

# 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 11 04 2008 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 10 01 2008 through 10 15 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 10 22 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									
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**FEC FORM 3X**  
(Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Kindred Healthcare, Inc. PAC

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	0

D	D
1	5

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 .....	45806.70									
(c) Total Receipts (from Line 19) .....	5968.17	146638.57								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	51774.87	195323.12								
7. Total Disbursements (from Line 31) .....	6000.00	149548.25								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	45774.87	45774.87								
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
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	0

D	D
1	5

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	4905.67	84000.92
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	1062.50	57637.65
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	5968.17	141638.57
(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) .....	5968.17	141638.57
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)) .....	5968.17	146638.57
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	5968.17	146638.57

**DETAILED SUMMARY PAGE**

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(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.....	5000.00	143000.00
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.....	1000.00	6500.00
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))..	6000.00	149548.25
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6000.00	149548.25

**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) .....	5968.17	141638.57
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5968.17	141638.57
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: PAGE 6 / 79  
(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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Teresa S Anderson</p> <p>Mailing Address 7115 Coachwood Drive</p> <p>City State Zip Code Georgetown IN 47122</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 Sr Dir Fin Sys Dev</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;">420.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 0 / 1 5 / 2 0 0 8</span></p> <p><b>Transaction ID:</b> PR1094183715318</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">20.00</span></p> <p>P/R Deduction (\$20.00 Bi-Weekly)</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Edward L Kuntz</p> <p>Mailing Address 8807 Stable Crest Boulevard</p> <p>City State Zip Code Houston TX 77024</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 Chairman</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;">2100.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 0 / 1 5 / 2 0 0 8</span></p> <p><b>Transaction ID:</b> PR1094183915318</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">100.00</span></p> <p>P/R Deduction (\$100.00 Bi-Weekly)</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) David R Windhorst</p> <p>Mailing Address 2000 Spring Farms Road</p> <p>City State Zip Code Floyds Knobs IN 47119</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 Financial Sys Dev</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;">840.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 0 / 1 5 / 2 0 0 8</span></p> <p><b>Transaction ID:</b> PR1094185015318</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">40.00</span></p> <p>P/R Deduction (\$40.00 Bi-Weekly)</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">160.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 79  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) Lawrence I Wolf		Date of Receipt <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		1	5		2	0	0	8													
Mailing Address 4826 N Winthrop Ave #3S		<b>Transaction ID:</b> PR1094185115318																				
City Chicago	State IL	Zip Code 60640																				
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <table border="1"><tr><td>20.00</td></tr></table>	20.00																			
20.00																						
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 ▼ <table border="1"><tr><td>420.00</td></tr></table>		420.00																			
420.00																						

**B.**

Full Name (Last, First, Middle Initial) Mary Jane Frappier-Neff		Date of Receipt <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		1	5		2	0	0	8													
Mailing Address 2883 Bellwind Circle		<b>Transaction ID:</b> PR1094185215318																				
City Rockledge	State FL	Zip Code 32955																				
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <table border="1"><tr><td>10.00</td></tr></table>	10.00																			
10.00																						
Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Reg IS	P/R Deduction (\$10.00 Bi-Weekly)																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"><tr><td>210.00</td></tr></table>		210.00																			
210.00																						

**C.**

Full Name (Last, First, Middle Initial) Katheryn J Markham		Date of Receipt <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		1	5		2	0	0	8													
Mailing Address 680 S. Fourth Street		<b>Transaction ID:</b> PR1094185615318																				
City Louisville	State KY	Zip Code 40202																				
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <table border="1"><tr><td>45.00</td></tr></table>	45.00																			
45.00																						
Name of Employer Kindred Healthcare Inc.	Occupation VP IS Planning&FieldSvcs	P/R Deduction (\$45.00 Bi-Weekly)																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"><tr><td>945.00</td></tr></table>		945.00																			
945.00																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<table border="1"><tr><td>75.00</td></tr></table>	75.00
75.00		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td> </td></tr></table>	

**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 8 / 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dan McReynolds	Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	Mailing Address 7620 Beech Spring Court	<b>Transaction ID:</b> PR1094185715318
	City State Zip Code Louisville KY 40241	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Kindred Healthcare Inc. Occupation Sr Dir DataWarehouse Svcs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00	P/R Deduction (\$10.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Catherine A Gooch	Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	Mailing Address 14516 Clear Meadow Court	<b>Transaction ID:</b> PR1094185915318
	City State Zip Code Louisville KY 40245	Amount of Each Receipt this Period 20.00
	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 ▼ 420.00	P/R Deduction (\$20.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Patrick J Gillenwater	Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	Mailing Address 402 Erin Drive	<b>Transaction ID:</b> PR1094186415318
	City State Zip Code Jeffersonville IN 47130	Amount of Each Receipt this Period 17.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer Kindred Healthcare Inc. Occupation Adm Dir IS Admin Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 367.50	P/R Deduction (\$17.50 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	47.50
<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 9 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mona Euler		Date of Receipt
	Mailing Address 12568 Sandstone Run		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 1 5 / 2 0 0 8
	City	State	Zip Code
	Carmel	IN	46033
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR1094186715318
Name of Employer Kindred Healthcare Inc.		Occupation Executive Director I	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00	<input type="text"/> 20.00
			P/R Deduction (\$10.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) William B Seibert		Date of Receipt
	Mailing Address 4706 Wolfcreek Pkwy		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 1 5 / 2 0 0 8
	City	State	Zip Code
	Louisville	KY	40241
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR1094187415318
Name of Employer Kindred Healthcare Inc.		Occupation Sr Dir Fin Sys Dev	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 630.00	<input type="text"/> 30.00
			P/R Deduction (\$30.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Deborah F Rickert		Date of Receipt
	Mailing Address 7003 Shallow Lake Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 1 5 / 2 0 0 8
	City	State	Zip Code
	Prospect	KY	40059
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR1094187715318
Name of Employer Kindred Healthcare Inc.		Occupation Sr Dir Fin Sys Dev	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 525.00	<input type="text"/> 25.00
			P/R Deduction (\$25.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 75.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Charles Wardrip		Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 2805 Chestnut Ridge Place		<b>Transaction ID:</b> PR1094187915318
	City Louisville	State KY	Zip Code 40245
	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 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 ▼ 1050.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Stephen M Dobler		Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 1106 Holly Springs Drive		<b>Transaction ID:</b> PR1094188015318
	City Louisville	State KY	Zip Code 40242
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 45.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP IS Finance & Admin	P/R Deduction (\$45.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 945.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Terry Carrico		Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 3311 Cobblers Ct		<b>Transaction ID:</b> PR1094188215318
	City New Albany	State IN	Zip Code 47150
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Clin Systems Dev	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 ▼ 420.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	115.00
<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 11 / 79
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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 J Paynter		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	Mailing Address 3105 Crestmoor Court		<b>Transaction ID:</b> PR1094188415318
	City Prospect	State KY	Zip Code 40059
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Cnslt Tech 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 ▼ 420.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Kimberly Ann Beach		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	Mailing Address 6615 Leland Drive		<b>Transaction ID:</b> PR1094188615318
	City Crestwood	State KY	Zip Code 40014
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 10.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Operation Sys-HSD	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) William R Rhodes		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	Mailing Address 11303 Vista Greens Drive		<b>Transaction ID:</b> PR1094188915318
	City Louisville	State KY	Zip Code 40241
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 10.00
	Name of Employer Kindred Healthcare Inc.	Occupation Tech Cnslt	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	40.00
<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 12 / 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Martin Ardron		Date of Receipt
	Mailing Address 41 La Sierra Dr.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 1 5 / 2 0 0 8
	City	State	Zip Code
	Phillips Ranch	CA	91766
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR1094189115318
Name of Employer Kindred Healthcare Inc.		Occupation Reg Dir Hosp Rehab-PRS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 525.00	<input type="text"/> 25.00
			P/R Deduction (\$25.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Michael Metzger		Date of Receipt
	Mailing Address 129 Foley Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 1 5 / 2 0 0 8
	City	State	Zip Code
	West Point	VA	23181
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR1094189315318
Name of Employer Kindred Healthcare Inc.		Occupation Chief Fin Off III	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 315.00	<input type="text"/> 15.00
			P/R Deduction (\$15.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Jan Turk		Date of Receipt
	Mailing Address 1314 Amelia St.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 1 5 / 2 0 0 8
	City	State	Zip Code
	New Orleans	LA	70115
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR1094190015318
Name of Employer Kindred Healthcare Inc.		Occupation Chief Exec Off II	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 420.00	<input type="text"/> 40.00
			P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 80.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 79  
(check only one)

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

**A.**

Full Name (Last, First, Middle Initial)  
Larry Foster

Mailing Address 5700 N. Winthrop  
Apartment # 5

City Chicago State IL Zip Code 60660

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 ▼ 525.00

Date of Receipt 10 / 15 / 2008

**Transaction ID:** PR1094190315318

Amount of Each Receipt this Period 50.00

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

**B.**

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

Mailing Address 22591 Covington Drive

City Deer Park State IL Zip Code 60010

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

Name of Employer Kindred Healthcare Inc. Occupation Executive Director III

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1040.00

Date of Receipt 10 / 15 / 2008

**Transaction ID:** PR1094190415318

Amount of Each Receipt this Period 100.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Adrienne Lyons

Mailing Address 1220 North Oak Park Avenue

City Oak Park State IL Zip Code 60302

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

Name of Employer Kindred Healthcare Inc. Occupation Grp SrDir Clinical Ops-HD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2008

**Transaction ID:** PR1094190515318

Amount of Each Receipt this Period 10.00

P/R Deduction (\$10.00 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 14 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Linda Tiemens		Date of Receipt
	Mailing Address 9812 NW 2nd. Court		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 1 5 / 2 0 0 8
	City	State	Zip Code
	Ft. Lauderdale	FL	33324
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR1094190715318
Name of Employer Kindred Healthcare Inc.		Occupation Sr VP & COO-East Group-HD	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 630.00	<input type="text"/> 30.00
			P/R Deduction (\$30.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Linda Mcquade		Date of Receipt
	Mailing Address 4712 Sw 24 Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 1 5 / 2 0 0 8
	City	State	Zip Code
	Ft Lauderdale	FL	33312
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR1094191015318
Name of Employer Kindred Healthcare Inc.		Occupation Mgr Health Info Mgmt	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00	<input type="text"/> 20.00
			P/R Deduction (\$10.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Theodore Welding		Date of Receipt
	Mailing Address 2448 Middle River Dr.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 1 5 / 2 0 0 8
	City	State	Zip Code
	Ft. Lauderdale	FL	33305
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR1094191315318
Name of Employer Kindred Healthcare Inc.		Occupation Executive Director I	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 525.00	<input type="text"/> 25.00
			P/R Deduction (\$25.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 75.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 79  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Linda McGunnigle

Mailing Address 17 Hartshorn Street

City State Zip Code  
West Bridgewater MA 02379

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

Name of Employer Kindred Healthcare Inc. Occupation Adm Mgr Reg Loss Prevent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR1094191615318

Amount of Each Receipt this Period 10.00

P/R Deduction (\$10.00 Bi-Weekly)

**B.**

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

Mailing Address 5800 Brittany Valley Road

City State Zip Code  
Louisville KY 40222

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1575.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR1094192215318

Amount of Each Receipt this Period 75.00

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 Kindred Healthcare Inc. Occupation Adm Mgr Facilities-HD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR1094192515318

Amount of Each Receipt this Period 20.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 105.00

**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 16 / 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Deborah R Doddridge	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	Mailing Address 312 Hill Street NW	<b>Transaction ID:</b> PR1094193015318
	City State Zip Code Depauw IN 47115	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$15.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc.	Occupation Dir Procure Sys & Capital	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Joel W Day	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	Mailing Address 2017 Spring Farms Drive	<b>Transaction ID:</b> PR1094193115318
	City State Zip Code Floyd Knobs IN 47119	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$15.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc.	Occupation VP & Controller-HD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Susan Moss	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	Mailing Address 161 Westwind Road	<b>Transaction ID:</b> PR1094193315318
	City State Zip Code Louisville KY 40207	Amount of Each Receipt this Period 20.00
	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 VP Crp Communications	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	50.00
<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 17 / 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Theresa M Graham		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	Mailing Address 1203 Falls Creek Landing		<b>Transaction ID:</b> PR1094193515318
	City New Ablany	State IN	Zip Code 47150
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Compliance	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 ▼ 525.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Michael C Lozier		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	Mailing Address 7028 Westridge Forest Court		<b>Transaction ID:</b> PR1094193715318
	City Lanesville	State IN	Zip Code 47136
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 13.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Purch Contract Admin	P/R Deduction (\$13.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 259.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Charles Michael Grannan		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	Mailing Address 7109 Cannonade Court		<b>Transaction ID:</b> PR1094193915318
	City Prospect	State KY	Zip Code 40059
	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 VP Purchasing	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 ▼ 670.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	73.00
<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 18 / 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dennis J Hansen		Date of Receipt
	Mailing Address 1791 Connor Station Road		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Simpsonville	KY	40067
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Kindred Healthcare Inc.		Occupation VP Reimb-HSD	<b>Transaction ID:</b> PR1094194115318
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="735.00"/>	Amount of Each Receipt this Period <input type="text" value="35.00"/>
			P/R Deduction (\$35.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Mary Suzanne Riedman		Date of Receipt
	Mailing Address 6401 Orchid Hill Pl		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Louisville	KY	40207
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Kindred Healthcare Inc.		Occupation Sr VP & General Counsel	<b>Transaction ID:</b> PR1094194215318
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="420.00"/>	Amount of Each Receipt this Period <input type="text" value="20.00"/>
			P/R Deduction (\$20.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Susan P Riedl		Date of Receipt
	Mailing Address 8914 Lippincott Road		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Louisville	KY	40222
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Kindred Healthcare Inc.		Occupation Sr Dir HSD Reimb	<b>Transaction ID:</b> PR1094194415318
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="210.00"/>	Amount of Each Receipt this Period <input type="text" value="10.00"/>
			P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="65.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 79  
(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

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

**A.**

Full Name (Last, First, Middle Initial)  
Mary L Dennison

Mailing Address 4678 Mount Eden Road

City State Zip Code  
Shelbyville KY 40065

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

Name of Employer Kindred Healthcare Inc. Occupation Mgr Reimb

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 385.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	0	8

**Transaction ID:** PR1094194815318

Amount of Each Receipt this Period 20.00

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

**B.**

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

Mailing Address 8011 Kendrick Crossing Lane

City State Zip Code  
Louisville KY 40291

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

Name of Employer Kindred Healthcare Inc. Occupation VP Tax Planning

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	0	8

**Transaction ID:** PR1094195115318

Amount of Each Receipt this Period 20.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Peggy Black

Mailing Address 1607 Helmridge Court

City State Zip Code  
Louisville KY 40222

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

Name of Employer Kindred Healthcare Inc. Occupation Exec Asst to Chair & BOD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	0	8

**Transaction ID:** PR1094195315318

Amount of Each Receipt this Period 10.00

P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 50.00

**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 20 / 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Anne S Woods		Date of Receipt
	Mailing Address 7420 Falls Ridge Ct.		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Louisville	KY	40241
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Kindred Healthcare Inc.		Occupation VP Internal Audit	<b>Transaction ID:</b> PR1094195415318
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="756.00"/>	Amount of Each Receipt this Period <input type="text" value="36.00"/>
			P/R Deduction (\$36.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Stephanie J Warren		Date of Receipt
	Mailing Address 2169 Balmer-Fenwick Road		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Floyds Knobs	IN	47119
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Kindred Healthcare Inc.		Occupation Sr Dir Facility Mgmt	<b>Transaction ID:</b> PR1094195715318
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="315.00"/>	Amount of Each Receipt this Period <input type="text" value="15.00"/>
			P/R Deduction (\$15.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) John Lucchese		Date of Receipt
	Mailing Address 14401 Broad Oak Place		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Louisville	KY	40245
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Kindred Healthcare Inc.		Occupation Sr VP & Corp Controller	<b>Transaction ID:</b> PR1094195915318
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="807.87"/>	Amount of Each Receipt this Period <input type="text" value="38.47"/>
			P/R Deduction (\$38.47 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="89.47"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 21 / 79  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Rose M Michels  
 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 Tax Compliance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 315.00  
 Date of Receipt 10 / 15 / 2008  
**Transaction ID:** PR1094196015318  
 Amount of Each Receipt this Period 15.00  
 P/R Deduction (\$15.00 Bi-Weekly)

**B.** 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 ▼ 1260.00  
 Date of Receipt 10 / 15 / 2008  
**Transaction ID:** PR1094196315318  
 Amount of Each Receipt this Period 60.00  
 P/R Deduction (\$60.00 Bi-Weekly)

**C.** 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 ▼ 399.00  
 Date of Receipt 10 / 15 / 2008  
**Transaction ID:** PR1094196415318  
 Amount of Each Receipt this Period 19.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 94.00  
**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 22 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Charles E Leanhart		Date of Receipt
	Mailing Address 1200 Twin Willows Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Louisville	KY	40214
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR1094196615318
Name of Employer Kindred Healthcare Inc.		Occupation Sr Dir Accts Payable	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 525.00	<input type="text"/> 25.00
			P/R Deduction (\$25.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Linda M O'Bryan		Date of Receipt
	Mailing Address 1614 Sylvan Way		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Louisville	KY	40205
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR1094196715318
Name of Employer Kindred Healthcare Inc.		Occupation VPPatient Care &Quality-H	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 335.00	<input type="text"/> 20.00
			P/R Deduction (\$20.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Karen R Blain		Date of Receipt
	Mailing Address 9708 Northridge Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Louisville	KY	40272
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR1094197015318
Name of Employer Kindred Healthcare Inc.		Occupation Mgr Patient Accting-HSD	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00	<input type="text"/> 10.00
			P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 55.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 23 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mark A Laemmle		Date of Receipt
	Mailing Address 2224 Highland Springs Place		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Louisville	KY	40245
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR1094197115318
Name of Employer Kindred Healthcare Inc.		Occupation VP Crp Finance	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 651.00	<input type="text"/> 31.00
			P/R Deduction (\$31.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Douglas Curnutte		Date of Receipt
	Mailing Address 1014 Springside Way		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Louisville	KY	40223
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR1094197215318
Name of Employer Kindred Healthcare Inc.		Occupation VP Fac & Real Estate Dev	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 315.00	<input type="text"/> 15.00
			P/R Deduction (\$15.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Brian L Caudill		Date of Receipt
	Mailing Address 1647 Beechwood Avenue		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Louisville	KY	40204
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR1094197315318
Name of Employer Kindred Healthcare Inc.		Occupation Sr Dir HD Reimb	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 546.00	<input type="text"/> 26.00
			P/R Deduction (\$26.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 72.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 24 / 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mary R Russell	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 7300 Wood Rock Rd	<b>Transaction ID:</b> PR1094197615318
	City State Zip Code Louisville KY 40291	Amount of Each Receipt this Period 22.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$22.00 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Accounting-HSD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 462.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) William M Altman	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 9103 Lexington Lane	<b>Transaction ID:</b> PR1094198015318
	City State Zip Code Louisville KY 40241	Amount of Each Receipt this Period 192.30
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$192.30 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation SVPStrategy&PublicPolicy Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 4038.30	

<b>C.</b>	Full Name (Last, First, Middle Initial) Scott M Juetten	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 8315 Running Spring Dr	<b>Transaction ID:</b> PR1094198115318
	City State Zip Code Louisville KY 40241	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$10.00 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation VP & Controller-HSD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>224.30</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 25 / 79  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Vicki Chaffins

Mailing Address 364 Loretta Drive

City State Zip Code  
Shepherdsville KY 40165

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

Name of Employer Kindred Healthcare Inc. Occupation Mgr Accting-Fixed Assets

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 10 / 15 / 2008  
Transaction ID: PR1094198215318  
Amount of Each Receipt this Period: 10.00  
P/R Deduction (\$10.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Bobby V Bas

Mailing Address 2084 Wind River Road

City State Zip Code  
El Cajon CA 92019

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

Name of Employer Kindred Healthcare Inc. Occupation Radiology Tech

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 10 / 15 / 2008  
Transaction ID: PR1094198315318  
Amount of Each Receipt this Period: 15.00  
P/R Deduction (\$15.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Steven J Fuller

Mailing Address 6025 Bridge Garden Rd

City State Zip Code  
Knoxville TN 37912

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

Name of Employer Kindred Healthcare Inc. Occupation Dist Dir Clin Ops

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 10 / 15 / 2008  
Transaction ID: PR1094199715318  
Amount of Each Receipt this Period: 10.00  
P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 35.00

**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 / 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Joseph Wainscott		Date of Receipt
	Mailing Address 8918 Serpent Circle		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Indianapolis	IN	46236
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Kindred Healthcare Inc.		Occupation VP Finance-Central RegHSD	<b>Transaction ID:</b> PR1094199815318
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="525.00"/>	Amount of Each Receipt this Period <input type="text" value="25.00"/>
			P/R Deduction (\$25.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Martha S Rhoads		Date of Receipt
	Mailing Address 137 N. Cherry Street		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Greenville	KY	42345
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Kindred Healthcare Inc.		Occupation Dist Dir Clin Ops	<b>Transaction ID:</b> PR1094200015318
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="210.00"/>	Amount of Each Receipt this Period <input type="text" value="10.00"/>
			P/R Deduction (\$10.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) J. Harold Walker		Date of Receipt
	Mailing Address 429 Freedom Trail		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Sparta	TN	38583
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Kindred Healthcare Inc.		Occupation Dist Dir Operations II	<b>Transaction ID:</b> PR1094200115318
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="315.00"/>	Amount of Each Receipt this Period <input type="text" value="15.00"/>
			P/R Deduction (\$15.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="50.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 27 / 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Michael Comer	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 12 Lewis	<b>Transaction ID:</b> PR1094200415318
	City State Zip Code Irvine CA 92620	Amount of Each Receipt this Period 35.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Kindred Healthcare Inc. Occupation VP & CFO-West Group-HD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 735.00	P/R Deduction (\$35.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Billy Wilcox	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 10000 N. Eldridge Pkwy # 438	<b>Transaction ID:</b> PR1094200515318
	City State Zip Code Houston TX 77065	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Kindred Healthcare Inc. Occupation Sr CFO I Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 315.00	P/R Deduction (\$15.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Traci Shelton	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 2800 Nelson Way Apt. 506	<b>Transaction ID:</b> PR1094200615318
	City State Zip Code Santa Monica CA 90405	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	
	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 2700.00	P/R Deduction (\$150.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	215.00
<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 28 / 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Steven Monaghan		Date of Receipt
	Mailing Address 508 W. Melrose #7-A		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Chicago	IL	60657
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR1094200715318
Name of Employer Kindred Healthcare Inc.		Occupation Exec VP-West Grp-HD	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="1575.00"/>	<input type="text" value="55.00"/>
			P/R Deduction (\$55.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Laura Wills		Date of Receipt
	Mailing Address 5364 S Bellerive Lane		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Imperial	MO	63052
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR1094200915318
Name of Employer Kindred Healthcare Inc.		Occupation Executive Director I	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="210.00"/>	<input type="text" value="10.00"/>
			P/R Deduction (\$10.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Cynthia Smith		Date of Receipt
	Mailing Address 9N668 Bowes Bend Dr		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Elgin	IL	60124
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR1094201015318
Name of Employer Kindred Healthcare Inc.		Occupation Chief Exec Off II	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="210.00"/>	<input type="text" value="10.00"/>
			P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="75.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 29 / 79  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 959 Whetstone Way

City State Zip Code  
Louisville KY 40223

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

Name of Employer Kindred Healthcare Inc. Occupation VP Clin Ops-CentralRegHSD

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR1094201515318

Amount of Each Receipt this Period 15.00

P/R Deduction (\$15.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
John Miner

Mailing Address 4730 Dunnie Drive

City State Zip Code  
Tampa FL 33614

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

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

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR1094202115318

Amount of Each Receipt this Period 20.00

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

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

Mailing Address 300 Beach Dr. N.E.  
Unit 2301

City State Zip Code  
St. Petersburg FL 33701

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 ▼ 525.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR1094202415318

Amount of Each Receipt this Period 25.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 60.00

**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 / 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mary Craig		Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 18602 Camellia Estates Lane		<b>Transaction ID:</b> PR1094202615318
	City Cypress	State TX	Zip Code 77429
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Exec Off III	P/R Deduction (\$5.00 Bi-W- eekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Julie Feasel		Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 6211 Iroquios Ct.		<b>Transaction ID:</b> PR1094203015318
	City Odessa	State FL	Zip Code 33556
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
	Name of Employer Kindred Healthcare Inc.	Occupation Reg Dir Hosp Rehab-PRS	P/R Deduction (\$15.00 Bi- Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Charles D Doten		Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 7644 Harbour Blvd.		<b>Transaction ID:</b> PR1094203615318
	City Miramar	State FL	Zip Code 33023
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
	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 ▼ 400.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	45.00
<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 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Carol Cregan		Date of Receipt
	Mailing Address 2649 NE 26Th Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Ft Lauderdale	FL	33306
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR1094203715318
Name of Employer Kindred Healthcare Inc.		Occupation Grp Sr Dir Bus Dev-HD	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 210.00	<input type="text"/> 10.00
			P/R Deduction (\$10.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Timothy L Simpson		Date of Receipt
	Mailing Address 140 Pioneer Trail		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Green Cove Springs	FL	32043
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR1094204315318
Name of Employer Kindred Healthcare Inc.		Occupation Executive Director II	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 400.00	<input type="text"/> 20.00
			P/R Deduction (\$20.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) James D Thigpen		Date of Receipt
	Mailing Address 355 Woolsey Brooks		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Fayetteville	GA	30214
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR1094204615318
Name of Employer Kindred Healthcare Inc.		Occupation Dir Plant Ops	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 300.00	<input type="text"/> 15.00
			P/R Deduction (\$15.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 45.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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 / 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) E. Jane Jackson	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	Mailing Address 43171 Buttermere Terrace	<b>Transaction ID:</b> PR1094205115318
	City State Zip Code Ashburn VA 20147	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc.	Occupation Dir Bus Implement-HD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) James J Novak	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	Mailing Address 9680 Ridgewalk Court	<b>Transaction ID:</b> PR1094205315318
	City State Zip Code Davie FL 33328	Amount of Each Receipt this Period 42.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$42.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc.	Occupation Exec VP-East Grp-HD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 882.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Sally I Hoffmann	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	Mailing Address 13713 Rothman Tate Place	<b>Transaction ID:</b> PR1094205715318
	City State Zip Code Riverview FL 33579	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$15.00 Bi-Weekly)
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 ▼ 315.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	67.00
<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 33 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Christopher A Clements	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 3111 North Ocean Drive #1007	<b>Transaction ID:</b> PR1094206215318
	City State Zip Code Hollywood FL 33019	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$10.00 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation Administrator III Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Susan M Fortin	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 48 Half Moon Terrace	<b>Transaction ID:</b> PR1094208015318
	City State Zip Code Colchester VT 05446	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$5.00 Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation Dir Nursing II Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 205.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Elizabeth D Dubois	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 21 Harriman Road	<b>Transaction ID:</b> PR1094209415318
	City State Zip Code Hudson MA 01749	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$10.00 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation Reg Mgr Field Accting Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	45.00
<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 34 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Donna Kelsey		Date of Receipt
	Mailing Address 2075 E. Tivoli Hills Drive		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Draper	UT	84020
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR1094210115318
Name of Employer Kindred Healthcare Inc.		Occupation Sr VP-Pacific Reg-HSD	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="525.00"/>	<input type="text" value="25.00"/>
			P/R Deduction (\$25.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Katherine Davis		Date of Receipt
	Mailing Address 8419 Oxford Woods Court		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Louisville	KY	40222
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR1094210215318
Name of Employer Kindred Healthcare Inc.		Occupation Reg Dir Case Mgmt-HSD	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="315.00"/>	<input type="text" value="15.00"/>
			P/R Deduction (\$15.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Anita Tillery		Date of Receipt
	Mailing Address 2531 Rock Creek Drive		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Chesapeake	VA	23325
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR1094211015318
Name of Employer Kindred Healthcare Inc.		Occupation Area Executive Dir	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="400.00"/>	<input type="text" value="20.00"/>
			P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="60.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 35 / 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Anthony D Lacke	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 95 Caesar Chelor Dr	<b>Transaction ID:</b> PR1094212415318
	City State Zip Code Wrentham MA 02093	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	
	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 205.00	P/R Deduction (\$5.00 Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Donna M Nackers	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 1760 Waters Ferry Drive	<b>Transaction ID:</b> PR1094212515318
	City State Zip Code Lawrenceville GA 30043	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Kindred Healthcare Inc. Occupation Reg Mgr Operation Reimb Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 315.00	P/R Deduction (\$15.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Joseph F Weglarz	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 35 Farrington Ave	<b>Transaction ID:</b> PR1094212615318
	City State Zip Code Gloucester MA 01930	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Kindred Healthcare Inc. Occupation VP Finance-East Reg-HSD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 210.00	P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	40.00
<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 36 / 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Celeste M Bentley	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 4 Stuart Drive	<b>Transaction ID:</b> PR1094213315318
	City State Zip Code Barrington NH 03825	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Kindred Healthcare Inc. Occupation Dir Reimb-HSD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 315.00	P/R Deduction (\$15.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Debra Forman	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 12516 Wexton Lane	<b>Transaction ID:</b> PR1094213415318
	City State Zip Code Knoxville TN 37934	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Kindred Healthcare Inc. Occupation Reg Mgr Field Accting Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 210.00	P/R Deduction (\$10.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Lane M Bowen	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 680 South Fourth Ave	<b>Transaction ID:</b> PR1094213615318
	City State Zip Code Louisville KY 40202	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Kindred Healthcare Inc. Occupation Exec VP & President-HSD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 1050.00	P/R Deduction (\$50.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	75.00
<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 37 / 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Laurie A Roberto		Date of Receipt
	Mailing Address 217 Main Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 1 5 / 2 0 0 8
	City	State	Zip Code
	Lynnfield	MA	01940
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR1094213915318
Name of Employer Kindred Healthcare Inc.		Occupation Area Executive Dir	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 205.00	<input type="text"/> 10.00
			P/R Deduction (\$5.00 Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Michael W Beal		Date of Receipt
	Mailing Address 10 Glenwood Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 1 5 / 2 0 0 8
	City	State	Zip Code
	Windham	NH	03087
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR1094214115318
Name of Employer Kindred Healthcare Inc.		Occupation Sr VP-East Reg-HSD	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 420.00	<input type="text"/> 20.00
			P/R Deduction (\$20.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) John Getts		Date of Receipt
	Mailing Address 150 Evergreen Circle		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 1 5 / 2 0 0 8
	City	State	Zip Code
	Henniker	NH	03242
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR1094214615318
Name of Employer Kindred Healthcare Inc.		Occupation Area Executive Dir	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 205.00	<input type="text"/> 15.00
			P/R Deduction (\$5.00 Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 45.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 38 / 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) James Holcomb	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 317 30Th Avenue N.E.	<b>Transaction ID:</b> PR1094215115318
	City State Zip Code Great Falls MT 59404	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Kindred Healthcare Inc. Occupation Executive Dir III Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 210.00	P/R Deduction (\$10.00 Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Kelly G Snowball	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 4468 Forest Green Drive	<b>Transaction ID:</b> PR1094215715318
	City State Zip Code Ogden UT 84403	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	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) <input type="checkbox"/> Aggregate Year-to-Date 210.00	P/R Deduction (\$10.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Susan A Kesterson	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 2334 Heritage Dr	<b>Transaction ID:</b> PR1094216215318
	City State Zip Code Corona CA 92882	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Kindred Healthcare Inc. Occupation Reg Financial Ana Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 315.00	P/R Deduction (\$15.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	45.00
<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 39 / 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Sylvia Burton		Date of Receipt
	Mailing Address 433 S. Plantation		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Cookeville	TN	38506
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Kindred Healthcare Inc.		Occupation Executive Dir III	<b>Transaction ID:</b> PR1094217615318
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	Amount of Each Receipt this Period <input type="text" value="15.00"/>
			P/R Deduction (\$15.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Mark S Pfeifer		Date of Receipt
	Mailing Address 11014 Brave Ct.		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Indianapolis	IN	46236
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Kindred Healthcare Inc.		Occupation Reg Financial Ana	<b>Transaction ID:</b> PR1094218415318
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="280.00"/>	Amount of Each Receipt this Period <input type="text" value="20.00"/>
			P/R Deduction (\$20.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Donna Susan Dickerson		Date of Receipt
	Mailing Address 5283 Pryor Road		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Maryville	TN	37804
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Kindred Healthcare Inc.		Occupation Area Executive Dir	<b>Transaction ID:</b> PR1094220715318
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="210.00"/>	Amount of Each Receipt this Period <input type="text" value="20.00"/>
			P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="55.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 79  
(check only one)

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

**A.**

Full Name (Last, First, Middle Initial)  
Keith A Mandrell

Mailing Address 8813 Mallow Drive

City Knoxville State TN Zip Code 37922

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

Name of Employer Kindred Healthcare Inc. Occupation Executive Dir I

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2008

**Transaction ID:** PR1094221215318

Amount of Each Receipt this Period 20.00

P/R Deduction (\$10.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
James Tucker

Mailing Address P O Box 223

City Carthage State TN Zip Code 37030

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 10 / 15 / 2008

**Transaction ID:** PR1094222015318

Amount of Each Receipt this Period 20.00

P/R Deduction (\$10.00 Bi-Weekly)

**C.**

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

Mailing Address 100 Revere Crossing Ln.  
Apt. 107

City Cary State NC Zip Code 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 ▼ 420.00

Date of Receipt 10 / 15 / 2008

**Transaction ID:** PR1094222115318

Amount of Each Receipt this Period 20.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 60.00

**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 41 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Lena Demiles		Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 12 Pevwell Drive		<b>Transaction ID:</b> PR1094222315318
	City Saugus	State MA	Zip Code 01906
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
	Name of Employer Northeast Region	Occupation Dir Nursing II	P/R Deduction (\$5.00 Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 205.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Patricia Pruden Lennox		Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 11 Cider Mill Road		<b>Transaction ID:</b> PR1094222815318
	City Medway	State MA	Zip Code 02053
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Reg Dir Sales & MktngHSD	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 ▼ 420.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) James N. Rogers		Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 1002 Stonehouse Ridge Road		<b>Transaction ID:</b> PR1094224315318
	City Bardstown	State KY	Zip Code 40004
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Clin Sys Dev	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	45.00
<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: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 (check only one) <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	PAGE 42 / 79
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NAME OF COMMITTEE (In Full)  
Kindred Healthcare, Inc. PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Ronald D Long	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 148 Cheyenne Road	<b>Transaction ID:</b> PR1094224515318
	City State Zip Code Shelbyville KY 40065	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$15.00 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation Adm Dir Contract Admin	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Stephen F. Stoess	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 514 Locust Creek Blvd.	<b>Transaction ID:</b> PR1094224615318
	City State Zip Code Louisville KY 40245	Amount of Each Receipt this Period 23.40
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$23.40 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Telecommunications	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 491.40	

<b>C.</b>	Full Name (Last, First, Middle Initial) James E. Bell	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 14213 Aiken Road	<b>Transaction ID:</b> PR1094225015318
	City State Zip Code Louisville KY 40245	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$15.00 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Div Reimb-HD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	53.40
<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 43 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Randy E Johnson		Date of Receipt
	Mailing Address 5208 Grandlake		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	City	State	Zip Code
	Bellaire	TX	77401
	FEC ID number of contributing federal political committee.		Transaction ID: PR1094225615318
		Amount of Each Receipt this Period	<input type="text"/> 10.00
Name of Employer Kindred Healthcare Inc.		Occupation Chief Exec Off III	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 210.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Paul R. Eiseman		Date of Receipt
	Mailing Address 3714 Fringe Tree Place		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	City	State	Zip Code
	Louisville	KY	40241
	FEC ID number of contributing federal political committee.		Transaction ID: PR1094225815318
		Amount of Each Receipt this Period	<input type="text"/> 15.00
Name of Employer Kindred Healthcare Inc.		Occupation VP Bus Dev & Phys Rel-HD	P/R Deduction (\$15.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 315.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Catharine C Young		Date of Receipt
	Mailing Address 6303 Deep Creek Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	City	State	Zip Code
	Prospect	KY	40059
	FEC ID number of contributing federal political committee.		Transaction ID: PR1094228015318
		Amount of Each Receipt this Period	<input type="text"/> 15.00
Name of Employer Kindred Healthcare Inc.		Occupation VP & Employment Counsel	P/R Deduction (\$15.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 315.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 40.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 44 / 79</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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Mary W Miller</p> <p>Mailing Address 3611 Glenfield Court</p> <p>City State Zip Code Louisville KY 40241</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 Reg Dir Education-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;">210.00</span></p>	<p>Date of Receipt MM / DD / YYYY 10 / 15 / 2008</p> <p><b>Transaction ID:</b> PR1094228415318</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">10.00</span></p> <p>P/R Deduction (\$10.00 Bi-Weekly)</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Sharon Theresa McGuyer</p> <p>Mailing Address 22441 15Th Ave. So.</p> <p>City State Zip Code Des Moines WA 98198</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 Dir Nursing 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;">210.00</span></p>	<p>Date of Receipt MM / DD / YYYY 10 / 15 / 2008</p> <p><b>Transaction ID:</b> PR1094229015318</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">20.00</span></p> <p>P/R Deduction (\$10.00 Weekly)</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Charles K. Currens</p> <p>Mailing Address 7801 McCarthy Lane</p> <p>City State Zip Code Louisville KY 40222</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 Dir IS Prod Svcs</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;">420.00</span></p>	<p>Date of Receipt MM / DD / YYYY 10 / 15 / 2008</p> <p><b>Transaction ID:</b> PR1094229115318</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">20.00</span></p> <p>P/R Deduction (\$20.00 Bi-Weekly)</p>
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<p><b>SUBTOTAL</b> of Receipts This Page (optional) .....</p>	<p><span style="border: 1px solid black; padding: 2px;">50.00</span></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><span style="border: 1px solid black; padding: 2px;"> </span></p>

**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 45 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Gaylia Bond		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	Mailing Address 7015 Wooded Meadow Rd		<b>Transaction ID:</b> PR1094229715318
	City Louisville	State KY	Zip Code 40241
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP Human Resources-HD	P/R Deduction (\$30.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 630.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Keith Krein		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	Mailing Address 7212 Deer Ridge Rd		<b>Transaction ID:</b> PR1094229815318
	City Prospect	State KY	Zip Code 40059
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP & Chief Med Off-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 ▼ 420.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Patricia M McGillan		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	Mailing Address 510 Altagate Rd		<b>Transaction ID:</b> PR1094229915318
	City Louisville	State KY	Zip Code 40206
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Pat Saf & Reg Compl-HD	P/R Deduction (\$30.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 630.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	80.00
<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 46 / 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Barbara L Baylis		Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 7212 Deer Ridge Road		<b>Transaction ID:</b> PR1094230015318
	City Prospect	State KY	
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
	Name of Employer Kindred Healthcare Inc.		Occupation Sr VP Clin & Res Svcs-HSD
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 420.00 P/R Deduction (\$20.00 Bi-Weekly)	

<b>B.</b>	Full Name (Last, First, Middle Initial) Richard H Starke		Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 2404 Dundee Rd		<b>Transaction ID:</b> PR1094231515318
	City Louisville	State KY	
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
	Name of Employer Kindred Healthcare Inc.		Occupation Sr VP Rehab Svcs-PRS
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 420.00 P/R Deduction (\$20.00 Bi-Weekly)	

<b>C.</b>	Full Name (Last, First, Middle Initial) Thomas M Skirven		Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address Hc 67 Box 1301		<b>Transaction ID:</b> PR1094231715318
	City Enfield	State ME	
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 15.00
	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 ▼ 205.00 P/R Deduction (\$5.00 Weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	55.00
<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 47 / 79  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Pete Kalmey

Mailing Address 12480 NW 83rd. Court

City State Zip Code  
Parkland FL 33076

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	5	/	2	0	0	8

**Transaction ID:** PR1094232015318

Amount of Each Receipt this Period  
10.00

P/R Deduction (\$10.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
Mary J Yesue

Mailing Address P. O. Box 921

City State Zip Code  
York Harbor ME 03911

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

Name of Employer Kindred Healthcare Inc. Occupation Dist Dir Clin Ops

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	5	/	2	0	0	8

**Transaction ID:** PR1094232115318

Amount of Each Receipt this Period  
15.00

P/R Deduction (\$15.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
Janet L Worcester

Mailing Address 24 Saratoga Avenue

City State Zip Code  
Bangor ME 04401

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

Name of Employer Kindred Healthcare Inc. Occupation Dist Dir Clin Ops

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	5	/	2	0	0	8

**Transaction ID:** PR1094232215318

Amount of Each Receipt this Period  
10.00

P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **35.00**

**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 48 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Bonnie Deyo

Mailing Address 259 Sweetwater

City Lander State WY Zip Code 82520

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

Name of Employer Kindred Healthcare Inc. Occupation Executive Dir I

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 10 / 15 / 2008  
**Transaction ID:** PR1094233315318  
 Amount of Each Receipt this Period: 20.00  
 P/R Deduction (\$10.00 Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Edward J Goddard

Mailing Address 32 Peters Lane

City Wrentham State MA Zip Code 02093

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

Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Labor Rel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt: 10 / 15 / 2008  
**Transaction ID:** PR1094233515318  
 Amount of Each Receipt this Period: 20.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Cynthia Swisher

Mailing Address 20152 Marie Court

City Noblesville State IN Zip Code 46062

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

Name of Employer Kindred Healthcare Occupation Dist Dir Sales Dev

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 10 / 15 / 2008  
**Transaction ID:** PR1094233615318  
 Amount of Each Receipt this Period: 10.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 50.00

**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 49 / 79  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Jeffrey F Lockett  
Mailing Address 7701 Kendrick Crossing Lane  
City State Zip Code  
Louisville KY 40291  
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 ▼ 462.00  
Date of Receipt 10 / 15 / 2008  
Transaction ID: PR1094234415318  
Amount of Each Receipt this Period 22.00  
P/R Deduction (\$22.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Janet Biedron  
Mailing Address 226 3rd Street  
City State Zip Code  
Dunellen NJ 08812  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Chief Exec Off I  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00  
Date of Receipt 10 / 15 / 2008  
Transaction ID: PR1094234615318  
Amount of Each Receipt this Period 10.00  
P/R Deduction (\$10.00 Bi-Weekly)

**C.** 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 ▼ 420.00  
Date of Receipt 10 / 15 / 2008  
Transaction ID: PR1094235215318  
Amount of Each Receipt this Period 20.00  
P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 52.00  
**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 50 / 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Tamila Johnson-White	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	Mailing Address 2615 Zhale Smith Rd.	<b>Transaction ID:</b> PR1094235415318
	City State Zip Code LaGrange KY 40031	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation Dir Case Mgmt-HSD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Lester Bohnert	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	Mailing Address 2259 N. Pennsylvania Street	<b>Transaction ID:</b> PR1094235715318
	City State Zip Code Indianapolis IN 46205	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation Dist Dir Operations I	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Georgia Poole	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	Mailing Address 49 Walnut Hill Road	<b>Transaction ID:</b> PR1094236215318
	City State Zip Code Shapleigh ME 04076	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$5.00 Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation Dir Nursing I	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 205.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	45.00
<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 51 / 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Douglas Roth		Date of Receipt
	Mailing Address 9891 Heytesbery		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Sandy	UT	84092
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Kindred Healthcare Inc.		Occupation VP Finance-Pacific RegHSD	<b>Transaction ID:</b> PR1094237315318
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="840.00"/>	Amount of Each Receipt this Period <input type="text" value="40.00"/>
			P/R Deduction (\$40.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Barbara Johnson		Date of Receipt
	Mailing Address 8923 Bluff Lane		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Fair Oaks	CA	95628
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Kindred Healthcare Inc.		Occupation Dist Dir Case Mgmt	<b>Transaction ID:</b> PR1094238315318
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="210.00"/>	Amount of Each Receipt this Period <input type="text" value="10.00"/>
			P/R Deduction (\$10.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Henry F. Telfeian		Date of Receipt
	Mailing Address 1247 Alvarado Road		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Berkeley	CA	94705
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Kindred Healthcare Inc.		Occupation Labor Rel Counsel	<b>Transaction ID:</b> PR1094239815318
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="210.00"/>	Amount of Each Receipt this Period <input type="text" value="10.00"/>
			P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="60.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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 52 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Randall Fuller		Date of Receipt
	Mailing Address 3021 Forest Lake		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 1 5 / 2 0 0 8
	City	State	Zip Code
	Las Vegas	NV	89117
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR1094240715318
Name of Employer Kindred Healthcare Inc.		Occupation Executive Dir I	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00	<input type="text"/> 20.00
			P/R Deduction (\$10.00 Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Douglas T Collins		Date of Receipt
	Mailing Address 3703 River Bluff Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 1 5 / 2 0 0 8
	City	State	Zip Code
	Prospect	KY	40059
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR1094241215318
Name of Employer Kindred Healthcare Inc.		Occupation Dir Fin Sys-HSD	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 420.00	<input type="text"/> 20.00
			P/R Deduction (\$20.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Linda L Newberry-Ferguson		Date of Receipt
	Mailing Address 11310 Haleco Lane		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 1 5 / 2 0 0 8
	City	State	Zip Code
	Hales Corners	WI	53130
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR1094241915318
Name of Employer Kindred Healthcare Inc.		Occupation Chief Exec Off II	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00	<input type="text"/> 40.00
			P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 80.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 53 / 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Amanda G Estes		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	Mailing Address 680 S. Fourth Street		<b>Transaction ID:</b> PR1094242315318
	City Louisville	State KY	Zip Code 40202
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
	Name of Employer Kindred Healthcare Inc.	Occupation Mgr Internal Audit	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Susan Cote		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	Mailing Address 24 Adams Court		<b>Transaction ID:</b> PR1094242415318
	City Brewer	State ME	Zip Code 04412
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
	Name of Employer Kindred Healthcare Inc.	Occupation Reg Mgr Field Accting	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Wendy S Swisher		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	Mailing Address 5012 Four Leaf Ct		<b>Transaction ID:</b> PR1094242715318
	City Greenville	State IN	Zip Code 47124
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP HR & Leadership Dev	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	30.00
<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 54 / 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Gregory C. Miller		Date of Receipt
	Mailing Address 8000 Allielough Court		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Prospect	KY	40059
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Kindred Healthcare Inc.		Occupation Sr VP Dev & Fin Plan	<b>Transaction ID:</b> PR1094242815318
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="840.00"/>	Amount of Each Receipt this Period <input type="text" value="40.00"/>
			P/R Deduction (\$40.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Elvin D. Alsaybar		Date of Receipt
	Mailing Address 742 White Rock Trail		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Suwanee	GA	30074
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Kindred Healthcare Inc.		Occupation Reg Dir Field Accting-HSD	<b>Transaction ID:</b> PR1094242915318
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="210.00"/>	Amount of Each Receipt this Period <input type="text" value="10.00"/>
			P/R Deduction (\$10.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Diana Hanyak		Date of Receipt
	Mailing Address 17057 Rosebud Dr.		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Yorba Linda	CA	92886
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Kindred Healthcare Inc.		Occupation Administrator II	<b>Transaction ID:</b> PR1094243415318
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	Amount of Each Receipt this Period <input type="text" value="15.00"/>
			P/R Deduction (\$15.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="65.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 55 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Philip L. Jones		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	Mailing Address 702 Helmsdale Place N.		<b>Transaction ID:</b> PR1094243515318
	City Brentwood	State TN	Zip Code 37027
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Fin Off I	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 ▼ 400.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Myrna Calatan-Danggol		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	Mailing Address 763 S. Lassen Court		<b>Transaction ID:</b> PR1094244515318
	City Anaheim	State CA	Zip Code 92804
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Nursing SNF-SNU	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) James Lee		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	Mailing Address 880 Meridian Bay Lane Apt#318		<b>Transaction ID:</b> PR1094245415318
	City Foster City	State CA	Zip Code 94404
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir II	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 ▼ 210.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	50.00
<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 56 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Jerome J. Yarnish		Date of Receipt
	Mailing Address 215 Sheffield Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	City	State	Zip Code
	Birmingham	AL	35242
	FEC ID number of contributing federal political committee.		Transaction ID: PR1094245615318
		Amount of Each Receipt this Period	
		<input type="text"/> 15.00	
Name of Employer Kindred Healthcare Inc.		Occupation VP Business Dev-PRS	P/R Deduction (\$15.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 315.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Sandra J Whitley		Date of Receipt
	Mailing Address 5203 Brookwood Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	City	State	Zip Code
	Crestwood	KY	40014
	FEC ID number of contributing federal political committee.		Transaction ID: PR1094245815318
		Amount of Each Receipt this Period	
		<input type="text"/> 10.00	
Name of Employer Kindred Healthcare Inc.		Occupation Mgr Reimb	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 210.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Raymond J Sierpina		Date of Receipt
	Mailing Address 14 Westwind Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	City	State	Zip Code
	Louisville	KY	40207
	FEC ID number of contributing federal political committee.		Transaction ID: PR1094246615318
		Amount of Each Receipt this Period	
		<input type="text"/> 50.00	
Name of Employer Kindred Healthcare Inc.		Occupation VP Public Pol &GovtAffair	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 ▼ <input type="text"/> 1030.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 75.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



# 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 57 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Steven Tanner	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 6622 Rosebud Lane	<b>Transaction ID:</b> PR1094246815318
	City State Zip Code Indianapolis IN 46237	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 Executive Dir III Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 420.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mark A Bush	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 6208 Tiara Court	<b>Transaction ID:</b> PR1094247115318
	City State Zip Code Louisville KY 40219	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$15.00 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation Dir Fin Program Dev Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 315.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Thomas Wood	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 2949 Glascocock Street	<b>Transaction ID:</b> PR1094247215318
	City State Zip Code Oakland CA 94601	Amount of Each Receipt this Period 65.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$65.00 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation Sr Dist Dir Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 1365.00	

<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: (check only one)	PAGE 58 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Gwynn Rucker		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	Mailing Address 15106 59th Place NE		<b>Transaction ID:</b> PR1094247815318
	City Kenmore	State WA	Zip Code 98028
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
	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 ▼ 525.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Loretta Crane		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	Mailing Address 11685 Casper Road		<b>Transaction ID:</b> PR1094248515318
	City Sandy	State UT	Zip Code 84092
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir Clin Ops	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Kristie A Frock		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	Mailing Address 680 S. Fourth Street		<b>Transaction ID:</b> PR1094249515318
	City Louisville	State KY	Zip Code 40202
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
	Name of Employer Kindred Healthcare Inc.	Occupation Field Dir Util Compl	P/R Deduction (\$15.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	50.00
<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 59 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Larry J Green		Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 400 Dillman Spring Way NE		<b>Transaction ID:</b> PR1094249815318
	City Corydon	State IN	Zip Code 47112
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 18.00
	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 ▼ 378.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Sharon J Spittle		Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 26 Estes Street		<b>Transaction ID:</b> PR1094250015318
	City Ipswich	State MA	Zip Code 01938
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
	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 ▼ 410.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Mary Kathleen Owens		Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 12774 Whisper Wind Place		<b>Transaction ID:</b> PR1094250415318
	City Draper	State UT	Zip Code 84020
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 10.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Clin Ops-Pac Reg-HSD	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	58.00
<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 60 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Benjamin A Breier		Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 5400 Farm Ridge Lane		<b>Transaction ID:</b> PR1094250915318
	City Prospect	State KY	Zip Code 40059
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
	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 ▼ 420.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Kathleen C Paradowski		Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address P.O. Box 1332		<b>Transaction ID:</b> PR1135243815318
	City Crestwood	State KY	Zip Code 40014
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 10.00
	Name of Employer Kindred Healthcare Inc.	Occupation Clin Informaticist Cnslt	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Debra Degroot-Toth		Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 705 Deer Trace		<b>Transaction ID:</b> PR1135244515318
	City Bloomington	State IN	Zip Code 47401
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Rehab Mgr-OT	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	50.00
<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 61 / 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Steve Ross	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 35069 Roberts Lane	<b>Transaction ID:</b> PR1135252615318
	City State Zip Code St Helens OR 97051	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	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) <input type="checkbox"/> Aggregate Year-to-Date 420.00	P/R Deduction (\$20.00 Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Ronald G. Cadwell	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 3829 Belmont Ave.	<b>Transaction ID:</b> PR1135280715318
	City State Zip Code San Diego CA 92116	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	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) <input type="checkbox"/> Aggregate Year-to-Date 210.00	P/R Deduction (\$10.00 Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Josephine Litzemberger	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 11401 Dr. M.L.K. Jr. Street N. Apt 1201	<b>Transaction ID:</b> PR1135286915318
	City State Zip Code St Petersburg FL 33716	Amount of Each Receipt this Period 18.00
	FEC ID number of contributing federal political committee. C	
	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) <input type="checkbox"/> Aggregate Year-to-Date 378.00	P/R Deduction (\$18.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	78.00
<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 62 / 79  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Brian Rougeux

Mailing Address 39 Saint Raphael

City Laguna Niguel State CA Zip Code 92677

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 ▼ 210.00

Date of Receipt 10 / 15 / 2008

**Transaction ID:** PR1135287415318

Amount of Each Receipt this Period 10.00

P/R Deduction (\$10.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
David Boyd

Mailing Address 1910 N Rampart

City New Orleans State LA Zip Code 70116

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

Name of Employer Kindred Healthcare Inc. Occupation Dir Plant Ops

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2008

**Transaction ID:** PR1150399915318

Amount of Each Receipt this Period 20.00

P/R Deduction (\$10.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
Gregory T Hayden

Mailing Address 7207 Trail Ridge Court

City Louisville State KY Zip Code 40241

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

Name of Employer Kindred Healthcare Inc. Occupation Dir State Tax

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 15 / 2008

**Transaction ID:** PR1150400115318

Amount of Each Receipt this Period 15.00

P/R Deduction (\$15.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 45.00

**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 63 / 79  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Julie A Viers

Mailing Address 9508 Corinthian Dr

City State Zip Code  
Louisville KY 40299

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

Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Fin Reporting

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 10 / 15 / 2008

**Transaction ID:** PR1150400515318

Amount of Each Receipt this Period: 10.00

P/R Deduction (\$10.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
Rachael L Parker

Mailing Address 70 Birch Ridge Rd

City State Zip Code  
Westford VT 05494

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 ▼ 420.00

Date of Receipt: 10 / 15 / 2008

**Transaction ID:** PR1150411115318

Amount of Each Receipt this Period: 30.00

P/R Deduction (\$10.00 Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
Barbara Hutchison

Mailing Address 3750 Fujiyama Way

City State Zip Code  
Redding CA 96001

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: 10 / 15 / 2008

**Transaction ID:** PR1158557815318

Amount of Each Receipt this Period: 20.00

P/R Deduction (\$10.00 Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **60.00**

**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 64 / 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Pamela M Bresee	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 4155 SW 192nd Avenue	<b>Transaction ID:</b> PR1227852415318
	City Aloha State OR Zip Code 97007	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$15.00 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation Reg Financial Ana	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Nolan L Hoffer	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 757 W Hartack	<b>Transaction ID:</b> PR1227853415318
	City Meridian State ID Zip Code 83642	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$10.00 Bi-Weekly)
	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 ▼ 210.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Larry Livengood	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 1219 Pilot Lane	<b>Transaction ID:</b> PR1267996715318
	City Galveston State TX Zip Code 77554	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$10.00 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation Area Dir HR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	35.00
<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 65 / 79  
(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)  
Ellen K Taylor-White

Mailing Address 6411 Graydon Road

City State Zip Code  
Rockford IL 61109

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

Name of Employer Kindred Healthcare Inc. Occupation Adm Mgr Reg Loss Prevent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 10 / 15 / 2008  
Transaction ID: PR1267997815318  
Amount of Each Receipt this Period: 10.00  
P/R Deduction (\$10.00 Bi-Weekly)

**B.** 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 ▼ 1050.00

Date of Receipt: 10 / 15 / 2008  
Transaction ID: PR1267998115318  
Amount of Each Receipt this Period: 50.00  
P/R Deduction (\$50.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Catherine Nurmela

Mailing Address 1409 W. Elmdale

City State Zip Code  
Chicago IL 60660

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt: 10 / 15 / 2008  
Transaction ID: PR1267998415318  
Amount of Each Receipt this Period: 30.00  
P/R Deduction (\$15.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 90.00

**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 66 / 79  
(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)  
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 ▼ 420.00

Date of Receipt: 10 / 15 / 2008  
Transaction ID: PR1281185315318  
Amount of Each Receipt this Period: 20.00  
P/R Deduction (\$20.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Diane L. Otteman

Mailing Address 40 East Cedar Apt. #21A

City State Zip Code  
Chicago IL 60611

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 ▼ 315.00

Date of Receipt: 10 / 15 / 2008  
Transaction ID: PR1300206415318  
Amount of Each Receipt this Period: 30.00  
P/R Deduction (\$15.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Jane Mathews

Mailing Address 464 E. Cynthia Way

City State Zip Code  
North Salt Lake UT 84054

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

Name of Employer Kindred Healthcare Inc. Occupation Reg Dir HR-HSD

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 10 / 15 / 2008  
Transaction ID: PR1300207315318  
Amount of Each Receipt this Period: 10.00  
P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 60.00

**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 67 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Rita D Simmons		Date of Receipt
	Mailing Address 200 Franck Avenue		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 1 5 / 2 0 0 8
	City	State	Zip Code
	Louisville	KY	40206
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Kindred Healthcare Inc.		Occupation Sr Dir Ops Risk Mgmt	<b>Transaction ID:</b> PR1333437015318
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 336.00	Amount of Each Receipt this Period <input type="text"/> 16.00
P/R Deduction (\$16.00 Bi-Weekly)			

<b>B.</b>	Full Name (Last, First, Middle Initial) Bobby G. Muse Jr.		Date of Receipt
	Mailing Address 4514 Oak Pointe Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 1 5 / 2 0 0 8
	City	State	Zip Code
	Louisville	KY	40245
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Kindred Healthcare Inc.		Occupation Dir Rec Mgmt & Bus Contin	<b>Transaction ID:</b> PR1333437115318
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 210.00	Amount of Each Receipt this Period <input type="text"/> 10.00
P/R Deduction (\$10.00 Bi-Weekly)			

<b>C.</b>	Full Name (Last, First, Middle Initial) Mark D. Johnson		Date of Receipt
	Mailing Address 3011 Springcrest Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 1 5 / 2 0 0 8
	City	State	Zip Code
	Louisville	KY	40241
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Kindred Healthcare Inc.		Occupation Mgr Desktop Supp	<b>Transaction ID:</b> PR1336786715318
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 315.00	Amount of Each Receipt this Period <input type="text"/> 15.00
P/R Deduction (\$15.00 Bi-Weekly)			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 41.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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 68 / 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Charlotte K Nelson		Date of Receipt
	Mailing Address 98 Cumberland Gate		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Smyrna	GA	30080
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Kindred Healthcare Inc.		Occupation Dist Dir Operations I	<b>Transaction ID:</b> PR1336786815318
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="210.00"/>	Amount of Each Receipt this Period <input type="text" value="10.00"/>
			P/R Deduction (\$10.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Ann Bumb		Date of Receipt
	Mailing Address 9301 S. Mitthoeffer Road		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Indianapolis	IN	46259
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Kindred Healthcare Inc.		Occupation Dir Quality Mgmt	<b>Transaction ID:</b> PR1336786915318
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="315.00"/>	Amount of Each Receipt this Period <input type="text" value="30.00"/>
			P/R Deduction (\$15.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Patrick Herm		Date of Receipt
	Mailing Address 1313 St Anthony Place Suite 5E		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Louisville	KY	40204
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Kindred Healthcare Inc		Occupation Reg Financial Ana	<b>Transaction ID:</b> PR1336787115318
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="315.00"/>	Amount of Each Receipt this Period <input type="text" value="15.00"/>
			P/R Deduction (\$15.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="55.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 69 / 79  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Lisa J Schmidt

Mailing Address 7840 Broad Run Road

City State Zip Code  
Louisville KY 40291

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

Name of Employer Kindred Healthcare Inc. Occupation Mgr Patient Accting Sys

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 10 / 15 / 2008  
Transaction ID: PR1346288215318  
Amount of Each Receipt this Period: 10.00  
P/R Deduction (\$10.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Ross A Johnson

Mailing Address 5221 Moccasin Trail

City State Zip Code  
Louisville KY 40207

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

Name of Employer Kindred Healthcare Inc. Occupation VP Recruiting-PRS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt: 10 / 15 / 2008  
Transaction ID: PR1359729015318  
Amount of Each Receipt this Period: 25.00  
P/R Deduction (\$25.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Steven M Ager

Mailing Address 310 McCready Avenue

City State Zip Code  
Louisville KY 40206

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 10 / 15 / 2008  
Transaction ID: PR1394176915318  
Amount of Each Receipt this Period: 10.00  
P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 45.00

**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 70 / 79  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
James C Hansen

Mailing Address 1944 South 275 East

City State Zip Code  
Clearfield UT 84015

FEC ID number of contributing federal political committee. C

Name of Employer Kindred Healthcare Inc. Occupation Reg Mgr Operation Reimb

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt M M / D D / Y Y Y Y  
10 / 15 / 2008

**Transaction ID:** PR1394177115318

Amount of Each Receipt this Period 15.00

P/R Deduction (\$15.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Mary D Van De Kamp

Mailing Address 251 Arbor Lane

City State Zip Code  
Green Bay WI 54301

FEC ID number of contributing federal political committee. C

Name of Employer Kindred Healthcare Inc. Occupation VP Clinical Rehab-PRS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt M M / D D / Y Y Y Y  
10 / 15 / 2008

**Transaction ID:** PR1408953115318

Amount of Each Receipt this Period 15.00

P/R Deduction (\$15.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Pamela A. Justice

Mailing Address 5912 Mercury Dr

City State Zip Code  
Louisville KY 40291

FEC ID number of contributing federal political committee. C

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt M M / D D / Y Y Y Y  
10 / 15 / 2008

**Transaction ID:** PR1408953215318

Amount of Each Receipt this Period 20.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... 50.00

**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 71 / 79
	<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) Meta Bonfadini	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 2717 Henderson Rd	<b>Transaction ID:</b> PR1408954015318
	City State Zip Code Redding CA 96002	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$10.00 Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation Dir Nursing II Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) William R. Fox	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 223 Impala Trace	<b>Transaction ID:</b> PR1421451015318
	City State Zip Code San Antonio TX 78258	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$15.00 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation Executive Director II Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Deborah A Foushee	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 1106 Indiana Ave.	<b>Transaction ID:</b> PR1425258815318
	City State Zip Code New Albany IN 47150	Amount of Each Receipt this Period 16.00
	FEC ID number of contributing federal political committee. <b>C</b>	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 ▼ 336.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>51.00</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: (check only one)	PAGE 72 / 79
	<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) Thomas Sullivan	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 467 Mendon Road	<b>Transaction ID:</b> PR1493281115318
	City State Zip Code Northbridge MA 01534	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Kindred Healthcare Occupation Area Executive Dir Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 410.00	P/R Deduction (\$10.00 Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Tom Spencer	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 8001 Saddle Oak Drive	<b>Transaction ID:</b> PR1493281315318
	City State Zip Code Arlington TX 76001	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	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 ▼ 210.00	P/R Deduction (\$10.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Leah Laffey	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 801 Elm Spring Rd.	<b>Transaction ID:</b> PR1493281415318
	City State Zip Code Pittsburgh PA 15243	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Kindred Healthcare Inc. Occupation Administrator III Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00	P/R Deduction (\$15.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	65.00
<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 73 / 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Michelle Estes		Date of Receipt
	Mailing Address 402 Beechwood Drive		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Greenfield	IN	46140
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Kindred Healthcare Inc.		Occupation Dist Dir Clin Ops	Transaction ID: PR1493281515318
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="210.00"/>	
		Amount of Each Receipt this Period <input type="text" value="10.00"/>	
		P/R Deduction (\$10.00 Bi-Weekly)	

<b>B.</b>	Full Name (Last, First, Middle Initial) Patricia Blackstun		Date of Receipt
	Mailing Address 401 N Timberline Road #271		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Fort Collins	CO	80524
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Brighton Care Center		Occupation Executive Dir II	Transaction ID: PR1503295415318
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="210.00"/>	
		Amount of Each Receipt this Period <input type="text" value="20.00"/>	
		P/R Deduction (\$10.00 Weekly)	

<b>C.</b>	Full Name (Last, First, Middle Initial) Jeff Barbieri		Date of Receipt
	Mailing Address 3823 Creek Mont		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Medford	OR	97504
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Kindred Healthcare Inc.		Occupation Executive Dir II	Transaction ID: PR1503295615318
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="330.00"/>	
		Amount of Each Receipt this Period <input type="text" value="30.00"/>	
		P/R Deduction (\$15.00 Weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="60.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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 74 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) David Hicks		Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 5403 Rosalind Ave.		<b>Transaction ID:</b> PR1503295715318
	City El Cerrito	State CA	Zip Code 94530
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir III	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Katherine W Gilchrist		Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 1668 Victory Court		<b>Transaction ID:</b> PR1524244415318
	City Prospect	State KY	Zip Code 40059
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP Finance-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 ▼ 420.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Juanita D Potts		Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 1712 Penile Road		<b>Transaction ID:</b> PR1541444215318
	City Louisville	State KY	Zip Code 40272
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Casualty Insurance	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	50.00
<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 75 / 79  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
George H Schaefer  
Mailing Address 645 Ulverston Dr.  
City Columbus State OH Zip Code 43230  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation VP Sales & Marketing-HSD  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 420.00  
Date of Receipt 10 / 15 / 2008  
Transaction ID: PR1541444315318  
Amount of Each Receipt this Period 20.00  
P/R Deduction (\$20.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
David Culbreth  
Mailing Address 2823 Regatta Drive  
City Oakland State CA Zip Code 94601  
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 ▼ 420.00  
Date of Receipt 10 / 15 / 2008  
Transaction ID: PR1559851815318  
Amount of Each Receipt this Period 20.00  
P/R Deduction (\$20.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Linda Larson  
Mailing Address 30021 51st Court S  
City Auburn State WA Zip Code 98001  
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 ▼ 420.00  
Date of Receipt 10 / 15 / 2008  
Transaction ID: PR1559851915318  
Amount of Each Receipt this Period 40.00  
P/R Deduction (\$20.00 Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 80.00  
**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 76 / 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Judith Royce		Date of Receipt
	Mailing Address 5202 Hilltop Rd		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Everett	WA	98203
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Kindred Healthcare Inc.		Occupation Dist Dir Clin Ops	<b>Transaction ID:</b> PR1559852015318
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="210.00"/>	Amount of Each Receipt this Period <input type="text" value="10.00"/>
P/R Deduction (\$10.00 Bi-Weekly)			

<b>B.</b>	Full Name (Last, First, Middle Initial) Suzanne J Petrimoulx		Date of Receipt
	Mailing Address 23499 Greenleaf Blvd.		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Elkhart	IN	46514
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Kindred Healthcare Inc.		Occupation Dist Dir HR	<b>Transaction ID:</b> PR1570565015318
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="270.00"/>	Amount of Each Receipt this Period <input type="text" value="15.00"/>
P/R Deduction (\$15.00 Bi-Weekly)			

<b>C.</b>	Full Name (Last, First, Middle Initial) Christopher Murphy		Date of Receipt
	Mailing Address 35 Woodbury Street		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Gloucester	MA	01930
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Kindred Healthcare Inc.		Occupation VP Ops-East Reg-HSD	<b>Transaction ID:</b> PR1582894515318
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="240.00"/>	Amount of Each Receipt this Period <input type="text" value="15.00"/>
P/R Deduction (\$15.00 Bi-Weekly)			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="40.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 77 / 79

(check only one)

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

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

**A.**

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

Mailing Address 10411 Loving Trail Drive

City State Zip Code  
Frisco TX 75035

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

Name of Employer Kindred Healthcare, Inc. Occupation VP & CCO-East Group-HD

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 700.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

Transaction ID: PR1618127515318

Amount of Each Receipt this Period

100.00

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

**B.**

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

Mailing Address 670 La Contenta Drive

City State Zip Code  
Valley Springs CA 95252-9327

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 ▼ 210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

Transaction ID: PR1618128715318

Amount of Each Receipt this Period

35.00

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

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

135.00

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

4905.67

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Udall For Colorado	Transaction ID: 26543867 Date of Disbursement
	Mailing Address PO Box 40158	<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2008"/>
	City Denver State CO Zip Code 80204	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="2500.00"/>
	Candidate Name Rep. Mark Udall	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 02	Contribution
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Bob Schaffer For US Senate	Transaction ID: 26543962 Date of Disbursement
	Mailing Address PO Box 102135	<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2008"/>
	City Denver State CO Zip Code 80250	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="2500.00"/>
	Candidate Name Mr. Robert Schaffer	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District:	Contribution
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) .....	<input type="text" value="5000.00"/>
TOTAL This Period (last page this line number only) .....	<input type="text" value="5000.00"/>

**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 79 / 79

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

**A.**

Full Name (Last, First, Middle Initial)  
Committee to Re-elect Brad Dee

**Transaction ID:** 26544088

Date of Disbursement

Mailing Address 111 W 5600 S

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

City Ogden State UT Zip Code 84405

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name  
UT Rep. Brad Dee

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Contribution

State: UT District: 11

**B.**

Full Name (Last, First, Middle Initial)  
Adam Hasner Campaign Account

**Transaction ID:** 26544181

Date of Disbursement

Mailing Address P.O. Box 272669

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

City Boca Raton State FL Zip Code 33427

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name  
FL Rep. Adam Hasner

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Contribution

State: FL District: 87

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

1000.00
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**TOTAL** This Period (last page this line number only) ..... ►

1000.00
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