

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
Kindred Healthcare, Inc. PAC

ADDRESS (number and street) 680 S. Fourth St.  
 Check if different than previously reported. (ACC)  
Louisville KY 40202

2. **FEC IDENTIFICATION NUMBER** C00242271  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 06 01 2008 through 06 30 2008

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

Type or Print Name of Treasurer Hank Robinson

Signature of Treasurer Electronically Filed by Hank Robinson Date 07 10 2008

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

Office Use Only									
-----------------	--	--	--	--	--	--	--	--	--

**FEC FORM 3X**  
(Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Kindred Healthcare, Inc. PAC

Report Covering the Period: From: 

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	6

D	D
3	0

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 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		48684.55
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	68373.17									
(c) Total Receipts (from Line 19) .....	18761.84	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) .....	28000.00	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 <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
Kindred Healthcare, Inc. PAC

Report Covering the Period: From: 

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	14405.34	47704.06
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	4356.50	44794.65
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	18761.84	92498.71
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	18761.84	92498.71
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	18761.84	97498.71
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	18761.84	97498.71

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	48.25
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	48.25
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	28000.00	86500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	500.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	28000.00	87048.25
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	28000.00	87048.25

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3 .....	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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Frank Battafarano	Date of Receipt MM / DD / YYYY 06 / 03 / 2008
	Mailing Address 2700 Little Hills Lane	<b>Transaction ID:</b> 24867414
	City State Zip Code Anchorage KY 40223	Amount of Each Receipt this Period 4500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Kindred Healthcare Inc. Occupation Chief Operating Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Richard A Lechleiter	Date of Receipt MM / DD / YYYY 06 / 06 / 2008
	Mailing Address 680 S. Fourth Street	<b>Transaction ID:</b> 25009955
	City State Zip Code Louisville KY 40202	Amount of Each Receipt this Period 4250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Kindred Healthcare Inc. Occupation Exec VP & CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Teresa S Anderson	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 7115 Coachwood Drive	<b>Transaction ID:</b> PR1094183714201
	City State Zip Code Georgetown IN 47122	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Fin Sys Dev Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	8790.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Edward L Kuntz		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 8807 Stable Crest Boulevard		<b>Transaction ID:</b> PR1094183914201
	City Houston	State TX	Zip Code 77024
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive Chairman	P/R Deduction (\$100.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) David R Windhorst		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 2000 Spring Farms Road		<b>Transaction ID:</b> PR1094185014201
	City Floyds Knobs	State IN	Zip Code 47119
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Financial Sys Dev	P/R Deduction (\$40.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Lawrence I Wolf		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 4826 N Winthrop Ave #3S		<b>Transaction ID:</b> PR1094185114201
	City Chicago	State IL	Zip Code 60640
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Cnslt Appl-Data Arch	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>320.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 41  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

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

Mailing Address 10602 Taylor Farm Ct

City Prospect State KY Zip Code 40059

FEC ID number of contributing federal political committee. C

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

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 585.00

Date of Receipt 06 / 30 / 2008  
**Transaction ID:** PR1094185614201

Amount of Each Receipt this Period 90.00

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

**B.** Full Name (Last, First, Middle Initial)  
Catherine A Gooch

Mailing Address 14516 Clear Meadow Court

City Louisville State KY Zip Code 40245

FEC ID number of contributing federal political committee. C

Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Fin Sys Dev

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2008  
**Transaction ID:** PR1094185914201

Amount of Each Receipt this Period 40.00

P/R Deduction (\$20.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Patrick J Gillenwater

Mailing Address 680 S. Fourth Street

City Louisville State KY Zip Code 40202

FEC ID number of contributing federal political committee. C

Name of Employer Kindred Healthcare Inc. Occupation Adm Dir IS Admin

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 227.50

Date of Receipt 06 / 30 / 2008  
**Transaction ID:** PR1094186414201

Amount of Each Receipt this Period 35.00

P/R Deduction (\$17.50 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... 165.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) William B Seibert		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 4706 Wolfcreek Pkwy		<b>Transaction ID:</b> PR1094187414201
	City Louisville	State KY	Zip Code 40241
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 60.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Fin Sys Dev	P/R Deduction (\$30.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Deborah F Rickert		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 7003 Shallow Lake Road		<b>Transaction ID:</b> PR1094187714201
	City Prospect	State KY	Zip Code 40059
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Fin Sys Dev	P/R Deduction (\$25.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Charles Wardrip		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 2805 Chestnut Ridge Place		<b>Transaction ID:</b> PR1094187914201
	City Louisville	State KY	Zip Code 40245
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP IS Ops & Telecomm	P/R Deduction (\$50.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	210.00
<b>TOTAL</b> 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)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

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

**A.**

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

Mailing Address 1106 Holly Springs Drive

City State Zip Code  
Louisville KY 40242

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 585.00

Date of Receipt 06 / 30 / 2008

**Transaction ID:** PR1094188014201

Amount of Each Receipt this Period 90.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Terry Carrico

Mailing Address 3311 Cobblers Ct

City State Zip Code  
New Albany IN 47150

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

Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Clin Systems Dev

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2008

**Transaction ID:** PR1094188214201

Amount of Each Receipt this Period 40.00

P/R Deduction (\$20.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
Steven J Paynter

Mailing Address 680 S. Fourth Street

City State Zip Code  
Louisville KY 40202

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

Name of Employer Kindred Healthcare Inc. Occupation Sr Cnslt Tech Arch

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2008

**Transaction ID:** PR1094188414201

Amount of Each Receipt this Period 40.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **170.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 41  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Martin Ardron

Mailing Address 41 La Sierra Dr.

City State Zip Code  
Phillips Ranch CA 91766

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

Name of Employer Kindred Healthcare Inc. Occupation Reg Dir Hosp Rehab-PRS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

**Transaction ID:** PR1094189114201

Amount of Each Receipt this Period 50.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Linn Billingsley

Mailing Address P.O. Box 122

City State Zip Code  
Blue Diamond NV 89004

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

Name of Employer Kindred Healthcare Inc. Occupation Executive Director I

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

**Transaction ID:** PR1094189814201

Amount of Each Receipt this Period 20.00

P/R Deduction (\$20.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
Jan Turk

Mailing Address 1314 Amelia St.

City State Zip Code  
New Orleans LA 70115

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

Name of Employer Kindred Healthcare Inc. Occupation Chief Exec Off II

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

**Transaction ID:** PR1094190014201

Amount of Each Receipt this Period 40.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **110.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Larry Foster	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 5700 N. Winthrop Apartment # 5	<b>Transaction ID:</b> PR1094190314201
	City State Zip Code Chicago IL 60660	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Kindred Healthcare Inc. Occupation Chief Exec Off III Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00	P/R Deduction (\$25.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Jack Shapiro	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 22591 Covington Drive	<b>Transaction ID:</b> PR1094190414201
	City State Zip Code Deer Park IL 60010	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Kindred Healthcare Inc. Occupation Executive Director III Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 640.00	P/R Deduction (\$50.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Linda Tiemens	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 9812 NW 2nd. Court	<b>Transaction ID:</b> PR1094190714201
	City State Zip Code Ft. Lauderdale FL 33324	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Kindred Healthcare Inc. Occupation Sr VP & COO-East Group-HD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00	P/R Deduction (\$30.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>210.00</b>
<b>TOTAL</b> 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 13 / 41

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Theodore Welding

Mailing Address 2448 Middle River Dr.

City State Zip Code  
Ft. Lauderdale FL 33305

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

Name of Employer Occupation  
Kindred Healthcare Inc. Executive Director I

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR1094191314201

Amount of Each Receipt this Period

50.00

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

**B.**

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

Mailing Address 680 S. Fourth Street

City State Zip Code  
Louisville KY 40202

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 975.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR1094192214201

Amount of Each Receipt this Period

150.00

P/R Deduction (\$75.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
James L Lindberg

Mailing Address 11119 Brook Stone Court

City State Zip Code  
Louisville KY 40223

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

Name of Employer Occupation  
Kindred Healthcare Inc. Adm Mgr Facilities-HD

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR1094192514201

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

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

240.00

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

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

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

FOR LINE NUMBER: PAGE 14 / 41  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Susan Moss

Mailing Address 161 Westwind Road

City State Zip Code  
Louisville KY 40207

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

Name of Employer Kindred Healthcare Inc. Occupation VP Crp Communications

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 06 / 30 / 2008  
Transaction ID: PR1094193314201  
Amount of Each Receipt this Period: 40.00  
P/R Deduction (\$20.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Theresa M Graham

Mailing Address 1203 Falls Creek Landing

City State Zip Code  
New Ablany IN 47150

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

Name of Employer Kindred Healthcare Inc. Occupation VP Compliance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt: 06 / 30 / 2008  
Transaction ID: PR1094193514201  
Amount of Each Receipt this Period: 50.00  
P/R Deduction (\$25.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Charles Michael Grannan

Mailing Address 7109 Cannonade Court

City State Zip Code  
Prospect KY 40059

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

Name of Employer Kindred Healthcare Inc. Occupation VP Purchasing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt: 06 / 30 / 2008  
Transaction ID: PR1094193914201  
Amount of Each Receipt this Period: 60.00  
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: (check only one)	PAGE 15 / 41
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dennis J Hansen		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 1791 Connor Station Road		<b>Transaction ID:</b> PR1094194114201
	City Simpsonville	State KY	Zip Code 40067
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 70.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Reimb-HSD	P/R Deduction (\$35.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 455.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Mary Suzanne Riedman		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 6401 Orchid Hill Pl		<b>Transaction ID:</b> PR1094194214201
	City Louisville	State KY	Zip Code 40207
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP & General Counsel	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Mary L Dennison		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 680 S. Fourth Street		<b>Transaction ID:</b> PR1094194814201
	City Louisville	State KY	Zip Code 40202
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 35.00
	Name of Employer Kindred Healthcare Inc.	Occupation Mgr Reimb	P/R Deduction (\$17.50 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 227.50		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	145.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Michael J Bean		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 8011 Kendrick Crossing Lane		<b>Transaction ID:</b> PR1094195114201
	City Louisville	State KY	Zip Code 40291
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Tax Planning	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Anne S Woods		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 7420 Falls Ridge Ct.		<b>Transaction ID:</b> PR1094195414201
	City Louisville	State KY	Zip Code 40241
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 72.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Internal Audit	P/R Deduction (\$36.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 468.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) John Lucchese		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 14401 Broad Oak Place		<b>Transaction ID:</b> PR1094195914201
	City Louisville	State KY	Zip Code 40245
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 76.94
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP & Corp Controller	P/R Deduction (\$38.47 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.11		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	188.94
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

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

FOR LINE NUMBER: PAGE 17 / 41  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Joseph Landenwich  
Mailing Address 2213 Wrocklage Ave.  
City State Zip Code  
Louisville KY 40205  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation SVPCrpLegalAffairs&CrpSec  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 780.00  
Date of Receipt 06 / 30 / 2008  
Transaction ID: PR1094196314201  
Amount of Each Receipt this Period 120.00  
P/R Deduction (\$60.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Arthur L Rothgerber  
Mailing Address 680 S. Fourth Street  
City State Zip Code  
Louisville KY 40202  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Sr VP Reimbursement  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 247.00  
Date of Receipt 06 / 30 / 2008  
Transaction ID: PR1094196414201  
Amount of Each Receipt this Period 38.00  
P/R Deduction (\$19.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Charles E Leanhart  
Mailing Address 1200 Twin Willows Lane  
City State Zip Code  
Louisville KY 40214  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Accts Payable  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 325.00  
Date of Receipt 06 / 30 / 2008  
Transaction ID: PR1094196614201  
Amount of Each Receipt this Period 50.00  
P/R Deduction (\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 208.00  
**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 18 / 41  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Mark A Laemmle

Mailing Address 680 S. Fourth Street

City State Zip Code  
Louisville KY 40202

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

Name of Employer Kindred Healthcare Inc. Occupation VP Crp Finance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 403.00

Date of Receipt: 06 / 30 / 2008  
Transaction ID: PR1094197114201  
Amount of Each Receipt this Period: 62.00  
P/R Deduction (\$31.00 Bi-Weekly)

**B.**

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

Mailing Address 680 S. Fourth Street

City State Zip Code  
Louisville KY 40202

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 338.00

Date of Receipt: 06 / 30 / 2008  
Transaction ID: PR1094197314201  
Amount of Each Receipt this Period: 52.00  
P/R Deduction (\$26.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
Mary R Russell

Mailing Address 680 S. Fourth Street

City State Zip Code  
Louisville KY 40202

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

Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Accounting-HSD

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 286.00

Date of Receipt: 06 / 30 / 2008  
Transaction ID: PR1094197614201  
Amount of Each Receipt this Period: 44.00  
P/R Deduction (\$22.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 158.00

**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 19 / 41  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

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

**A.**

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

Mailing Address 9103 Lexington Lane

City State Zip Code  
Louisville KY 40241

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

Name of Employer Kindred Healthcare Inc. Occupation SVP Strategic & Public Policy

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2499.90

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2008

**Transaction ID:** PR1094198014201

Amount of Each Receipt this Period  
384.60

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

**B.**

Full Name (Last, First, Middle Initial)  
Joseph Wainscott

Mailing Address 8918 Serpent Circle

City State Zip Code  
Indianapolis IN 46236

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

Name of Employer Kindred Healthcare Inc. Occupation VP Finance-Central Reg HSD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2008

**Transaction ID:** PR1094199814201

Amount of Each Receipt this Period  
50.00

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

**C.**

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

Mailing Address 12 Lewis

City State Zip Code  
Irvine CA 92620

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 455.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2008

**Transaction ID:** PR1094200414201

Amount of Each Receipt this Period  
70.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **504.60**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Traci Shelton	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 2800 Nelson Way Apt. 506	<b>Transaction ID:</b> PR1094200614201
	City State Zip Code Santa Monica CA 90405	Amount of Each Receipt this Period 240.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$120.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc.	Occupation Sr VP & COO-West Group-HD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1560.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Steven Monaghan	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 508 W. Melrose #7-A	<b>Transaction ID:</b> PR1094200714201
	City State Zip Code Chicago IL 60657	Amount of Each Receipt this Period 170.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$85.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc.	Occupation Exec VP-West Grp-HD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1105.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) John Miner	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 4730 Dunnie Drive	<b>Transaction ID:</b> PR1094202114201
	City State Zip Code Tampa FL 33614	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc.	Occupation Chief Fin Off III	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>450.00</b>
<b>TOTAL</b> 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 21 / 41  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

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

**A.**

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

Mailing Address 5224 Hampton Beach Place

City Tampa State FL Zip Code 33609

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

Name of Employer Kindred Healthcare Inc. Occupation Chief Exec Off III

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 30 / 2008

**Transaction ID:** PR1094202414201

Amount of Each Receipt this Period 50.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Charles D Doten

Mailing Address 7644 Harbour Blvd.

City Miramar State FL Zip Code 33023

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

Name of Employer Kindred Healthcare Inc. Occupation Chief Exec Off II

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2008

**Transaction ID:** PR1094203614201

Amount of Each Receipt this Period 40.00

P/R Deduction (\$20.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
Timothy L Simpson

Mailing Address 140 Pioneer Trail

City Green Cove Springs State FL Zip Code 32043

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

Name of Employer Kindred Healthcare Inc. Occupation Executive Director II

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2008

**Transaction ID:** PR1094204314201

Amount of Each Receipt this Period 40.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 130.00

**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 22 / 41  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

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

**A.**

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

Mailing Address 9680 Ridgewalk Court

City State Zip Code  
Davie FL 33328

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 546.00

Date of Receipt  
06 / 30 / 2008

**Transaction ID:** PR1094205314201

Amount of Each Receipt this Period 84.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Donna Kelsey

Mailing Address 2075 E. Tivoli Hills Drive

City State Zip Code  
Draper UT 84020

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

Name of Employer Kindred Healthcare Inc. Occupation Sr VP-Pacific Reg-HSD

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
06 / 30 / 2008

**Transaction ID:** PR1094210114201

Amount of Each Receipt this Period 50.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Anita Tillery

Mailing Address 2531 Rock Creek Drive

City State Zip Code  
Chesapeake VA 23325

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

Name of Employer Kindred Healthcare Inc. Occupation Area Executive Dir

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
06 / 30 / 2008

**Transaction ID:** PR1094211014201

Amount of Each Receipt this Period 40.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 174.00

**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 23 / 41  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
							17

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

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

**A.**

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

Mailing Address 680 South Fourth Ave

City State Zip Code  
Louisville KY 40202

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

**Transaction ID:** PR1094213614201

Amount of Each Receipt this Period  
100.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Michael W Beal

Mailing Address 10 Glenwood Road

City State Zip Code  
Windham NH 03087

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

Name of Employer Kindred Healthcare Inc. Occupation Sr VP-East Reg-HSD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

**Transaction ID:** PR1094214114201

Amount of Each Receipt this Period  
40.00

P/R Deduction (\$20.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
Gloria J Miller

Mailing Address 100 Revere Crossing Ln.  
Apt. 107

City State Zip Code  
Cary NC 27519

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

Name of Employer Kindred Healthcare Inc. Occupation Dist Dir Operations I

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

**Transaction ID:** PR1094222114201

Amount of Each Receipt this Period  
40.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **180.00**

**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 24 / 41  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Patricia Pruden Lennox

Mailing Address 11 Cider Mill Road

City State Zip Code  
Medway MA 02053

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

Name of Employer Kindred Healthcare Inc. Occupation Reg Dir Sales & MkningHSD

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2008

**Transaction ID:** PR1094222814201

Amount of Each Receipt this Period 40.00

P/R Deduction (\$20.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
Stephen F. Stoess

Mailing Address 514 Locust Creek Blvd.

City State Zip Code  
Louisville KY 40245

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

Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Telecommunications

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 304.20

Date of Receipt 06 / 30 / 2008

**Transaction ID:** PR1094224614201

Amount of Each Receipt this Period 46.80

P/R Deduction (\$23.40 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
Charles K. Currens

Mailing Address 7801 McCarthy Lane

City State Zip Code  
Louisville KY 40222

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

Name of Employer Kindred Healthcare Inc. Occupation Dir IS Prod Svcs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2008

**Transaction ID:** PR1094229114201

Amount of Each Receipt this Period 40.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 126.80

**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 25 / 41  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Gaylia Bond

Mailing Address 7015 Wooded Meadow Rd

City State Zip Code  
Louisville KY 40241

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

Name of Employer Kindred Healthcare Inc. Occupation Sr VP Human Resources-HD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

**Transaction ID:** PR1094229714201

Amount of Each Receipt this Period 60.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Keith Krein

Mailing Address 7212 Deer Ridge Rd

City State Zip Code  
Prospect KY 40059

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

**Transaction ID:** PR1094229814201

Amount of Each Receipt this Period 40.00

P/R Deduction (\$20.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
Patricia M McGillan

Mailing Address 510 Altagate Rd

City State Zip Code  
Louisville KY 40206

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

Name of Employer Kindred Healthcare Inc. Occupation VP Pat Saf & Reg Compl-HD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

**Transaction ID:** PR1094229914201

Amount of Each Receipt this Period 60.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **160.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Barbara L Baylis		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 6702 Kingslook Court		<b>Transaction ID:</b> PR1094230014201
	City Louisville	State KY	Zip Code 40207
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP Clin & Res Svcs-HSD	P/R Deduction (\$20.00 Bi-Weekly)

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00
---	------------------------------------

<b>B.</b>	Full Name (Last, First, Middle Initial) Richard H Starke		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 2404 Dundee Rd		<b>Transaction ID:</b> PR1094231514201
	City Louisville	State KY	Zip Code 40205
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP Rehab Svcs-PRS	P/R Deduction (\$20.00 Bi-Weekly)

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00
---	------------------------------------

<b>C.</b>	Full Name (Last, First, Middle Initial) Edward J Goddard		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 32 Peters Lane		<b>Transaction ID:</b> PR1094233514201
	City Wrentham	State MA	Zip Code 02093
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Labor Rel	P/R Deduction (\$20.00 Bi-Weekly)

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00
---	------------------------------------

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	120.00
<b>TOTAL</b> 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 27 / 41  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Jeffrey F Lockett

Mailing Address 6109 Whispering Hills Blvd.

City State Zip Code  
Louisville KY 40219

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

Name of Employer Kindred Healthcare Inc. Occupation Dir Internal Audit-IS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 286.00

Date of Receipt 06 / 30 / 2008  
Transaction ID: PR1094234414201  
Amount of Each Receipt this Period 44.00  
P/R Deduction (\$22.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Peter D Corless

Mailing Address 3308 Overlook Ridge Rd

City State Zip Code  
Prospect KY 40059

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

Name of Employer Kindred Healthcare Inc. Occupation Sr VP HR & Admin-HSD

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2008  
Transaction ID: PR1094235214201  
Amount of Each Receipt this Period 40.00  
P/R Deduction (\$20.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Tamila Johnson-White

Mailing Address 2615 Zhale Smith Rd.

City State Zip Code  
LaGrange KY 40031

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

Name of Employer Kindred Healthcare Inc. Occupation Dir Case Mgmt-HSD

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2008  
Transaction ID: PR1094235414201  
Amount of Each Receipt this Period 40.00  
P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 124.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Douglas Roth		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 9891 Heytesbery		Transaction ID: PR1094237314201
	City Sandy	State UT	Zip Code 84092
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Finance-Pacific RegHSD	P/R Deduction (\$40.00 Bi-Weekly)

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00
---	------------------------------------

<b>B.</b>	Full Name (Last, First, Middle Initial) Douglas T Collins		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 3703 River Bluff Road		Transaction ID: PR1094241214201
	City Prospect	State KY	Zip Code 40059
	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 Fin Sys-HSD	P/R Deduction (\$20.00 Bi-Weekly)

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00
---	------------------------------------

<b>C.</b>	Full Name (Last, First, Middle Initial) Linda L Newberry-Ferguson		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 11310 Haleco Lane		Transaction ID: PR1094241914201
	City Hales Corners	State WI	Zip Code 53130
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Exec Off II	P/R Deduction (\$20.00 Bi-Weekly)

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 590.00
---	------------------------------------

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	160.00
<b>TOTAL</b> 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 29 / 41  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

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

**A.**

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

Mailing Address 8000 Allielough Court

City Prospect State KY Zip Code 40059

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

Name of Employer Kindred Healthcare Inc. Occupation Sr VP Dev & Fin Plan

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt 06 / 30 / 2008  
**Transaction ID:** PR1094242814201  
 Amount of Each Receipt this Period 80.00  
 P/R Deduction (\$40.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
Philip L. Jones

Mailing Address 702 Helmsdale Place N.

City Brentwood State TN Zip Code 37027

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

Name of Employer Kindred Healthcare Inc. Occupation Chief Fin Off I

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2008  
**Transaction ID:** PR1094243514201  
 Amount of Each Receipt this Period 40.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
Raymond J Sierpina

Mailing Address 14 Westwind Road

City Louisville State KY Zip Code 40207

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

Name of Employer Kindred Healthcare Inc. Occupation VP Public Pol & GovtAffair

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 630.00

Date of Receipt 06 / 30 / 2008  
**Transaction ID:** PR1094246614201  
 Amount of Each Receipt this Period 100.00  
 P/R Deduction (\$50.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 220.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Steven Tanner		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 6622 Rosebud Lane		<b>Transaction ID:</b> PR1094246814201
	City Indianapolis	State IN	Zip Code 46237
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir III	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Thomas Wood		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 2949 Glascock Street		<b>Transaction ID:</b> PR1094247214201
	City Oakland	State CA	Zip Code 94601
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 130.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dist Dir Operations	P/R Deduction (\$65.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 845.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Gwynn Rucker		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 15106 59th Place NE		<b>Transaction ID:</b> PR1094247814201
	City Kenmore	State WA	Zip Code 98028
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir Operations I	P/R Deduction (\$25.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Larry J Green		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 680 S. Fourth Street		<b>Transaction ID:</b> PR1094249814201
	City Louisville	State KY	Zip Code 40202
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 36.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Planning & Dev	P/R Deduction (\$18.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Sharon Spittle		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 26 Estes Street		<b>Transaction ID:</b> PR1094250014201
	City Ipswich	State MA	Zip Code 01938
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir I	P/R Deduction (\$10.00 Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Benjamin A Breier		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 5400 Farm Ridge Lane		<b>Transaction ID:</b> PR1094250914201
	City Prospect	State KY	Zip Code 40059
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Exec VP & President-HD	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	116.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Steve Ross	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 35069 Roberts Lane	<b>Transaction ID:</b> PR1135252614201
	City State Zip Code St Helens OR 97051	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Kindred Healthcare Inc. Occupation Executive Dir I Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$20.00 Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Josephine Litzenberger	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 11401 Dr. M.L.K. Jr. Street N. Apt 1201	<b>Transaction ID:</b> PR1135286914201
	City State Zip Code St Petersburg FL 33716	Amount of Each Receipt this Period 36.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Kindred Healthcare Inc. Occupation Grp SrDir Managed Care-HD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 234.00	P/R Deduction (\$18.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Rachael L Parker	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 70 Birch Ridge Rd	<b>Transaction ID:</b> PR1150411114201
	City State Zip Code Westford VT 05494	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Kindred Healthcare Inc. Occupation Executive Dir II Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>116.00</b>
<b>TOTAL</b> 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 33 / 41  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	
							<input type="checkbox"/>	17

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Russell D Ragland

Mailing Address 9902 Palace Green Way

City State Zip Code  
Vienna VA 22181

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

Name of Employer Kindred Healthcare Inc. Occupation Sr VP Fin-HSD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

**Transaction ID:** PR1267998114201

Amount of Each Receipt this Period  
100.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Donna Sroczynski

Mailing Address 399 Fountain Drive

City State Zip Code  
Elgin IL 60124

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

Name of Employer Kindred Healthcare Inc. Occupation Sr Dist Dir Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

**Transaction ID:** PR1281185314201

Amount of Each Receipt this Period  
40.00

P/R Deduction (\$20.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
Rita D Simmons

Mailing Address 200 Franck Avenue

City State Zip Code  
Louisville KY 40206

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

Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Ops Risk Mgmt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 208.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

**Transaction ID:** PR1333437014201

Amount of Each Receipt this Period  
32.00

P/R Deduction (\$16.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **172.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Ross A Johnson	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 680 S. Fourth Avenue	<b>Transaction ID:</b> PR1359729014201
	City State Zip Code Louisville KY 40202	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$25.00 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation VP Recruiting-PRS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Pamela A. Justice	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 5912 Mercury Dr	<b>Transaction ID:</b> PR1408953214201
	City State Zip Code Louisville KY 40291	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation Dir Fin Sys Dev Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Deborah A Foushee	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 1106 Indiana Ave.	<b>Transaction ID:</b> PR1425258814201
	City State Zip Code New Albany IN 47150	Amount of Each Receipt this Period 32.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$16.00 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation State Dir of Risk Mgmt Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 208.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	122.00
<b>TOTAL</b> 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 35 / 41  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Thomas Sullivan

Mailing Address 467 Mendon Road

City Northbridge State MA Zip Code 01534

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

Name of Employer Kindred Healthcare Occupation Area Executive Dir

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 30 / 2008  
**Transaction ID:** PR1493281114201  
 Amount of Each Receipt this Period 40.00  
 P/R Deduction (\$10.00 Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Jeff Barbieri

Mailing Address 150 Woodcrest Lane

City Alisa Viejo State OR Zip Code 97504

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

Name of Employer Kindred Healthcare Inc. Occupation Executive Dir II

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 06 / 30 / 2008  
**Transaction ID:** PR1503295614201  
 Amount of Each Receipt this Period 45.00  
 P/R Deduction (\$15.00 Weekly)

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

Mailing Address 1668 Victory Court

City Prospect State KY Zip Code 40059

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

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

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2008  
**Transaction ID:** PR1524244414201  
 Amount of Each Receipt this Period 40.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 125.00

**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: <span style="float: right;">PAGE 36 / 41</span> (check only one)
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) George H Schaefer</p> <p>Mailing Address 645 Ulverston Dr.</p> <p>City State Zip Code Columbus OH 43230</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: Kindred Healthcare Inc. Occupation: VP Sales &amp; Marketing-HSD</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">260.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 30 / 2008</span></p> <p><b>Transaction ID:</b> PR1541444314201</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">40.00</span></p> <p>P/R Deduction (\$20.00 Bi-Weekly)</p>
--	--

<p><b>B.</b> Full Name (Last, First, Middle Initial) David Culbreth</p> <p>Mailing Address 2823 Regatta Drive</p> <p>City State Zip Code Oakland CA 94601</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: Kindred Healthcare Inc. Occupation: Executive Dir II</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">260.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 30 / 2008</span></p> <p><b>Transaction ID:</b> PR1559851814201</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">40.00</span></p> <p>P/R Deduction (\$20.00 Bi-Weekly)</p>
---	--

<p><b>C.</b> Full Name (Last, First, Middle Initial) Linda Larson</p> <p>Mailing Address 30021 51st Court S</p> <p>City State Zip Code Auburn WA 98001</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: Kindred Healthcare Inc. Occupation: Executive Dir II</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">260.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 30 / 2008</span></p> <p><b>Transaction ID:</b> PR1559851914201</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">40.00</span></p> <p>P/R Deduction (\$20.00 Weekly)</p>
--	---

<p><b>SUBTOTAL</b> of Receipts This Page (optional) .....</p>	<span style="border: 1px solid black; padding: 2px;">120.00</span>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<span style="border: 1px solid black; padding: 2px;">14405.34</span>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)  
Collins For Senator

Transaction ID: 25010159  
Date of Disbursement

Mailing Address PO Box 1096

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	0	8

City Bangor State ME Zip Code 04402

Amount of Each Disbursement this Period

3500.00
---------

Purpose of Disbursement  
Contribution

011
-----

Category/  
Type

Candidate Name  
Sen. Susan Collins

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Contribution

State: ME District:

B.

Full Name (Last, First, Middle Initial)  
Every Republican is Critical PAC (ERICPAC)

Transaction ID: 25010812  
Date of Disbursement

Mailing Address 25 East Main Street  
Suite 200

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	0	8

City Richmond State VA Zip Code 23219

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
Contribution

011
-----

Category/  
Type

Candidate Name  
Every Republican is Critical PAC (ERICPAC)

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Contribution

State: District:

C.

Full Name (Last, First, Middle Initial)  
Friends of John Boehner

Transaction ID: 25011804  
Date of Disbursement

Mailing Address 7908-I Cincinnati Dayton Road

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	0	8

City West Chester State OH Zip Code 45069

Amount of Each Disbursement this Period

5000.00
---------

Purpose of Disbursement  
Contribution

011
-----

Category/  
Type

Candidate Name  
Rep. John Boehner

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Contribution

State: OH District: 08

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

9500.00
---------

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

--

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 38 / 41

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

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

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

A.	Full Name (Last, First, Middle Initial) McNerney For Congress	Transaction ID: 25011805 Date of Disbursement 06 / 11 / 2008
	Mailing Address 6520 Village Parkway Second Floor	Amount of Each Disbursement this Period 2000.00
	City Dublin State CA Zip Code 94568	
	Purpose of Disbursement Contribution Candidate Name Rep. Jerry McNerney Category/Type 011	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 11 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

B.	Full Name (Last, First, Middle Initial) Hoosiers For Hill	Transaction ID: 25012605 Date of Disbursement 06 / 11 / 2008
	Mailing Address P.O. Box 1071	Amount of Each Disbursement this Period 2500.00
	City Seymour State IN Zip Code 47274	
	Purpose of Disbursement Contribution Candidate Name Rep. Baron Hill Category/Type 011	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 09 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

C.	Full Name (Last, First, Middle Initial) Carney For Congress	Transaction ID: 25012608 Date of Disbursement 06 / 11 / 2008
	Mailing Address P.O. Box A	Amount of Each Disbursement this Period 2500.00
	City Clarks Summit State PA Zip Code 18411	
	Purpose of Disbursement Contribution Candidate Name Rep. Christopher Carney Category/Type 011	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 10 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	7000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Melissa Bean For Congress</p> <p>Mailing Address P.O. Box 3068</p> <p>City Barrington State IL Zip Code 60010</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Melissa Bean</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IL District: 08</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 25012609</p> <p>Date of Disbursement MM / DD / YYYY 06 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Committee To Elect Chris Murphy</p> <p>Mailing Address P.O. Box 127</p> <p>City Cheshire State CT Zip Code 06410</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Christopher Murphy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CT District: 05</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 25012625</p> <p>Date of Disbursement MM / DD / YYYY 06 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Ciro D. Rodriguez For Congress</p> <p>Mailing Address P.O. Box 14528</p> <p>City San Antonio State TX Zip Code 78214</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Ciro Rodriguez</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: TX District: 23</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 25012628</p> <p>Date of Disbursement MM / DD / YYYY 06 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Contribution</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

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

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Giffords For Congress Mailing Address P.O. Box 12886 City Tucson State AZ Zip Code 85732 Purpose of Disbursement Contribution Candidate Name Rep. Gabrielle Giffords Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 08 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 25012633 Date of Disbursement 06 / 11 / 2008
	Amount of Each Disbursement this Period 2000.00 Contribution

<b>B.</b> Full Name (Last, First, Middle Initial) ND Democratic NPL Coordinated Campaign Mailing Address 1902 East Divide Avenue City Bismarck State ND Zip Code 58501 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 25013587 Date of Disbursement 06 / 11 / 2008
	Amount of Each Disbursement this Period 2500.00 Contribution

<b>C.</b> Full Name (Last, First, Middle Initial) Republican Party of Kentucky Mailing Address PO Box 1068 City Frankfort State KY Zip Code 40602 Purpose of Disbursement Contribution Candidate Name Republican Party of Kentucky Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 25094781 Date of Disbursement 06 / 23 / 2008
	Amount of Each Disbursement this Period 2000.00 Contribution

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 41 / 41

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

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

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

A.

Full Name (Last, First, Middle Initial)  
Judy Feder For Congress

Transaction ID: 25105239

Date of Disbursement

Mailing Address 1514 Hardwood Lane

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	0	8

City State Zip Code  
McLean VA 22101

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
Contribution

011  
Category/  
Type

Candidate Name  
Judith Feder

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: VA District: 10

Contribution

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

1000.00
---------

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

28000.00
----------