}{c} P \\ 2 \\ 0 \\ 0 \\ 8 \end{array} \\ \begin{array}{c} P \\ 1 \\ 1 \\ 1 \\ 1 \\ 1 \end{array} \\ \begin{array}{c} P \\ 2 \\ 0 \\ 0 \\ 8 \end{array} \\ \begin{array}{c} P \\ 1 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1 \\$								
City Cheshire	State CT	Zip Code 06410					Amount of Each Disbur								
Purpose of Disbursement Contribution				_)11 egory		L					1(00.00)	
Candidate Name Rep. Christopher Murphy															
	sement For: X Primary Other (spe	2008 General ecify) ▼					Cont	ribu	ition						
Full Name (Last, First, Middle Initial) Ciro D. Rodriguez For Congress											25012 ment	2628	3		
Mailing Address P.O. Box 14528							^м 6	М	/ [^D 1	^D /	ź	οòε	} ^Y	
City San Antonio	State TX	Zip Code 78214					Amo	unt	of Ea	ch	Disburse			-	
Purpose of Disbursement Contribution	011						L			0		20	00.00)	
Candidate Name Rep. Ciro Rodriguez		C													
Office Sought: X House Disburs Senate President State: TX District: 23	sement For: Primary Other (spe	2008 X General ecify) ▼					Contribution								
SUBTOTAL of Disbursements This Page (optional)					•						40	00.00)	
TOTAL This Period (last page this line number only	y)					▶									
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C Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X)	Use sepa	arate schedule(s)						R:			PAGE 40 / 41				
TEMIZED DISBURSEMENTS	for each	category of the Summary Page		(check only 21b 27			one) 22 28a	X	2:	3 8b		24 28c	\square	25 29	\square
ny Information copied from such Reports and State r for commercial purposes, other than using the na															3
NAME OF COMMITTEE (In Full)			COIII			5 5010		nbui		15 110	11150			nilee	
Kindred Healthcare, Inc. PAC															
Full Name (Last, First, Middle Initial) Giffords For Congress							Tran s Date	of D		ourse	men	-			
Mailing Address P.O. Box 12886							06	М	/	^D 1	^D	/	ž	0 ò 8	3
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