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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines Kindred Healthcare, Inc. PAC 680 S. Fourth St. ADDRESS (number and street) Check if different than previously Louisville ΚY 40202 reported. (ACC) FEC IDENTIFICATION NUMBER STATE A ZIPCODE A CITY A IS THIS NEW **AMENDED** C00242271 Х REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12S) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 23 2010 12 3 1 2010 1 1 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Hank Robinson Type or Print Name of Treasurer Electronically Filed by Hank Robinson 0 1 14 2011 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

2/72

Write or Type Committee Name Kindred Healthcare, Inc. PAC

FEC Form 3X (Rev. 02/2003)

" D 11 23 2010 12 31 2010 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2010° 35053.91 January 1 (b) Cash on Hand at 59944.22 Begining of Reporting Period 21311.00 182222.60 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 81255.22 217276.51 6(a) and 6(c) for Column B) 10000.00 146021.29 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 71255.22 71255.22 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D)

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

For further information contact:

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

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

FE6AN026

DETAILED SUMMARY PAGE OF RECEIPTS

3 / 72 FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name Kindred Healthcare, Inc. PAC

Report Covering the Period:

From:

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^Y 2 0 1 0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From: (a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	19500.50	126690.40
(ii) Unitemized	1810.50	54532.20
(iii) TOTAL (add Lines 11(a)(i) and (ii)	21311.00	181222.60
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) (d) Total Contributions (add Lines	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	21311.00	181222.60
. Transfers From Affiliated/Other Party Committees	0.00	0.00
. All Loans Received	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
to Federal candidates and Other Political Committees	0.00	1000.00
Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
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
Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	21311.00	182222.60
Total Federal Receipts (subtract Line 18(c) from Line 19)	21311.00	182222.60

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 72

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	0.00	221.29
	Expenditures(c) Total Operating Expenditures	0.00	221.23
	(add 21(a)(i), (a)(ii) and (b))	0.00	221.29
22.	Transfers to Affiliated/Other Party	0.00	0.00
23.	Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	10000.00	140000.00
24.	Independent Expenditure	0.00	0.00
25.	(use Schedule E)	0.00	0.00
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26.	Loan Repayments Made	0.00	0.00
7	Loans Made	0.00	0.00
	Refunds of Contributions To:	0.00	0.00
	(a) Individuals/Persons Other Than Political Committees	0.00	800.00
	(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	800.00
	(add Lines 20(a), (b), and (c))		
29.	Other Disbursements	0.00	5000.00
30.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share		
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	3.00
31.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	10000.00	146021.29
32.	Total Federal Disbursements		
•	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	10000.00	146021.29

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 72

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) Line 11(d), page 3)	21311.00	181222.60
 Contribution Refunds Line 28(d))	0.00	800.00
Contributions (other than loans) tract Line 34 from Line 33)	21311.00	180422.60
Federal Operating Expenditures Line 21(a)(i) and Line 21(b))	0.00	221.29
ets to Operating Expenditures Line 15, page 3)	0.00	0.00
Operating Expenditures ract Line 37 from Line 36)	0.00	221.29

FE6AN026

A.

В.

C.

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 / 72
ITEMIZED RECEIPTS		for each category of the	(check only one)
TI EMIZED RESENT TO		Detailed Summary Page	X 11a 11b 11c 12
Any information copied from such Reports and S	Statements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or for commercial purposes, other than using the	e name and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
Kindred Healthcare, Inc. PAC			
Full Name (Last, First, Middle Initial) Joel Ackerman			Date of Receipt
Mailing Address 255 W. 88th Street, A	pt. 9B		1 2 1 7 2 0 1 0
City	State	Zip Code	Transaction ID: 38060437
New York	NY	10024-1718	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		5000.00
Name of Employer Kindred Healthcare Inc.	Occupatio Board of	n Directors	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify)		5000.00	
case (opens), \			¹
Full Name (Last, First, Middle Initial) Sean R Muldoon	•		Date of Receipt
Mailing Address 239 Fairfax Avenue			11 30 7 9 9 9
City	State	Zip Code	Transaction ID: 38112658
<u>Louisville</u>	KY	40207	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Kindred Healthcare Inc.	Occupatio Sr VP &	n Chief Med Off-HD	
Receipt For:	Aggregate	Year-to-Date ▼	7
Primary General		2725.00	
Other (specify)	0 0	2725.00	
Full Name (Last, First, Middle Initial) John R Stephenson II			Date of Receipt
Mailing Address 1111 Cliffwood Drive			M M / D D / Y Y Y Y
			12 31 2010
City	State	Zip Code	Transaction ID: PR1094170121169
Goshen	KY	40026	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer Kindred Healthcare Inc.	Occupatio Dir Fac N		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		260.00	P/R Deduction (\$10.00 Bi- Weekly)
Curior (specify)		0 0 0 0 0 0 0	1.35kg/
SUBTOTAL of Receipts This Page (optional)	1		6030.00
ODDIVIAL OF THECEIPES THIS Page (Optional)		······	

TOTAL This Period (last page this line number only)

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7/72 (check only one) X 11a 11b 11c 12 13 14 15 16 1
A 0	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may not be sold or used by any perse name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
	Full Name (Last, First, Middle Initial) Teresa S Anderson		Date of Receipt
	Mailing Address 7115 Coachwood Driv		12 31 2010
	City Georgetown	State Zip Code IN 47122	Transaction ID: PR1094183721169 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	60.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Fin Sys Dev	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Edward L Kuntz		Date of Receipt
	Mailing Address 8807 Stable Crest Box	ulevard	12 31 2010
	City	State Zip Code	Transaction ID: PR1094183921169
	Houston FEC ID number of contributing	TX 77024	Amount of Each Receipt this Period 300.00
	federal political committee.	Occupation	
	Name of Employer Kindred Healthcare Inc.	Chairman of the BOD	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2600.00	P/R Deduction (\$100.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) David R Windhorst	Date of Receipt	
	Mailing Address 2000 Spring Farms Re	oad	1 2 3 1 2 0 1 0
	City	State Zip Code	Transaction ID: PR1094185021169
	FIOVE FIOUR FEC ID number of contributing federal political committee.	IN 47119	Amount of Each Receipt this Period 120.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Financial Sys Dev	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1040.00	P/R Deduction (\$40.00 Bi- Weekly)
Γ	SUBTOTAL of Receipts This Page (optional) .	1	480.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 72 (check only one) X
A C	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
	Full Name (Last, First, Middle Initial) Lawrence I Wolf			Date of Receipt
	Mailing Address 4826 N Winthrop Ave	#3S		12 31 YYYYY 12010
	City Chicago	State IL	Zip Code 60640	Transaction ID: PR1094185121169 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer Kindred Healthcare Inc.	Occupation Health In	n fo Tech Strateg	
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 520.00	P/R Deduction (\$20.00 Bi- Weekly)
. –	Full Name (Last, First, Middle Initial) Mary Jane Frappier-Neff			Date of Receipt
	Mailing Address 2883 Bellwind Circle			12 31 YYYY 12 31 2010
	City	State	Zip Code	Transaction ID: PR1094185221169
	Rockledge FEC ID number of contributing	FL	32955	Amount of Each Receipt this Period
	federal political committee.	C		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Re		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	260.00	P/R Deduction (\$10.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Katheryn J Markham	1		Date of Receipt
	Mailing Address 10602 Taylor Farm Ci	t		12 31 2010
	City	State	Zip Code	Transaction ID: PR1094185621169
	Prospect	KY	40059	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		135.00
	Name of Employer Kindred Healthcare Inc.	, '	anning&FieldSvcs	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1170.00	P/R Deduction (\$45.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional) .	•		225.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate sche for each category of Detailed Summary	of the
A	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used be name and address of any political co	y any person for the purpose of soliciting contributions ommittee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
	Full Name (Last, First, Middle Initial) Dan McReynolds		Date of Receipt
	Mailing Address 7620 Beech Spring C	ourt	12 D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Louisville	State Zip Code KY 40241	Transaction ID: PR1094185721169 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Fin Sys Dev	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	P/R Deduction (\$10.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Catherine A Gooch	1	Date of Receipt
	Mailing Address 14516 Clear Meadow	Court	1 2 3 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: PR1094185921169
	Louisville	KY 40245	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	60.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Fin Sys Dev	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	53	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Patrick J Gillenwater		Date of Receipt
	Mailing Address 402 Erin Drive		1 2 3 1 2 0 1 0
	City	State Zip Code	Transaction ID: PR1094186421169
	<u>Jeffersonville</u>	IN 47130	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	52.50
	Name of Employer Kindred Healthcare Inc.	Occupation Dir IS Administration	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	P/R Deduction (\$17.50 Bi-Weekly)
Γ	SUBTOTAL of Receipts This Page (optional)	1	142.50

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 72 (check only one) X 11a
A 0	ny information copied from such Reports and r for commercial purposes, other than using th	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
. <u>/</u>	Full Name (Last, First, Middle Initial) Mona Euler		Date of Receipt
	Mailing Address 12568 Sandstone Rui		12 31 2010
	City Carmel	State Zip Code IN 46033	Transaction ID: PR1094186721169
	FEC ID number of contributing federal political committee.	C 40033	Amount of Each Receipt this Period 30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Exec Off I	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) William B Seibert		Date of Receipt
	Mailing Address 4706 Wolfcreek Pkwy		12 31 2010
	City	State Zip Code	Transaction ID: PR1094187421169
	Louisville	KY 40241	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	90.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Fin Sys Dev	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	780.00	P/R Deduction (\$30.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Deborah F Rickert		Date of Receipt
	Mailing Address 7003 Shallow Lake R	oad	12 31 YYYYY 12010
	City	State Zip Code	Transaction ID: PR1094187721169
	Prospect	KY 40059	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	75.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Fin Sys Dev	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 650.00	P/R Deduction (\$25.00 Bi- Weekly)
	NIDTOTAL of Descints This Daws (actional)		195.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	for each ca	ate schedule(s) tegory of the ımmary Page	FOR LINE NUMBER: PAGE 11 / 72 (check only one) X 11a 11b 11c 12 13 14 15 16 11
A 0	ny information copied from such Reports and S r for commercial purposes, other than using the	tatements may not be sold or name and address of any po	used by any person litical committee to s	for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
	Full Name (Last, First, Middle Initial) Charles Wardrip			Date of Receipt
	Mailing Address 2805 Chestnut Ridge			12 31 2010
	City	State Zip Code		Transaction ID: PR1094187921169
	Louisville FEC ID number of contributing	KY 40245	-	Amount of Each Receipt this Period
	federal political committee.		1	100.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP IS Ops & Telecon	ım	
	Receipt For:	Aggregate Year-to-Date	▼	1
	Primary General Other (specify) ▼		1000.00	P/R Deduction (\$35.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Stephen M Dobler			Date of Receipt
	Mailing Address 1106 Holly Springs Drive			12 31 2010
	City	State Zip Code		Transaction ID: PR1094188021169
	Louisville	KY 40242		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		135.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP IS Finance & Adm	nin	_
	Receipt For:	Aggregate Year-to-Date	▼	
	Primary General Other (specify) ▼		1170.00	P/R Deduction (\$45.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Terry Carrico			Date of Receipt
	Mailing Address 3011 Wolf Lair Court			1 2 3 1 2 0 1 0
	City	State Zip Code		Transaction ID: PR1094188221169
	New Albany	IN 47150		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	0 0	60.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Clin Systems [Dev	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date	520.00	P/R Deduction (\$20.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)	l		300.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 72 (check only one) X 11a 11b 11c 12 13 14 15 16 1
4	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may not be sold or used by any persename and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
	Full Name (Last, First, Middle Initial) Steven J Paynter		Date of Receipt
	Mailing Address 3105 Crestmoor Cour		12 31 2010
	City Prospect	State Zip Code KY 40059	Transaction ID: PR1094188421169 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	60.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Cnslt Tech Arch	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Kimberly Ann Beach		Date of Receipt
	Mailing Address 6615 Leland Drive		12 31 2010
	City	State Zip Code	Transaction ID: PR1094188621169
	Crestwood FEC ID number of contributing federal political committee.	KY 40014	Amount of Each Receipt this Period 30.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Operation Sys-HSD	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) William R Rhodes		Date of Receipt
	Mailing Address 11303 Vista Greens D	rive	12 31 2010
	City	State Zip Code	Transaction ID: PR1094188921169
	Louisville FEC ID number of contributing federal political committee.	KY 40241	Amount of Each Receipt this Period 30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Tech Cnslt	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi- Weekly)
Г	SUBTOTAL of Receipts This Page (optional)	1	120.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 72 (check only one) X
0	ny information copied from such Reports and s r for commercial purposes, other than using th	Statements may not be sold or used by any perse name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
	Full Name (Last, First, Middle Initial) Martin Ardron		Date of Receipt
	Mailing Address 41 La Sierra Dr.		12 31 2010
	City Phillips Ranch	State Zip Code CA 91766	Transaction ID: PR1094189121169 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	75.00
	Name of Employer Kindred Healthcare Inc.	Occupation Div VP Hosp Rehab-PRS	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 650.00	P/R Deduction (\$25.00 Bi-Weekly)
_	Full Name (Last, First, Middle Initial) Michael Metzger	1	Date of Receipt
	Mailing Address 129 Foley Rd		1 2 3 1 2 0 1 0
	City	State Zip Code	Transaction ID: PR1094189321169
	West Point FEC ID number of contributing federal political committee.	VA 23181	Amount of Each Receipt this Period 45.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Fin Off III	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 390.00	P/R Deduction (\$15.00 Bi-Weekly)
_	Full Name (Last, First, Middle Initial) Jan Turk	1	Date of Receipt
	Mailing Address 1314 Amelia St.		12 31 2010
	City	State Zip Code	Transaction ID: PR1094190021169
	New Orleans FEC ID number of contributing federal political committee.	LA 70115	Amount of Each Receipt this Period 60.00
	Name of Employer Kindred Healthcare Inc.	Occupation Resource CEO HD	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	P/R Deduction (\$20.00 Bi- Weekly)
Γ	SUBTOTAL of Receipts This Page (optional).		180.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 72 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any perso name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
Full Name (Last, First, Middle Initial) Larry Foster		Date of Receipt
Mailing Address 1134 W. Granville Ave Unit 815		12 31 2010
City <u>Chicago</u>	State Zip Code IL 60660	Transaction ID: PR1094190321169 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
Name of Employer Kindred Healthcare Inc.	Occupation Chief Exec Off III	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	P/R Deduction (\$25.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Jack Shapiro Mailing Address 22591 Covington Drive		Date of Receipt
		12 31 2010
City Deer Park	State Zip Code IL 60010	Transaction ID: PR1094190421169
FEC ID number of contributing federal political committee.	IL 60010	Amount of Each Receipt this Period 150.00
Name of Employer Kindred Healthcare Inc.	Occupation Division VP-HD	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	P/R Deduction (\$50.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Adrienne Lyons		Date of Receipt
Mailing Address 1220 North Oak Park A	Avenue	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: PR1094190521169
Oak Park FEC ID number of contributing federal political committee.	IL 60302	Amount of Each Receipt this Period 30.00
Name of Employer Kindred Healthcare Inc.	Occupation Reg SrDir Clinical Ops-HD	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)		255.00
TOTAL This Period (last page this line number	· · · · · · · · · · · · · · · · · · ·	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 72 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using the	Statements may not be sold or used by any personename and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
Full Name (Last, First, Middle Initial) Linda Mcquade		Date of Receipt
Mailing Address 4712 Sw 24 Ave		12 31 2010
City <u>Ft Lauderdale</u>	State Zip Code FL 33312	Transaction ID: PR1094191021169 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer Kindred Healthcare Inc.	Occupation Mgr Health Info Mgmt	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Theodore Welding		Date of Receipt
Mailing Address 2448 Middle River Dr		12 31 2010
City	State Zip Code FL 33305	Transaction ID: PR1094191321169
Ft. Lauderdale FEC ID number of contributing federal political committee.	FL 33305	Amount of Each Receipt this Period 75.00
Name of Employer Kindred Healthcare Inc.	Occupation Executive Director I	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	P/R Deduction (\$25.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Sean R Muldoon		Date of Receipt
Mailing Address 239 Fairfax Avenue		12 31 2010
City	State Zip Code	Transaction ID: PR1094192221169
Louisville FEC ID number of contributing federal political committee.	KY 40207	Amount of Each Receipt this Period 300.00
Name of Employer Kindred Healthcare Inc.	Occupation Sr VP & Chief Med Off-HD	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3025.00	P/R Deduction (\$100.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)		405.00
TOTAL This Period (last page this line numbe	·	

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 72 (check only one) X 11a 11b 11c 12 13 14 15 16 1
4	ny information copied from such Reports and r for commercial purposes, other than using th	Statements may not be sold or used by any perse name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
	Full Name (Last, First, Middle Initial) Deborah R Doddridge		Date of Receipt
	Mailing Address 312 Hill Street NW		12 31 7 2010
	City Depauw	State Zip Code IN 47115	Transaction ID: PR1094193021169 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	45.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Procure Sys & Capital	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	P/R Deduction (\$15.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Joel W Day		Date of Receipt
	Mailing Address 2017 Spring Farms D	rive	1 2 3 1 2 0 1 0
	City	State Zip Code	Transaction ID: PR1094193121169
	Floyds Knobs FEC ID number of contributing federal political committee.	IN 47119	Amount of Each Receipt this Period 45.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP & Controller-HD	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	P/R Deduction (\$15.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Susan Moss	1	Date of Receipt
	Mailing Address 161 Westwind Road		1 2 3 1 2 0 1 0
	City	State Zip Code	Transaction ID: PR1094193321169
	Louisville	KY 40207	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	120.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Crp Communications	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1040.00	P/R Deduction (\$40.00 Bi-Weekly)
	SUBTOTAL of Receipts This Page (optional)		210.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 72 (check only one) X 11a 11b 11c 12 13 14 15 16 1
A	ny information copied from such Reports and S r for commercial purposes, other than using the	statements may not be sold or used by any per name and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
	Full Name (Last, First, Middle Initial) Michael C Lozier		Date of Receipt
	Mailing Address 7028 Westridge Fores	t Court	12 31 2010
	City Lanesville	State Zip Code IN 47136	Transaction ID: PR1094193721169 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	45.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Purch Contract Admin	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 378.00	P/R Deduction (\$15.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Charles Michael Grannan		Date of Receipt
	Mailing Address 7109 Cannonade Cou	12 31 2010	
	City	State Zip Code	Transaction ID: PR1094193921169
	Prospect	KY 40059	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	105.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Purchasing	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	910.00	P/R Deduction (\$35.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Dennis J Hansen	L	Date of Receipt
	Mailing Address 1791 Connor Station F	Road	12 31 2010
	City	State Zip Code	Transaction ID: PR1094194121169
	Simpsonville	KY 40067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	105.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Reimb-HSD	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 910.00	P/R Deduction (\$35.00 Bi- Weekly)
Γ	CURTOTAL of Descripts This Descriptionally	1	255.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	for each o	rate schedule(s) category of the Summary Page	FOR LINE NUMBER: PAGE 18 / 72 (check only one) X 11a 11b 11c 12 13 14 15 16 11
4	any information copied from such Reports and S r for commercial purposes, other than using the	tatements may not be sold	or used by any person	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
	Full Name (Last, First, Middle Initial) Mary Suzanne Riedman			Date of Receipt
	Mailing Address 4308 Hampton Creek	Drive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Louisville	State Zip Cod KY 40241	е	Transaction ID: PR1094194221169 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP & General Co	unsel	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date	520.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Susan P Riedl			Date of Receipt
	Mailing Address 8914 Lippincott Road			12 31 2010
	City	State Zip Cod	е	Transaction ID: PR1094194421169
	Louisville FEC ID number of contributing federal political committee.	KY 40222		Amount of Each Receipt this Period 30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir HSD Reimb		
	Receipt For:	Aggregate Year-to-Date	.	
	Primary General Other (specify) ▼	0 0 0 0	260.00	P/R Deduction (\$10.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mary L Dennison			Date of Receipt
	Mailing Address 4678 Mount Eden Roa	d		12 31 2010
	City	State Zip Cod	е	Transaction ID: PR1094194821169
	Shelbyville FEC ID number of contributing federal political committee.	KY 40065	• • •	Amount of Each Receipt this Period 60.00
	Name of Employer Kindred Healthcare Inc.	Occupation Mgr Reimb		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	520.00	P/R Deduction (\$20.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)	<u> </u>		150.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 72 (check only one) X		
Any information copied from such Reports or for commercial purposes, other than usi NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC	and Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions		
Full Name (Last, First, Middle Initial) Michael J Bean		Date of Receipt		
Mailing Address 8011 Kendrick Cr City	ossing Lane State Zip Code	1 2 3 1 2 0 1 0 Transaction ID: PR1094195121169		
Louisville	KY 40291	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	60.00		
Name of Employer Kindred Healthcare Inc.	Occupation VP Tax Planning			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	P/R Deduction (\$20.00 Bi- Weekly)		
Full Name (Last, First, Middle Initial) Peggy Black		Date of Receipt		
Mailing Address 1607 Helmridge (12 31 2010			
City	·			
Louisville	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	30.00		
Name of Employer Kindred Healthcare Inc.	Occupation Exec Asst to Chair & BOD			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi- Weekly)		
Full Name (Last, First, Middle Initial) Anne S Woods	-	Date of Receipt		
Mailing Address 7420 Falls Ridge	Ct.	12 31 2010		
City	State Zip Code	Transaction ID: PR1094195421169		
<u>Louisville</u>	KY 40241	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	108.00		
Name of Employer Kindred Healthcare Inc.	Occupation VP Internal Audit			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 936.00	P/R Deduction (\$36.00 Bi- Weekly)		
SUBTOTAL of Receipts This Page (option	nal)	198.00		

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 72 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee t	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)		
Kindred Healthcare, Inc. PAC		
Full Name (Last, First, Middle Initial) Stephanie J Warren		Date of Receipt
Mailing Address 2169 Balmer-Fenwick	< Road	12 31 2010
City	State Zip Code	Transaction ID: PR1094195721169
Floyds Knobs	IN 47119	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	45.00
Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Facility Mgmt	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	390.00	P/R Deduction (\$15.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) John Lucchese	1	Date of Receipt
Mailing Address 14401 Broad Oak Pla	ace	1 2 3 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: PR1094195921169
Louisville	KY 40245	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer Kindred Healthcare Inc.	Occupation Sr VP & Corp Controller	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1300.00	P/R Deduction (\$50.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Rose M Michels		Date of Receipt
Mailing Address 6503 Chenoweth Rur	n Road	12 31 2010
City	State Zip Code	Transaction ID: PR1094196021169
Louisville	KY 40299	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	45.00
Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Tax Compliance	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	390.00	P/R Deduction (\$15.00 Bi- Weekly)
CURTOTAL of Possible This Poss (cotional)		240.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 72 (check only one) X 11a
Any information copied from such Reports and St or for commercial purposes, other than using the	tatements may name and add	not be sold or used by any perso lress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
Full Name (Last, First, Middle Initial) Joseph Landenwich			Date of Receipt
Mailing Address 2213 Wrocklage Ave.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Louisville	State KY	Zip Code 40205	Transaction ID: PR1094196321169 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		180.00
Name of Employer Kindred Healthcare Inc.	Occupation SVPCrpL	egalAffairs&CrpSec	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1560.00	P/R Deduction (\$60.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Arthur L Rothgerber			Date of Receipt
Mailing Address 8325 Regency Woods	12 31 7 2010		
City Louisville	State KY	Zip Code 40220	Transaction ID: PR1094196421169 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		69.00
Name of Employer Kindred Healthcare Inc.	Occupation Sr VP Re	n imbursement	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 598.00	P/R Deduction (\$23.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Linda M O'Bryan			Date of Receipt
Mailing Address 1614 Sylvan Way			1 2 3 1 2 0 1 0
City	State	Zip Code	Transaction ID: PR1094196721169
Louisville FEC ID number of contributing federal political committee.	C	40205	Amount of Each Receipt this Period 60.00
Name of Employer Kindred Healthcare Inc.	Occupation VPPatien	t Care &Quality-H	
Receipt For: Primary General Other (specify) ▼	- '	Year-to-Date ▼ 520.00	P/R Deduction (\$20.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)			309.00
TOTAL This Period (last page this line number of		•	

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 72 (check only one) X 11a 11b 11c 12 13 14 15 16
Į.	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may not be sold or used by any persename and address of any political committee to	son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
<u></u>	Full Name (Last, First, Middle Initial) Karen R Blain		Date of Receipt
	Mailing Address 9708 Northridge Dr		12 31 2010
	City Louisville	State Zip Code KY 40272	Transaction ID: PR1094197021169 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Mgr Patient Accting-HSD	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Douglas Curnutte		Date of Receipt
	Mailing Address 1014 Springside Way		1 2 3 1 2 0 1 0
	City	State Zip Code	Transaction ID: PR1094197221169
	Louisville FEC ID number of contributing federal political committee.	KY 40223	Amount of Each Receipt this Period 45.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Fac & Real Estate Dev	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 390.00	P/R Deduction (\$15.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Brian L Caudill		Date of Receipt
	Mailing Address 1647 Beechwood Ave	nue	12 31 2010
	City	State Zip Code	Transaction ID: PR1094197321169
	Louisville FEC ID number of contributing federal political committee.	KY 40204	Amount of Each Receipt this Period 78.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir HD Reimb	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 676.00	P/R Deduction (\$26.00 Bi-Weekly)
	SUBTOTAL of Receipts This Page (optional)	1	153.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 72 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Į,	Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements may not be sold or used by any persename and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
	Full Name (Last, First, Middle Initial) Mary R Russell		Date of Receipt
	Mailing Address 7300 Wood Rock Rd		12 31 2010
	City Louisville	State Zip Code KY 40291	Transaction ID: PR1094197621169 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	66.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Accounting-HSD	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 572.00	P/R Deduction (\$22.00 Bi-Weekly)
_	Full Name (Last, First, Middle Initial) William M Altman		Date of Receipt
	Mailing Address 9103 Lexington Lane		12 31 2010
	City	State Zip Code	Transaction ID: PR1094198021169
	Louisville FEC ID number of contributing federal political committee.	KY 40241	Amount of Each Receipt this Period 576.90
	Name of Employer Kindred Healthcare Inc.	Occupation SVPStrategy&PublicPolicy	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Scott M Juetten		Date of Receipt
	Mailing Address 8315 Running Spring	Dr	1 2 3 1 2 0 1 0
	City	State Zip Code	Transaction ID: PR1094198121169
	Louisville FEC ID number of contributing federal political committee.	KY 40241	Amount of Each Receipt this Period 30.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP & Controller-HSD	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)	1	672.90

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 72 (check only one) X 11a
, C	ny information copied from such Reports and s r for commercial purposes, other than using the	Statements may no e name and addres	ot be sold or used by any perses of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
	Full Name (Last, First, Middle Initial) Bobby V Bas			Date of Receipt
	Mailing Address 2084 Wind River Roa	d		12 31 2010
	City <u>El Cajon</u>	State CA	Zip Code 92019	Transaction ID: PR1094198321169 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		45.00
	Name of Employer Kindred Healthcare Inc.	Occupation Radiology T		
	Receipt For: Primary General Other (specify) ▼	, ' · · · · · · · · · · · · · · · · · ·	ear-to-Date ▼ 375.00	P/R Deduction (\$15.00 Bi- Weekly)
-	Full Name (Last, First, Middle Initial) Steven J Fuller			Date of Receipt
	Mailing Address 6025 Bridge Garden Rd			12 31 2010
	City	State	Zip Code	Transaction ID: PR1094199721169
	Knoxville	TN	37912	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir Clir	ı Ops	
	Receipt For:	Aggregate Ye	ear-to-Date V	
	Primary General Other (specify) ▼	0 0 0	260.00	P/R Deduction (\$10.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Martha S Rhoads			Date of Receipt
	Mailing Address 137 N. Cherry Street			12 31 2010
	City	State	Zip Code	Transaction ID: PR1094200021169
	Greenville	KY	42345	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir Clir		
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)
	SUBTOTAL of Receipts This Page (optional).	1		105.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 72 (check only one) X
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC	Statements may not be sold or used by any personal statements and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A.	Full Name (Last, First, Middle Initial) J. Harold Walker		Date of Receipt
	Mailing Address 429 Freedom Trail		12 31 2010
	City Sparta	State Zip Code TN 38583	Transaction ID: PR1094200121169
	FEC ID number of contributing federal political committee.	C 30000	Amount of Each Receipt this Period 45.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir Operations II	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	P/R Deduction (\$15.00 Bi-Weekly)
- В.	Full Name (Last, First, Middle Initial) Michael Comer Mailing Address 12 Lewis	1	Date of Receipt
	City	State 7in Code	12 31 2010
	City Irvine	State Zip Code CA 92620	Transaction ID: PR1094200421169 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	105.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP & CFO-West Reg-HD	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 910.00	P/R Deduction (\$35.00 Bi- Weekly)
с.	Full Name (Last, First, Middle Initial) Traci Shelton	1	Date of Receipt
	Mailing Address 2913 3rd. Street # 20	01	12 31 2010
	City Santa Monica	State Zip Code CA 90405	Transaction ID: PR1094200621169
	FEC ID number of contributing federal political committee.	C 30403	Amount of Each Receipt this Period 570.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP & COO-West Reg-HD	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 4850.00	P/R Deduction (\$190.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional) .		720.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 72 (check only one) X 11a 11b 11c 12 13 14 15 16
Į.	ny information copied from such Reports and S r for commercial purposes, other than using the	statements may not be sold or used by any personame and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
	Full Name (Last, First, Middle Initial) Steven Monaghan		Date of Receipt
	Mailing Address 508 W. Melrose #7-A		12 31 2010
	City Chicago	State Zip Code IL 60657	Transaction ID: PR1094200721169 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	180.00
	Name of Employer Kindred Healthcare Inc.	Occupation Exec VP-Cent Reg-HD	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	P/R Deduction (\$60.00 Bi-Weekly)
_	Full Name (Last, First, Middle Initial) Cynthia Smith		Date of Receipt
	Mailing Address 9N668 Bowes Bend Di	,	1 2 3 1 2 0 1 0
	City	State Zip Code	Transaction ID: PR1094201021169
	Elgin	IL 60124	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Exec Off II	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	260.00	P/R Deduction (\$10.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) John Miner		Date of Receipt
	Mailing Address 4730 Dunnie Drive		12 31 2010
	City	State Zip Code	Transaction ID: PR1094202121169
	Tampa	FL 33614	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	60.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Fin Off III	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	P/R Deduction (\$20.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)	1	270.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 72 (check only one) X 11a 11b 11c 12 13 14 15 16
A	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any per name and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
Ľ	Full Name (Last, First, Middle Initial) Pamela Marie Riter		Date of Receipt
	Mailing Address 300 Beach Dr. N.E. Unit 2301		12 31 2010
	City St. Petersburg	State Zip Code FL 33701	Transaction ID: PR1094202421169
	FEC ID number of contributing federal political committee.	C 33701	Amount of Each Receipt this Period 75.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Exec Off III	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	P/R Deduction (\$25.00 Bi-
	Other (specify) ▼	650.00	Weekly)
	Full Name (Last, First, Middle Initial) Julie Feasel		Date of Receipt
	Mailing Address 6211 Iroquios Ct.		1 2 3 1 2 0 1 0
	City	State Zip Code	Transaction ID: PR1094203021169
	Odessa	FL 33556	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	45.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Exec Off III	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	390.00	P/R Deduction (\$15.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Charles D Doten		Date of Receipt
	Mailing Address 7644 Harbour Blvd.		12 31 2010
	City	State Zip Code	Transaction ID: PR1094203621169
	Miramar	FL 33023	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	60.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Exec Off II	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	P/R Deduction (\$20.00 Bi- Weekly)
Γ	SUBTOTAL of Receipts This Page (optional)	1	180.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 72 (check only one) X 11a 11b 11c 12 13 14 15 16 1
4	any information copied from such Reports and S r for commercial purposes, other than using the	Statements may not be sold or used by any perse name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
	Full Name (Last, First, Middle Initial) Carol Cregan		Date of Receipt
	Mailing Address 2649 NE 26Th Avenue		12 31 2010
	City <u>Ft Lauderdale</u>	State Zip Code FL 33306	Transaction ID: PR1094203721169 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Reg Sr Dir Bus Dev-HD	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) James Malady		Date of Receipt
	Mailing Address 954 Lindfield Dr.		12 31 2010
	City	State Zip Code	Transaction ID: PR1094204121169
	South Park	PA 15129	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Plant Ops	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	260.00	P/R Deduction (\$10.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Timothy L Simpson		Date of Receipt
	Mailing Address 140 Pioneer Trail		12 31 2010
	City	State Zip Code	Transaction ID: PR1094204321169
	Green Cove Springs FEC ID number of contributing federal political committee.	FL 32043	Amount of Each Receipt this Period 60.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive Director II	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	D/D Doduction (\$000.00 B)
	Other (specify)	500.00	P/R Deduction (\$20.00 Bi- Weekly)
Γ	SUBTOTAL of Receipts This Page (optional)		120.00

ITEMIZE	JLE A (FEC Form 3X) D RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 72 (check only one) X
Any informati or for comme	on copied from such Reports and S rcial purposes, other than using the	Statements mag e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\ \	COMMITTEE (In Full) Healthcare, Inc. PAC			
Full Name James D T	e (Last, First, Middle Initial)			Date of Receipt
Mailing Ac	ddress 355 Woolsey Brooks F	₹d.		12 31 2010
City Fayettev	rille	State GA	Zip Code 30215	Transaction ID: PR1094204621169 Amount of Each Receipt this Period
FEC ID no	umber of contributing litical committee.	C		45.00
Name of E Kindred H	Employer lealthcare Inc.	Occupatio Dir Plant		
Receipt Fo			e Year-to-Date ▼ 390.00	P/R Deduction (\$15.00 Bi- Weekly)
Full Name Sharon A E	e (Last, First, Middle Initial) Barnard			Date of Receipt
Mailing Ac	ddress 8701 Troost Avenue			12 31 2010
City		State	Zip Code	Transaction ID: PR1094204821169
Kansas	•	MO	64131	Amount of Each Receipt this Period
	umber of contributing litical committee.	C		30.00
Name of E Kindred H	Employer lealthcare Inc.	Occupatio Reg SrD	n ir Clinical Ops-HD	
Receipt Fo		Aggregate	e Year-to-Date ▼	
Othe	nary General er (specify) 🔻		260.00	P/R Deduction (\$10.00 Bi- Weekly)
Full Name	(Last, First, Middle Initial)			Date of Receipt
Mailing Ac		race		12 31 2010
City		State	Zip Code	Transaction ID: PR1094205121169
<u>Ashburn</u>		VA	20147	Amount of Each Receipt this Period
	umber of contributing litical committee.	C		45.00
	Employer lealthcare Inc.	Occupatio Dir Bus I	n mplement-HD	
Receipt For		Aggregate	e Year-to-Date ▼ 355.00	P/R Deduction (\$15.00 Bi-Weekly)
				120.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 72 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements may not be sold or used by any perse name and address of any political committee t	son for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	, , , , , , , , , , , , , , , , , , ,	
Kindred Healthcare, Inc. PAC		
Full Name (Last, First, Middle Initial) James J Novak		Date of Receipt
Mailing Address 9680 Ridgewalk Cour	t	1 2 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: PR1094205321169
Davie	FL 33328	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	126.00
Name of Employer Kindred Healthcare Inc.	Occupation Exec VP-East Reg-HD	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1092.00	P/R Deduction (\$42.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Sally I Hoffmann	1	Date of Receipt
Mailing Address 12905 Trade Port Place	ce	12 31 2010
City	State Zip Code	Transaction ID: PR1094205721169
Riverview	FL 33579	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	45.00
Name of Employer Kindred Healthcare Inc.	Occupation Resource CEO HD	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	390.00	P/R Deduction (\$15.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Christopher A Clements		Date of Receipt
Mailing Address 3111 North Ocean Dri #1007	ve	12 31 2010
City	State Zip Code	Transaction ID: PR1094206221169
Hollywood	FL 33019	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer Kindred Healthcare Inc.	Occupation Chief Exec Off III	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	260.00	P/R Deduction (\$10.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)		201.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 72 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may not be sold or used by any pers g the name and address of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
Full Name (Last, First, Middle Initial) Elizabeth D Dubois		Date of Receipt
Mailing Address 21 Harriman Road	I	12 31 2010
City Hudson	State Zip Code MA 01749	Transaction ID: PR1094209421169 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer Kindred Healthcare Inc.	Occupation Reg Trainer Field Acct	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) Donna Kelsey		Date of Receipt
Mailing Address 2075 E. Tivoli Hills	12 31 7 2010	
City	State Zip Code	Transaction ID: PR1094210121169
<u>Draper</u>	UT 84020	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
Name of Employer Kindred Healthcare Inc.	Occupation Sr VP-West Reg-HSD	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	650.00	P/R Deduction (\$25.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Katherine Davis		Date of Receipt
Mailing Address 8419 Oxford Wood	ds Court	12 31 2010
City	State Zip Code	Transaction ID: PR1094210221169
Louisville	KY 40222	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	45.00
Name of Employer Kindred Healthcare Inc.	Occupation Reg Dir Case Mgmt-HSD	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	P/R Deduction (\$15.00 Bi- Weekly)
Suisi (spasify) •		
	nal)	150.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	fo	Ise separate schedule(s) or each category of the letailed Summary Page	FOR LINE NUMBER: PAGE 32 / 72 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not and address	be sold or used by any person of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
∠ A .	Full Name (Last, First, Middle Initial) Anita Tillery			Date of Receipt
	Mailing Address 3512 Raytee Drive			12 31 YYYYY 2010
	Channagha	State VA	Zip Code	Transaction ID: PR1094211021169
	Chesapeake FEC ID number of contributing federal political committee.	C	23323	Amount of Each Receipt this Period 60.00
	Name of Employer Kindred Healthcare Inc.	Occupation		
		Area Executiv		
	Receipt For: Primary General Other (specify) ▼	Aggregate Yea	r-to-Date ▼ 520.00	P/R Deduction (\$20.00 Bi- Weekly)
- В.	Full Name (Last, First, Middle Initial) Christina Schramm			Date of Receipt
	Mailing Address 166 Columbia Ave			12 31 / Y Y Y Y Y
	City		Zip Code	Transaction ID: PR1094211921169
	Chillicothe	OH	45601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir	· II	
	Receipt For:	Aggregate Yea	r-to-Date ▼	
	Primary General Other (specify) ▼	0 0 0	260.00	P/R Deduction (\$10.00 Bi- Weekly)
- C.	Full Name (Last, First, Middle Initial) Tom Cunningham			Date of Receipt
-	Mailing Address 6705 Merwin Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City		Zip Code	Transaction ID: PR1094212121169
	Cincinnati	OH	45227	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Lebanon Country Manor	Occupation Executive Dir	· II	
	Receipt For:	Aggregate Yea	r-to-Date ▼	
	Primary General Other (specify) ▼		260.00	P/R Deduction (\$10.00 Bi- Weekly)
ſ	CURTOTAL of Descripto This Days (settle 1)			120.00
}	SUBTOTAL of Receipts This Page (optional))	
	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 33 / 72 (check only one) X 11a
Any information copied from such Reports and Stor for commercial purposes, other than using the	tatements may name and add	not be sold or used by any perso lress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
Full Name (Last, First, Middle Initial) Anthony D Lacke			Date of Receipt
Mailing Address 95 Caesar Chelor Dr	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City Wrentham	State MA	Zip Code 02093	Transaction ID: PR1094212421169 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer Kindred Healthcare Inc.	Occupation Executive		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00	P/R Deduction (\$5.00 Week-ly)
Full Name (Last, First, Middle Initial) Donna M Nackers			Date of Receipt
Mailing Address 1760 Waters Ferry Driv	1 2 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City Lawrenceville	State GA	Zip Code 30043	Transaction ID: PR1094212521169 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		45.00
Name of Employer Kindred Healthcare Inc.	Occupation Reg Mgr	n Operation Reimb	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00	P/R Deduction (\$15.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Joseph F Weglarz			Date of Receipt
Mailing Address 35 Farrington Ave			1 2 3 1 2 0 1 0
City	State	Zip Code	Transaction ID: PR1094212621169
Gloucester FEC ID number of contributing federal political committee.	C	01930	Amount of Each Receipt this Period 30.00
Name of Employer Kindred Healthcare Inc.	Occupation VP Finan	ce-East Reg-HSD	
Receipt For: ☐ Primary ☐ General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)			105.00
TOTAL This Period (last page this line number	only)		

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	for eac	eparate schedule(s) ch category of the ed Summary Page	FOR LINE NUMBER: PAGE 34 / 72 (check only one) X 11a
4	ny information copied from such Reports and r for commercial purposes, other than using the	Statements may not be so e name and address of a	old or used by any persony political committee to	on for the purpose of soliciting contributions oscilicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
	Full Name (Last, First, Middle Initial) Celeste M Bentley			Date of Receipt
	Mailing Address 4 Stuart Drive			12 31 2010
	City Barrington	State Zip 0 NH 0382		Transaction ID: PR1094213321169 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		45.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Reimb-HSD		_
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-E	Date ▼ 390.00	P/R Deduction (\$15.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Debra Forman			Date of Receipt
	Mailing Address 12516 Wexton Lane			12 31 2010
	City	State Zip C		Transaction ID: PR1094213421169
	Knoxville FEC ID number of contributing federal political committee.	TN 3793	34	Amount of Each Receipt this Period 30.00
	Name of Employer Kindred Healthcare Inc.	Occupation	atina	_
	Receipt For:	Reg Mgr Field Ac		
	Primary General Other (specify) ▼		260.00	P/R Deduction (\$10.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Lane M Bowen			Date of Receipt
	Mailing Address 10966 Secret View D	rive		1 2 3 1 2 0 1 0
	City	State Zip C		Transaction ID: PR1094213621169
	Sandy	UT 8409	92	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer Kindred Healthcare Inc.	Occupation Exec VP & Presid		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-D	Date ▼ 1300.00	P/R Deduction (\$50.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)	1		225.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 72 (check only one) X 11a
4	Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements may re e name and addre	not be sold or used by any persess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
	Full Name (Last, First, Middle Initial) Laurie A Roberto			Date of Receipt
	Mailing Address 217 Main Street			12 31 2010
	City <u>Lynnfield</u>	State MA	Zip Code 01940	Transaction ID: PR1094213921169 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Area Execu	utive Dir	
	Receipt For: Primary General Other (specify) ▼	+	/ear-to-Date ▼ 260.00	P/R Deduction (\$5.00 Week-ly)
_	Full Name (Last, First, Middle Initial) Michael W Beal			Date of Receipt
	Mailing Address 10 Glenwood Road			1 2 3 1 2 0 1 0
	City	State	Zip Code	Transaction ID: PR1094214121169
	Windham	NH	03087	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		60.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP-Eas	t Reg-HSD	
	Receipt For:	Aggregate Y	ear-to-Date ▼	
	Primary General Other (specify) ▼		520.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) John Getts			Date of Receipt
	Mailing Address 150 Evergreen Circle			1 2 3 1 Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1094214621169
	Henniker	<u>NH</u>	03242	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Kindred Healthcare Inc.		Officer-TCC	
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 260.00	P/R Deduction (\$5.00 Week-ly)
Γ	SUBTOTAL of Receipts This Page (optional) .	1		120.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 72 (check only one) X 11a 11b 11c 12 13 14 15 16 1
A	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may not be sold or used by any per e name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
	Full Name (Last, First, Middle Initial) James Holcomb		Date of Receipt
	Mailing Address 317 30Th Avenue N.E		12 31 7 2010
	City Great Falls	State Zip Code MT 59404	Transaction ID: PR1094215121169 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir III	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Wee-kly)
_	Full Name (Last, First, Middle Initial) Susan A Kesterson		Date of Receipt
	Mailing Address 2334 Heritage Dr		1 2 3 1 2 0 1 0
	City	State Zip Code	Transaction ID: PR1094216221169
	Corona	CA 92882	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	45.00
	Name of Employer Kindred Healthcare Inc.	Occupation Reg Financial Ana	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	390.00	P/R Deduction (\$15.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Sylvia Burton		Date of Receipt
	Mailing Address 433 S. Plantation		12 31 2010
	City	State Zip Code	Transaction ID: PR1094217621169
	Cookeville	TN 38506	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	45.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir III	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	P/R Deduction (\$15.00 Bi-Weekly)
	SUBTOTAL of Receipts This Page (optional)		120.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(for each category of the Detailed Summary Page	(Check only one)
A 0	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may not be sold or used by any ename and address of any political commi	y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
	Full Name (Last, First, Middle Initial) Angela Beth Sutton		Date of Receipt
	Mailing Address 17460 Farmington Sq	uare Rd.	12 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Granger	State Zip Code IN 46530	Transaction ID: PR1094218221169 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	45.00
	Name of Employer Regency Place Of South Be- nd	Occupation Dist Dir Operations I	
	Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate Year-to-Date ▼	P/R Deduction (\$15.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Mark S Pfeifer	<u> </u>	Date of Receipt
	Mailing Address 11014 Brave Ct.	1 2 3 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State Zip Code	Transaction ID: PR1094218421169
	Indianapolis	IN 46236	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	60.00
	Name of Employer Kindred Healthcare Inc.	Occupation Reg Financial Ana	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	520.0	0 P/R Deduction (\$20.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Donna Susan Dickerson	<u> </u>	Date of Receipt
	Mailing Address 5283 Pryor Road		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: PR1094220721169
	<u>Maryville</u>	TN 37804	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir I	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.0	P/R Deduction (\$10.00 Bi- Weekly)
Γ	SUBTOTAL of Receipts This Page (optional) .	1	135.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate sched for each category of Detailed Summary F	the (crieck only one)
An or	y information copied from such Reports and S for commercial purposes, other than using the	tatements may not be sold or used by name and address of any political cor	any person for the purpose of soliciting contributions nmittee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
·	Full Name (Last, First, Middle Initial) Keith A Mandrell		Date of Receipt
	Mailing Address 8813 Mallow Drive		12 31 2010
	City Knoxville	State Zip Code TN 37922	Transaction ID: PR1094221221169 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir III	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 26	P/R Deduction (\$10.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Anna Ruth Birdwell		Date of Receipt
	Mailing Address 5450 Grundy Quarles	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State Zip Code	Transaction ID: PR1094221321169
	Bloomington Spring FEC ID number of contributing federal political committee.	TN 38545	Amount of Each Receipt this Period 30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Nursing III	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 26	P/R Deduction (\$10.00 Bi-Weekly)
	Full Name (Last, First, Middle Initial) James Tucker	<u> </u>	Date of Receipt
	Mailing Address P O Box 223		M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
	City	State Zip Code	Transaction ID: PR1094222021169
	Carthage FEC ID number of contributing federal political committee.	TN 37030	Amount of Each Receipt this Period 30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir II	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 26	P/R Deduction (\$10.00 Bi-Weekly)
	JBTOTAL of Receipts This Page (optional)	1	90.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 72 (check only one) X
0	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
	Full Name (Last, First, Middle Initial) Gloria J Miller			Date of Receipt
	Mailing Address 100 Village Circle Wa	y # 1104		12
	City <u>Durham</u>	State NC	Zip Code 27713	Transaction ID: PR1094222121169 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir	on Operations I	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 520.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) James N. Rogers			Date of Receipt
	Mailing Address 1002 Stonehouse Ridge	12 31 2010		
	City	State	Zip Code	Transaction ID: PR1094224321169
	Bardstown	KY	40004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Clin		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		260.00	P/R Deduction (\$10.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ronald D Long			Date of Receipt
	Mailing Address 148 Cheyenne Road			12 31 2010
	City	State	Zip Code	Transaction ID: PR1094224521169
	Shelbyville	KY	40065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		45.00
	Name of Employer Kindred Healthcare Inc.	, '	ract Admin	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 390.00	P/R Deduction (\$15.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)			135.00

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedu for each category of t Detailed Summary Pa	he X 11a 11b 11c 12 age 13 14 15 16 17
Ar	for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements may not be sold or used by a name and address of any political com	any person for the purpose of soliciting contributions imittee to solicit contributions from such committee.
	Kindred Healthcare, Inc. PAC Full Name (Last, First, Middle Initial)		
۸.	Stephen F. Stoess Mailing Address 514 Locust Creek Blvd.		Date of Receipt M
	City	State Zip Code	Transaction ID: PR1094224621169
	Louisville	KY 40245	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	70.20
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Telecommunications	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	608	.40 P/R Deduction (\$23.40 Bi-Weekly)
- 3.	Full Name (Last, First, Middle Initial) James E. Bell		Date of Receipt
	Mailing Address 14213 Aiken Road	12 31 2010	
	City	State Zip Code	Transaction ID: PR1094225021169
	Louisville	KY 40245	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	45.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Div Reimb-HD	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 390	.00 P/R Deduction (\$15.00 Bi-Weekly)
. — :.	Full Name (Last, First, Middle Initial) Paul R. Eiseman		Date of Receipt
	Mailing Address 3714 Fringe Tree Place		12 31 2010
	City	State Zip Code	Transaction ID: PR1094225821169
	Louisville	KY 40241	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	45.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Bus Dev & Phys Rel-HD	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 390	.00 P/R Deduction (\$15.00 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)		160.20

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 72 (check only one) X 11a
Any information copied from such Reports and St or for commercial purposes, other than using the	tatements may name and add	not be sold or used by any persolress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
Full Name (Last, First, Middle Initial) Catharine C Young			Date of Receipt
Mailing Address 6303 Deep Creek Drive	9		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Prospect	State KY	Zip Code 40059	Transaction ID: PR1094228021169 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		45.00
Name of Employer Kindred Healthcare Inc.	Occupation VP & Em	n ployment Counsel	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00	P/R Deduction (\$15.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Mary W Miller			Date of Receipt
Mailing Address 3201 Vista Verde Lane	12 31 7 2010		
City Tumwater	State WA	Zip Code 98512	Transaction ID: PR1094228421169 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		45.00
Name of Employer Kindred Healthcare Inc.	Occupation Reg Dir E	n Education-HSD	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	P/R Deduction (\$15.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Sharon Theresa McGuyer			Date of Receipt
Mailing Address 22441 15Th Ave. So.			1 2 3 1 2 0 1 0
City	State	Zip Code	Transaction ID: PR1094229021169
Des Moines FEC ID number of contributing federal political committee.	C	98198	Amount of Each Receipt this Period 30.00
Name of Employer Kindred Healthcare Inc.	Occupation Dir Nursi		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Wee-kly)
SUBTOTAL of Receipts This Page (optional)			120.00
TOTAL This Period (last page this line number of	only)		

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	for each cat	te schedule(s) tegory of the mmary Page	FOR LINE NUMBER: PAGE 42 / 72 (check only one) X 11a 11b 11c 12 13 14 15 16 11
A	ny information copied from such Reports and r for commercial purposes, other than using the	Statements may not be sold or e name and address of any pole	used by any person litical committee to s	for the purpose of soliciting contributions olicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
	Full Name (Last, First, Middle Initial) Charles K. Currens			Date of Receipt
	Mailing Address 7801 McCarthy Lane			12 31 YYYY 12 31 2010
	City Louisville	State Zip Code KY 40222		Transaction ID: PR1094229121169
	FEC ID number of contributing federal political committee.	C 40222	0 0	Amount of Each Receipt this Period 60.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir IS Prod Svcs		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	520.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Keith Krein			Date of Receipt
	Mailing Address 3227 North 88th Street			12 31 2010
	City	State Zip Code		Transaction ID: PR1094229821169
	Mesa FEC ID number of contributing federal political committee.	AZ 85207	0 0	Amount of Each Receipt this Period 60.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP & Chief Med Of	ff-HSD	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	520.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Patricia M McGillan	_ L		Date of Receipt
	Mailing Address 510 Altagate Rd			12 31 2010
	City	State Zip Code		Transaction ID: PR1094229921169
	Louisville FEC ID number of contributing federal political committee.	KY 40206		Amount of Each Receipt this Period 90.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Pat Saf & Reg Col	mpl-HD	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	•	P/R Deduction (\$30.00 Bi- Weekly)
Γ,	SUBTOTAL of Receipts This Page (optional)	1		210.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 72 (check only one) X 11a
A C	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may not be sold or used by any perse name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
	Full Name (Last, First, Middle Initial) Barbara L Baylis		Date of Receipt
	Mailing Address 7212 Deer Ridge Road		12 31 2010
	City Prospect	State Zip Code KY 40059	Transaction ID: PR1094230021169 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	60.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP Clin & Res Svcs-HSD	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Pete Kalmey	<u></u>	Date of Receipt
	Mailing Address 6693 Northridge Cr	12 31 2010	
	City	State Zip Code	Transaction ID: PR1094232021169
	Louisville FEC ID number of contributing federal political committee.	KY 40241	Amount of Each Receipt this Period 40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Division VP-HD	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	270.00	P/R Deduction (\$10.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mary J Yesue		Date of Receipt
	Mailing Address P. O. Box 921		12 31 2010
	City	State Zip Code	Transaction ID: PR1094232121169
	York Harbor FEC ID number of contributing federal political committee.	ME 03911	Amount of Each Receipt this Period 45.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir Clin Ops	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	P/R Deduction (\$15.00 Bi-Weekly)
	SUBTOTAL of Receipts This Page (optional)		145.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 72 (check only one) X 11a 11b 11c 12 13 14 15 16
A C	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may not be sold or used by any per name and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
	Full Name (Last, First, Middle Initial) Janet L Worcester		Date of Receipt
	Mailing Address 24 Saratoga Avenue		12 31 7 2010
	City <u>Bangor</u>	State Zip Code ME 04401	Transaction ID: PR1094232221169 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir Clin Ops	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)
-	Full Name (Last, First, Middle Initial) Bonnie Deyo		Date of Receipt
	Mailing Address 75 Mustang Run Road	1 2 3 1 2 0 1 0	
	City	State Zip Code	Transaction ID: PR1094233321169
	Lander FEC ID number of contributing federal political committee.	WY 82520 C	Amount of Each Receipt this Period 30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir I	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Wee-kly)
_	Full Name (Last, First, Middle Initial) Edward J Goddard		Date of Receipt
	Mailing Address 32 Peters Lane		M M / D D / Y Y Y Y Y 1 1 2 0 1 0
	City Wrentham	State Zip Code MA 02093	Transaction ID: PR1094233521169
	FEC ID number of contributing federal political committee.	MA 02093	Amount of Each Receipt this Period 60.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Labor Relations	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	P/R Deduction (\$20.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional) .	1	120.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 72 (check only one) X 11a 11b 11c 12 13 14 15 16 11
0	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may not be sold or used by any per e name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
	Full Name (Last, First, Middle Initial) Jeffrey F Luckett		Date of Receipt
	Mailing Address 7701 Kendrick Crossin	ng Lane	1 2 3 1 2 0 1 0
	City Louisville	State Zip Code KY 40291	Transaction ID: PR1094234421169 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	66.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Internal Audit-IS	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 572.00	P/R Deduction (\$22.00 Bi-Weekly)
_	Full Name (Last, First, Middle Initial) Janet Biedron		Date of Receipt
	Mailing Address 226 3rd Street		1 2 3 1 2 0 1 0
	City	State Zip Code	Transaction ID: PR1094234621169
	Dunellen	NJ 08812	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Exec Off I	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	260.00	P/R Deduction (\$10.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Peter D Corless	I	Date of Receipt
	Mailing Address 3308 Overlook Ridge	Rd	1 2 3 1 2 0 1 0
	City	State Zip Code	Transaction ID: PR1094235221169
	Prospect	KY 40059	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	90.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP HR & Admin-HSD	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 720.00	P/R Deduction (\$30.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional) .	1	186.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 72 (check only one) X 11a
A 0	ny information copied from such Reports and triple for commercial purposes, other than using the	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
۷.	Full Name (Last, First, Middle Initial) Tamila Johnson-White		Date of Receipt
	Mailing Address 2615 Zhale Smith Rd.		12 31 2010
	City LaGrange	State Zip Code KY 40031	Transaction ID: PR1094235421169
	FEC ID number of contributing federal political committee.	C 40031	Amount of Each Receipt this Period 60.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Case Mgmt-HSD	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Lester Bohnert		Date of Receipt
	Mailing Address 2259 N. Pennsylvania	12 31 2010	
	City	State Zip Code	Transaction ID: PR1094235721169
	Indianapolis	IN 46205	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Regional VP Ops HSD	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Douglas Roth		Date of Receipt
	Mailing Address 9891 Heytesbery		1 2 3 1 2 0 1 0
	City	State Zip Code	Transaction ID: PR1094237321169
	Sandy	UT 84092	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	120.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Finance-West RegHSD	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1040.00	P/R Deduction (\$40.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional) .		210.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	·)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47/72 (check only one)
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may	y not be sold or used by any person	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC	and name and add	arooo or ary pointed committee to	
Full Name (Last, First, Middle Initial) Henry F. Telfeian			Date of Receipt
Mailing Address 1247 Alvarado Road	d		1 2 3 1 2 0 1 0
City	State	Zip Code	Transaction ID: PR1094239821169
Berkeley	CA	94705	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer Kindred Healthcare Inc.	Occupation Labor Re	n el Counsel	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Randall Fuller			Date of Receipt
Mailing Address 3021 Forest Lake			12 31 7 2010
City Las Vegas	State NV	Zip Code 89117	Transaction ID: PR1094240721169 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer Kindred Healthcare Inc.	Occupation Executive		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Wee-kly)
Full Name (Last, First, Middle Initial) Douglas T Collins			Date of Receipt
Mailing Address 3703 River Bluff Ro	ad		12 31 2010
City	State	Zip Code	Transaction ID: PR1094241221169
Prospect	KY	40059	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		60.00
Name of Employer Kindred Healthcare Inc.	Occupation Dir Fin S	ys-HSD	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 520.00	P/R Deduction (\$20.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)		120.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	for each	parate schedule(s) category of the Summary Page	FOR LINE NUMBER: PAGE 48 / 72 (check only one) X 11a 11b 11c 12 13 14 15 16 11
A 0	ny information copied from such Reports and S r for commercial purposes, other than using the	tatements may not be solo name and address of any	d or used by any persor political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
	Full Name (Last, First, Middle Initial) Linda L Newberry-Ferguson			Date of Receipt
	Mailing Address 11310 Haleco Lane			12 31 2010
	City Hales Corners	State Zip Co WI 53130		Transaction ID: PR1094241921169 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Exec Off II		_
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Da	ate ▼ 520.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Amanda G Estes			Date of Receipt
	Mailing Address 4211 Wine Cellar Cou	1 2 3 1 2 0 1 0		
	City	State Zip Co		Transaction ID: PR1094242321169
	Louisville FEC ID number of contributing federal political committee.	KY 40272		Amount of Each Receipt this Period 30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Mgr Internal Audit		-
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Da	ate ▼ 260.00	P/R Deduction (\$10.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Susan Cote			Date of Receipt
	Mailing Address 24 Adams Court			1 2 3 1 2 0 1 0
	City	State Zip Co		Transaction ID: PR1094242421169
	Brewer FEC ID number of contributing federal political committee.	ME 04412		Amount of Each Receipt this Period 30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Reg Dir Field Accti	ing-HSD	-
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Da	ate ▼ 260.00	P/R Deduction (\$10.00 Bi- Weekly)
Γ,	SUBTOTAL of Receipts This Page (optional)	<u> </u>		120.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 72 (check only one) X 11a 11b 11c 12 13 14 15 16 1
4	Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements may not be sold or used by any perse name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
	Full Name (Last, First, Middle Initial) Wendy S Swisher		Date of Receipt
	Mailing Address 5012 Four Leaf Ct		12 31 2010
	City Greenville	State Zip Code IN 47124	Transaction ID: PR1094242721169 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP HR & Leadership Dev	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)
_	Full Name (Last, First, Middle Initial) Elvin D. Alsaybar		Date of Receipt
	Mailing Address 742 White Rock Trail		12 31 2010
	City	State Zip Code	Transaction ID: PR1094242921169
	Suwanee	GA 30024	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Reg Dir Field Accting-HSD	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	260.00	P/R Deduction (\$10.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Diana Hanyak		Date of Receipt
	Mailing Address 17057 Rosebud Dr.		12 31 2010
	City	State Zip Code	Transaction ID: PR1094243421169
	Yorba Linda	CA 92886	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	45.00
	Name of Employer Kindred Healthcare Inc.	Occupation Administrator II	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	P/R Deduction (\$15.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional) .	•	105.00

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 72 (check only one) X 11a 11b 11c 12 13 14 15 16
any information copied from such Reports and Strategy for commercial purposes, other than using the	Statements may not be sold or used by any per e name and address of any political committee	son for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	, , , , , , , , , , , , , , , , , , ,	
Kindred Healthcare, Inc. PAC		
Full Name (Last, First, Middle Initial) Philip L. Jones		Date of Receipt
Mailing Address 702 Helmsdale Place	N.	12 31 2010
City	State Zip Code	Transaction ID: PR1094243521169
Brentwood	TN 37027	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer Kindred Healthcare Inc.	Occupation Chief Fin Off I	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	520.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) James Lee	1	Date of Receipt
Mailing Address 880 Meridian Bay Lan	e Apt#318	1 2 D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: PR1094245421169
Foster City	CA 94404	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir II	
Receipt For:	Aggregate Year-to-Date ▼	
Primary ☐ General Other (specify) ▼	260.00	P/R Deduction (\$10.00 Wee-kly)
Full Name (Last, First, Middle Initial) Sandra J Whitley	<u> </u>	Date of Receipt
Mailing Address 5203 Brookswood Ro	ad	12
City	State Zip Code	Transaction ID: PR1094245821169
Crestwood	KY 40014	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer Kindred Healthcare Inc.	Occupation Mgr Reimb	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	260.00	P/R Deduction (\$10.00 Bi- Weekly)
NIDTOTAL of Descints This Desc (actions)		120.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 72 (check only one) X 11a
A	ny information copied from such Reports and r for commercial purposes, other than using th	Statements may not be sold or used by any person ename and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
۷.	Full Name (Last, First, Middle Initial) Raymond J Sierpina		Date of Receipt
	Mailing Address 14 Westwind Road		12 31 2010
	City Louisville	State Zip Code KY 40207	Transaction ID: PR1094246621169
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 300.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Public Pol &GovtAffair	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2475.00	P/R Deduction (\$100.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Steven Tanner		Date of Receipt
	Mailing Address 1059 Mt Vernon Dr		1 2 3 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: PR1094246821169
	Greenwood	IN 46142	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	60.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir III	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mark A Bush		Date of Receipt
•	Mailing Address 8200 Adams Run Roa	ad	1 2 3 1 2 0 1 0
	City	State Zip Code	Transaction ID: PR1094247121169
	Louisville	KY 40228	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	45.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Fin Business Dev	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	P/R Deduction (\$15.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional) .		405.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52 / 72 (check only one) X 11a
A	Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any pers name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
. ∠ \.	Full Name (Last, First, Middle Initial) Thomas Wood		Date of Receipt
	Mailing Address 2949 Glascock Street		1 2 3 1 Y Y Y Y Y Y
	City Oakland	State Zip Code CA 94601	Transaction ID: PR1094247221169
	FEC ID number of contributing federal political committee.	C 94601	Amount of Each Receipt this Period 195.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dist Dir Operations	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	P/R Deduction (\$65.00 Bi- Weekly)
- 3.	Full Name (Last, First, Middle Initial) Gwynn Rucker		Date of Receipt
	Mailing Address 15106 59th Place NE		1 2 3 1 2 0 1 0
	City	State Zip Code	Transaction ID: PR1094247821169
	Kenmore	WA 98028	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	90.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir Operations I	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 745.00	P/R Deduction (\$30.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Sharon J Spittle		Date of Receipt
	Mailing Address 26 Estes Street		1 2 3 1 2 0 1 0
	City	State Zip Code	Transaction ID: PR1094250021169
	Ipswich FEC ID number of contributing federal political committee.	MA 01938	Amount of Each Receipt this Period 40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir II	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 510.00	P/R Deduction (\$10.00 Wee-kly)
	SUBTOTAL of Receipts This Page (optional)		325.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separat for each cat Detailed Sur		FOR LINE NUMBER: PAGE 53 / 72 (check only one) X 11a 11b 11c 12 13 14 15 16 1
A	any information copied from such Reports and S r for commercial purposes, other than using the	tatements may not be sold or name and address of any pol	used by any person itical committee to s	for the purpose of soliciting contributions olicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
	Full Name (Last, First, Middle Initial) Mary Kathleen Owens			Date of Receipt
	Mailing Address 12667 S. Bear Meador	v Ct.		12 31 2010
	City Draper	State Zip Code UT 84020		Transaction ID: PR1094250421169 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C 04020		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Clin Ops-Wst Reg	-HSD	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date		P/R Deduction (\$10.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Benjamin A Breier			Date of Receipt
	Mailing Address 5400 Farm Ridge Land	•		1 2 3 1 2 0 1 0
	City	State Zip Code		Transaction ID: PR1094250921169
	Prospect	KY 40059		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		576.90
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Operating Office	er	
	Receipt For:	Aggregate Year-to-Date	▼	1
	Primary General Other (specify) ▼		1898.40	P/R Deduction (\$192.30 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Krista J Ward	L		Date of Receipt
	Mailing Address 4541 Southern Parkwa	ay		12 31 2010
	City	State Zip Code		Transaction ID: PR1094251021169
	Louisville	KY 40214		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Fin Sys Dev		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	230.00	P/R Deduction (\$10.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)	•		636.90

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(for each category of the Detailed Summary Page	(Crieck only one)
0	ny information copied from such Reports and r for commercial purposes, other than using the	Statements may not be sold or used by any e name and address of any political commi	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
	Full Name (Last, First, Middle Initial) Kathleen C Paradowski		Date of Receipt
	Mailing Address P.O. Box 1332		12 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Crestwood	State Zip Code KY 40014	Transaction ID: PR1135243821169 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Clin Informaticist Cnslt	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.0	P/R Deduction (\$10.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Steve Ross		Date of Receipt
	Mailing Address 35069 Roberts Lane		12 31 2010
	City	State Zip Code	Transaction ID: PR1135252621169
	St Helens	OR 97051	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	60.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir I	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	520.0	P/R Deduction (\$20.00 Wee-kly)
_	Full Name (Last, First, Middle Initial) Josephine Litzenberger	L	Date of Receipt
	Mailing Address 11401 Dr. M.L.K. Jr. Apt 1201	Street N.	12 31 2010
	City	State Zip Code	Transaction ID: PR1135286921169
	St Petersburg	FL 33716	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	54.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Managed Care	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	468.0	0 P/R Deduction (\$18.00 Bi- Weekly)
Г			. 144.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate sch for each category Detailed Summar	of the (Crieck Only Orle)
7	Any information copied from such Reports and Sor for commercial purposes, other than using the	tatements may not be sold or used name and address of any political of	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
	Full Name (Last, First, Middle Initial) Gregory T Hayden		Date of Receipt
	Mailing Address 7207 Trail Ridge Cour		12 31 7 2010
	City Louisville	State Zip Code KY 40241	Transaction ID: PR1150400121169 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	45.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir State Tax	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	P/R Deduction (\$15.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Julie A Viers		Date of Receipt
	Mailing Address 9508 Corinthian Dr		12 31 2010
	City	State Zip Code	Transaction ID: PR1150400521169
	Louisville FEC ID number of contributing federal political committee.	KY 40299	Amount of Each Receipt this Period 30.00
	Name of Employer	Occupation	
	Kindred Healthćare Inc.	Sr Dir Fin Reporting	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	P/R Deduction (\$10.00 Bi-Weekly)
_	Full Name (Last, First, Middle Initial) Rachael L Parker	L	Date of Receipt
	Mailing Address 70 Birch Ridge Rd		12 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: PR1150411121169
	Westford FEC ID number of contributing federal political committee.	VT 05494	Amount of Each Receipt this Period 60.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir II	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	P/R Deduction (\$10.00 Wee-kly)
Γ	SUBTOTAL of Receipts This Page (optional)	<u> </u>	135.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	for each	parate schedule(s) n category of the d Summary Page	FOR LINE NUMBER: PAGE 56 / 72 (check only one) X 11a 11b 11c 12 13 14 15 16
Any or f	y information copied from such Reports and S or commercial purposes, other than using the	tatements may not be sol name and address of an	d or used by any perso y political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
- I \	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
	Full Name (Last, First, Middle Initial) Barbara Hutchison			Date of Receipt
•	Mailing Address 2730 Madrone Drive			12 31 2010
	City Lodi	State Zip Co		Transaction ID: PR1158557821169 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir II		
	Receipt For: Primary General	Aggregate Year-to-Da	ate ▼	D/D Doduction (\$10.00 Wee
	Other (specify) ▼	0 0 0 0	260.00	P/R Deduction (\$10.00 Wee-kly)
	Full Name (Last, First, Middle Initial) Pamela M Bresee			Date of Receipt
•	Mailing Address 4155 SW 192nd Aver	12 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State Zip Co	ode	Transaction ID: PR1227852421169
,	Aloha	OR 9700	7	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		45.00
•	Name of Employer Kindred Healthcare Inc.	Occupation Reg Financial Ana	ı	
	Receipt For:	Aggregate Year-to-Da	ate V	
	Primary General Other (specify) ▼		390.00	P/R Deduction (\$15.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Larry Livengood			Date of Receipt
	Mailing Address 1219 Pilot Lane			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Co	ode	Transaction ID: PR1267996721169
,	Galveston	TX 7755	4	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation District Director H		
	Receipt For:	Aggregate Year-to-Da	ate V	
	Primary General Other (specify) ▼	0 0 0 0	260.00	P/R Deduction (\$10.00 Bi- Weekly)
				105.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 / 72 (check only one) X 11a
4	any information copied from such Reports and S or for commercial purposes, other than using the	Statements may rename and addre	ot be sold or used by any persons of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
. <u>/</u>	Full Name (Last, First, Middle Initial) Loretta R Jordan			Date of Receipt
	Mailing Address 4017 Ballard Woods D	Orive		12 31 7 2010
	City Smithfield	State KY	Zip Code 40068	Transaction ID: PR1267997721169 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Prog Ana (CnsIt	
	Receipt For: Primary General Other (specify)	Aggregate Y	ear-to-Date ▼ 230.00	P/R Deduction (\$10.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Russell D Ragland			Date of Receipt
	Mailing Address 9902 Palace Green W	12 31 2010		
	City	State	Zip Code	Transaction ID: PR1267998121169
	Vienna FEC ID number of contributing federal political committee.	C	22181	Amount of Each Receipt this Period 150.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP Fin-	HSD	
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 1300.00	P/R Deduction (\$50.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Catherine Nurmela			Date of Receipt
	Mailing Address 1409 W. Elmdale			M M / D D / Y Y Y Y Y Y 1 2 3 1 2 0 1 0
	City Chicago	State IL	Zip Code	Transaction ID: PR1267998421169
	FEC ID number of contributing federal political committee.	C	60660	Amount of Each Receipt this Period 45.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Clinic	cal Off II	
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 390.00	P/R Deduction (\$15.00 Bi- Weekly)
Γ	SUBTOTAL of Receipts This Page (optional)	1		225.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 72 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A	ny information copied from such Reports and a for commercial purposes, other than using the	Statements may not be sold or used by any per name and address of any political committee	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
۷.	Full Name (Last, First, Middle Initial) Donna Sroczynski		Date of Receipt
	Mailing Address 399 Fountain Drive	7. 0.4	12 31 2010
	City Elgin	State Zip Code IL 60124	Transaction ID: PR1281185321169 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	60.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Clin Ops-CentralRegHSD	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	P/R Deduction (\$20.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Diane L. Otteman	<u> </u>	Date of Receipt
	Mailing Address 40 East Cedar Apt. #21A		12 31 2010
	City Chicago	State Zip Code IL 60611	Transaction ID: PR1300206421169
	FEC ID number of contributing federal political committee.	IL 60611	Amount of Each Receipt this Period 45.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Exec Off II	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	P/R Deduction (\$15.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Jane Mathews		Date of Receipt
	Mailing Address 464 E. Cynthia Way		12 31 2010
	City North Salt Lake	State Zip Code UT 84054	Transaction ID: PR1300207321169
	FEC ID number of contributing federal political committee.	UT 84054	Amount of Each Receipt this Period 30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Reg Dir HR-HSD	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional) .	<u> </u>	135.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59 / 72 (check only one) X 11a 11b 11c 12 13 14 15 16 11
A	ny information copied from such Reports and for commercial purposes, other than using the	Statements may not be sold or used by any per- e name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
۷.	Full Name (Last, First, Middle Initial) Rita D Simmons		Date of Receipt
	Mailing Address 200 Franck Avenue		12 31 2010
	City Louisville	State Zip Code KY 40206	Transaction ID: PR1333437021169
	FEC ID number of contributing federal political committee.	C 40206	Amount of Each Receipt this Period 48.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Ops Risk Mgmt	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 416.00	P/R Deduction (\$16.00 Bi-Weekly)
_ s.	Full Name (Last, First, Middle Initial) Bobby G. Muse Jr.		Date of Receipt
	Mailing Address 4514 Oak Pointe Driv	re .	12 31 2010
	City	State Zip Code	Transaction ID: PR1333437121169
	Louisville	KY 40245	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Rec Mgmt & Bus Contin	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mark D. Johnson		Date of Receipt
	Mailing Address 3011 Springcrest Driv	/e	12 31 2010
	City	State Zip Code	Transaction ID: PR1336786721169
	Louisville	KY 40241	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	45.00
	Name of Employer Kindred Healthcare Inc.	Occupation Mgr Desktop Supp	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	P/R Deduction (\$15.00 Bi-Weekly)
	CURTOTAL of Deceipts This Dece (antional)		123.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 72 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may e name and addr	not be sold or used by any personers of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Kindred Healthcare, Inc. PAC			
Full Name (Last, First, Middle Initial) Patrick Herm			Date of Receipt
Mailing Address 1910 Woodfield Road	l		12 / 31 / 2010
City	State	Zip Code	Transaction ID: PR1336787121169
Louisville	KY	40220	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		45.00
Name of Employer Kindred Healthcare Inc	Occupation Reg Finar	icial Ana	
Receipt For:	Aggregate `	Year-to-Date ▼	
Primary General Other (specify) ▼		390.00	P/R Deduction (\$15.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Lisa J Schmidt			Date of Receipt
Mailing Address 7840 Broad Run Road	d		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: PR1346288221169
Louisville	KY	40291	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer Kindred Healthcare Inc.	Occupation Mgr Fin S	ys Dev	
Receipt For:	Aggregate `	Year-to-Date ▼	
Primary General Other (specify) ▼		260.00	P/R Deduction (\$10.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Julieta C Morton	1		Date of Receipt
Mailing Address 5105 Deerchase Tr			12 31 YYYYY 12 31 2010
City	State	Zip Code	Transaction ID: PR1355829321169
Wake Forest	NC	27587	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer Kindred Healthcare Inc.	Occupation Rehab Mg	r-PT	
Receipt For:	Aggregate `	Year-to-Date ▼	
Primary General Other (specify) ▼		260.00	P/R Deduction (\$10.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional) .			105.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 61 / 72 (check only one) X 11a
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may ne name and addre	ot be sold or used by any persess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
∠ A .	Full Name (Last, First, Middle Initial) Ross A Johnson			Date of Receipt
	Mailing Address 5221 Moccasin Trail			12 31 YYYY 2010
	City	State	Zip Code	Transaction ID: PR1359729021169
	Louisville	KY	40207	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		75.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Recruit	ina-PRS	
	Receipt For:	+ +	ear-to-Date ▼	
	Primary General Other (specify) ▼		650.00	P/R Deduction (\$25.00 Bi- Weekly)
- В.	Full Name (Last, First, Middle Initial) Steven M Ager			Date of Receipt
	Mailing Address 310 McCready Avenue	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR1394176921169
	Louisville	KY	40206	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Busine	ess Dev-HSD	
	Receipt For:	Aggregate Y	ear-to-Date	
	Primary General Other (specify) ▼		260.00	P/R Deduction (\$10.00 Bi- Weekly)
- С.	Full Name (Last, First, Middle Initial) James C Hansen	1		Date of Receipt
	Mailing Address 1944 South 275 East			12 31 YYYYY
	City	State	Zip Code	Transaction ID: PR1394177121169
	Clearfield	UT	84015	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		45.00
	Name of Employer Kindred Healthcare Inc.	Occupation Reg Mgr O	peration Reimb	
	Receipt For:	Aggregate Y	ear-to-Date V	
	Primary General Other (specify) ▼		390.00	P/R Deduction (\$15.00 Bi- Weekly)
ſ	CURTOTAL of December This David (and a set)			150.00
}	SUBTOTAL of Receipts This Page (optional)			
- 1	TOTAL This Period (last page this line number	only)		

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 62 / 72 (check only one) X 11a 11b 11c 12 13 14 15 16 11
4	ny information copied from such Reports and r for commercial purposes, other than using th	Statements may not be sold or used by any perse name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
	Full Name (Last, First, Middle Initial) Mary D Van De Kamp		Date of Receipt
	Mailing Address 251 Arbor Lane		12 31 2010
	City <u>Gree</u> n Bay	State Zip Code WI 54301	Transaction ID: PR1408953121169 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	45.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP Clinical Ops-PRS	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	P/R Deduction (\$15.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Pamela A. Justice	1	Date of Receipt
	Mailing Address 5912 Mercury Dr	12 31 2010	
	City	State Zip Code	Transaction ID: PR1408953221169
	Louisville FEC ID number of contributing federal political committee.	KY 40291	Amount of Each Receipt this Period 60.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Fin Sys Dev	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Deborah A Foushee	I	Date of Receipt
	Mailing Address 1106 Indiana Ave.		12 31 2010
	City New Albany	State Zip Code IN 47150	Transaction ID: PR1425258821169
	FEC ID number of contributing federal political committee.	IN 47150	Amount of Each Receipt this Period 48.00
	Name of Employer Kindred Healthcare Inc.		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 416.00	P/R Deduction (\$16.00 Bi- Weekly)
Γ	SURTOTAL of Receipts This Page (optional)		153.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 63 / 72 (check only one) X 11a 11b 11c 12 13 14 15 16
A	ny information copied from such Reports and for commercial purposes, other than using the	Statements may not be sold or used by any perse name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
<u>/_</u>	Full Name (Last, First, Middle Initial) Katherine W Gilchrist		Date of Receipt
	Mailing Address 1668 Victory Court		12 31 2010
	City Prospect	State Zip Code KY 40059	Transaction ID: PR1524244421169 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	60.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP Finance-PRS	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	P/R Deduction (\$20.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Juanita D Blevens		Date of Receipt
	Mailing Address 1712 Penile Road	12 31 7 2010	
	City	State Zip Code	Transaction ID: PR1541444221169
	Louisville FEC ID number of contributing federal political committee.	KY 40272	Amount of Each Receipt this Period 30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Casualty Insurance	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)
_	Full Name (Last, First, Middle Initial) Cassandra Rocke	1	Date of Receipt
	Mailing Address 15230 Kingston Ct. Foxridge Estates		12 31 2010
	City	State Zip Code	Transaction ID: PR1582894121169
	Brighton FEC ID number of contributing federal political committee.	CO 80602	Amount of Each Receipt this Period 30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir Operations I	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi- Weekly)
Γ,	SUBTOTAL of Receipts This Page (optional) .	1	120.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 64 / 72 (check only one) X		
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personal statements and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
Kindred Healthcare, Inc. PAC				
Full Name (Last, First, Middle Initial) Christopher Murphy		Date of Receipt		
Mailing Address 17108 Deercrossing		12 31 2010		
City <u>Fisherville</u>	State Zip Code KY 40023	Transaction ID: PR1582894521169 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	60.00		
Name of Employer Kindred Healthcare Inc.	Occupation Sr VP-Central Reg-HSD			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	P/R Deduction (\$20.00 Bi- Weekly)		
Full Name (Last, First, Middle Initial) Mark Guth	Date of Receipt			
Mailing Address 28746 Little Big Horn	ailing Address 28746 Little Big Horn Drive			
City	State Zip Code	Transaction ID: PR1604601521169		
Evergreen	CO 80439	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	45.00		
Name of Employer Kindred Healthcare Inc.	Occupation Reg Dir Sales & MktingHSD			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	P/R Deduction (\$15.00 Bi- Weekly)		
Full Name (Last, First, Middle Initial) Marilyn Weaver		Date of Receipt		
Mailing Address 1700 Penile Rd		12 31 YYYYY 12 31 2010		
City Valley Station	State Zip Code KY 40272	Transaction ID: PR1618127221169 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	30.00		
Name of Employer Kindred Healthcare Occupation Mgr Leased Property				
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi- Weekly)		
SURTOTAL of Receipts This Page (optional)		135.00		

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 65 / 72 (check only one) X 11a 11b 11c 12 13 14 15 16
A	ny information copied from such Reports and sur for commercial purposes, other than using the	Statements may not be sold or used by any per e name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
Z	Full Name (Last, First, Middle Initial) Mary Jane Dailey		Date of Receipt
	Mailing Address 10411 Loving Trail Dr		12 31 2010
	City <u>Frisco</u>	State Zip Code TX 75035	Transaction ID: PR1618127521169 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	300.00
	Name of Employer Kindred Healthcare, Inc.	Occupation VP & CCO-East Reg-HD	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2600.00	P/R Deduction (\$100.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Linda E Bowen	Date of Receipt	
	Mailing Address 650 Garden Road		12 31 2010
	City	State Zip Code	Transaction ID: PR1618128521169
	Zanesville	OH 43701	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer Kindred Healthcare	Occupation Sr Dir Clin Srvcs-H&HH	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	260.00	P/R Deduction (\$10.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Kathy Adkins		Date of Receipt
	Mailing Address 6522 State Rd. 250		12 31 2010
	City	State Zip Code	Transaction ID: PR1618128621169
	Calhoun	KY 42327	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		30.00
	Name of Employer Kindred Healthcare Inc.		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	P/R Deduction (\$10.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional).	•	360.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	for eac	parate schedule(s) h category of the d Summary Page	FOR LINE NUMBER: PAGE 66 / 72 (check only one) X 11a 11b 11c 12 13 14 15 16
0	ny information copied from such Reports and s r for commercial purposes, other than using the	Statements may not be so aname and address of an	ld or used by any person y political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
<u></u>	Full Name (Last, First, Middle Initial) Michael Lawson			Date of Receipt
	Mailing Address 2385 Nutwood Place			12 31 7 2010
	City Manteca	State Zip C CA 9533		Transaction ID: PR1618128721169 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		105.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Exec Off III		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-D	ate ▼ 910.00	P/R Deduction (\$35.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Jeanna R. Conder			Date of Receipt
	Mailing Address 707 Quisenberry Lane			1 2 3 1 2 0 1 0
	City	State Zip C		Transaction ID: PR1618128921169
	Winchester FEC ID number of contributing	KY 4039	1	Amount of Each Receipt this Period 30.00
	federal political committee.			
	Name of Employer Kindred Healthcare	Occupation Rehab Clin Cnslt-	PRS	
	Receipt For:	Aggregate Year-to-D	ate ▼	
	Primary General Other (specify) ▼		260.00	P/R Deduction (\$10.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) John Williams			Date of Receipt
	Mailing Address 520 East 9000 South			12 31 2010
	City	State Zip C	ode	Transaction ID: PR1618129021169
	Sandy	UT 8407	0	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		30.00	
	Name of Employer Kindred Healthcare	Name of Employer Cocupation Sindred Healthcare Executive Dir II		
	Receipt For: Primary General Other (specify)	Aggregate Year-to-D	ate ▼ 260.00	P/R Deduction (\$10.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional) .	I.		165.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 67 / 72 (check only one) X
	Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions
	> Kindred Healthcare, Inc. PAC		
١.	Full Name (Last, First, Middle Initial) Darrin Hull		Date of Receipt
	Mailing Address 277 Bark River Court		12 31 2010
	City Delafield	State Zip Code WI 53018	Transaction ID: PR1622380121169 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	60.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir Operations II	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	P/R Deduction (\$20.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Susan D. Rose		Date of Receipt
	Mailing Address 3402 Acacia Avenue	12 31 YYYY 2010	
	City	State Zip Code	Transaction ID: PR1622380221169
	Shepherdsville	KY 40165	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	45.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Internal Audit	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 390.00	P/R Deduction (\$15.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Karen O Moore		Date of Receipt
	Mailing Address 40 Main Street Apt. A		12 31 Y Y Y Y Y Y Y
	City Shelburne Falls	State Zip Code MA 01370	Transaction ID: PR1622380321169 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Exec Off III	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	P/R Deduction (\$10.00 Wee-kly)
	SUBTOTAL of Receipts This Page (optional)		135.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 68 / 72 (check only one) X 11a
,	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any pers lress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
	Full Name (Last, First, Middle Initial) Robert Groezinger			Date of Receipt
	Mailing Address 25537 Jane Street			12 31 2010
	City San Bernardino	State CA	Zip Code 92404	Transaction ID: PR1668092321169 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		45.00
	Name of Employer Kindred Healthcare Inc.	Occupation Area Mgr		
	Receipt For:	- '	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	390.00	P/R Deduction (\$15.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Richard C Gandersman	Date of Receipt		
	Mailing Address 6685 Miami Woods D	12 31 2010		
	City	State	Zip Code	Transaction ID: PR1724379221169
	Loveland	OH	45140	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation SVP Hos	n pice&Home Health	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	260.00	P/R Deduction (\$10.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Gloria Stanger			Date of Receipt
	Mailing Address 1925 46th Ave #125			12 31 2010
	City	State	Zip Code	Transaction ID: PR1727839421169
	Capitola	CA	95010	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer Kindred Healthcare Inc. Occupation Dir Nursing II			30.00
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Wee-kly)
	SUBTOTAL of Receipts This Page (optional) .	•		105.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 69 / 72 (check only one) X 11a 11b 11c 12 13 14 15 16	
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	statements may not be sold or used by any personal name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
Kindred Healthcare, Inc. PAC			
Full Name (Last, First, Middle Initial) Derrick Glum		Date of Receipt	
Mailing Address 1125 Shermand Cir.		12 31 2010	
City	State Zip Code	Transaction ID: PR1767984921169	
St. George	UT 84790	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	30.00	
Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir II		
Receipt For: Primary General	Aggregate Year-to-Date ▼		
Other (specify)	240.00	P/R Deduction (\$10.00 Bi- Weekly)	
Full Name (Last, First, Middle Initial) Michelle Mullen		Date of Receipt	
Mailing Address 11516 Yorktown Blvd	12 31 2010		
City	State Zip Code	Transaction ID: PR1774751221169	
Sellersburg	IN 47172	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	45.00	
Name of Employer Kindred Healthcare Inc.	Occupation Resource CCO HD		
Receipt For: Primary General	Aggregate Year-to-Date ▼		
Other (specify)	300.00	P/R Deduction (\$15.00 Bi- Weekly)	
Full Name (Last, First, Middle Initial) Jeff Hoehn			
Mailing Address 5912 N. Shoreland Ave	12 31 YYYY 12 31		
City	State Zip Code	Transaction ID: PR1774751621169	
Milwaukee	WI 53217	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	120.00	
Name of Employer Kindred Healthcare	Occupation Dist Dir Operations I		
Receipt For:	Aggregate Year-to-Date ▼		
Primary General Other (specify) ▼	800.00	P/R Deduction (\$40.00 Bi- Weekly)	
SUBTOTAL of Receipts This Page (optional)		195.00	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for	se separate schedule(s) reach category of the etailed Summary Page	FOR LINE NUMBER: PAGE 70 / 72 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Sta or for commercial purposes, other than using the r	atements may not b name and address	oe sold or used by any perso of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		•	
∠ A.	Full Name (Last, First, Middle Initial) Stacie M Bratcher			Date of Receipt
- ••	Mailing Address 6605 Heritage Hills Stre	eet		M M / D D / Y Y Y Y Y Y 1 Y 1 2 0 1 0
	City		Zip Code	Transaction ID: PR1774751821169
	Crestwood	KY .	40014	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		210.00
	Name of Employer Kindred Healthcare	Occupation VP Hosp Reha	ab Srvcs-PRS	
	Receipt For:	Aggregate Year		
	Primary General Other (specify) ▼	0 0	1400.00	P/R Deduction (\$70.00 Bi- Weekly)
- В.	Full Name (Last, First, Middle Initial) Philip B Ragsdell			Date of Receipt
	Mailing Address 12004 Log Cabin Lane	12 31 / Y Y Y Y Y Y		
	City		Zip Code	Transaction ID: PR1784229521169
	Louisville	KY 4	40223	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		66.00
	Name of Employer Kindred Healthcare	Occupation Dir Customer	Supp	
	Receipt For:	Aggregate Year	-to-Date ▼	
	Primary General Other (specify) ▼	0 0 0	396.00	P/R Deduction (\$22.00 Bi- Weekly)
- C.	Full Name (Last, First, Middle Initial) Timmy L. Hesson			Date of Receipt
	Mailing Address 2710 Pikes Peak Boulet	vard		12 31 / Y Y Y Y Y Y
	City		Zip Code	Transaction ID: PR1784230721169
	Louisville	KY .	40214	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		45.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Wintel & S	Storage Mgmt	
	Receipt For:	Aggregate Year	-to-Date	
	Primary General Other (specify) ▼	0 0 0	270.00	P/R Deduction (\$15.00 Bi- Weekly)
ſ	SUPTOTAL of Descripts This Description of			321.00
}	SUBTOTAL of Receipts This Page (optional))	
	TOTAL This Period (last page this line number o	only)		

Average of the purpose of soliciting contribution of coronmental purposes, other than using the name and address of any political committee to solicit contributions from such commit or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. A. A	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each ca	ate schedule(s) ategory of the ummary Page	FOR LINE NUMBER: PAGE 71 / 72 (check only one) X 11a 11b 11c 12 13 14 15 16 11		
NAME OF COMMITTEE (in Full) Kindred Healthcare, inc. PAC Name (Last, First, Middle Initial)	Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold on name and address of any p	or used by any person olitical committee to s	for the purpose of soliciting contributions		
Lawrence J. Toyle Mailing Address 3 September Lane Date of Receipt State Zip Code Date of Receipt State Z	NAME OF COMMITTEE (In Full)	ала аастоо от ату р				
Mailing Address 3 September Lane State Zip Code Burlington MA 01803 Amount of Each Receipt this Per State Zip Code Transaction ID: PR17842308: Amount of Each Receipt this Per State Zip Code Controller Receipt For: Primary General Other (specify) ▼ State Zip Code Transaction ID: PR17842308: Amount of Each Receipt this Per State Zip Code P/R Deduction (\$20.00 Bi-Weekly) Transaction ID: PR17842315: Amount of Each Receipt Mailing Address 7041 Clubview Dr Date of Receipt Mailing Address December of Contributing Receipt Por: Primary General Other (specify) ▼ Date of Receipt Mailing Address 339 Gillette Drive Date of Receipt Name of Employer Substate December of Contributing Date of Receipt Name of Employer Substate December of Contributing Date of Receipt Name of Employer December of Contributing December of Contri				Date of Receipt		
City Burlington MA 01803 FEC ID number of contributing federal political committee. Name of Employer Kindred Healthcare		-				
Second Federal political committee. Companies		·	9	Transaction ID: PR1784230821169 Amount of Each Receipt this Period		
Receipt For:		C		60.00		
Primary General Other (specify) ▼ 360.00 P/R Deduction (\$20.00 Bi-Weekly) Full Name (Last, First, Middle Initial) Carol Falo Mailing Address 7041 Clubview Dr City Bridgeville PA 15017 FEC ID number of contributing federal political committee. Name of Employer Kindred Healthcare Primary General Other (specify) ▼ 380.00 P/R Deduction (\$20.00 Bi-Weekly) Date of Receipt Transaction ID: PR17842315; Amount of Each Receipt this Per Occupation Chief Clinical Off II Receipt For: Primary General Other (specify) ▼ 380.00 P/R Deduction (\$20.00 Bi-Weekly) Date of Receipt Tansaction ID: PR17842315; Amount of Each Receipt this Per Aggregate Year-to-Date ▼ Tansaction ID: PR18358337; P/R Deduction (\$20.00 Bi-Weekly) Date of Receipt Tansaction ID: PR18358337; Tansaction ID: PR18358337; Amount of Each Receipt this Per Tansaction ID: PR18358337; Amount of Each Receipt this Per Tansaction ID: PR18358337; Amount of Each Receipt this Per EC ID number of contributing federal political committee. C 150 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ P/R Deduction (\$50.00 Bi-Weekly) P/R Deduction (\$50.00 Bi-Weekly)	Name of Employer Kindred Healthcare	1				
Date of Receipt Mailing Address 7041 Clubview Dr City State Zip Code PA 15017 FEC ID number of contributing federal political committee. Name of Employer Kindred Healthcare Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Barry Somervell Mailing Address 339 Gillette Drive City State Zip Code PA 15017 Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Barry Somervell Mailing Address 339 Gillette Drive City State Zip Code Transaction ID: PR183583372 FEC ID number of contributing federal political committee. Name of Employer Kindred Healthcare Inc. Name of Employer Kindred Healthcare Inc. Receipt For: Occupation SVP Sales & Bus Dev HSD Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ P/R Deduction (\$50.00 Bi-Weekly)	Primary General	Aggregate Year-to-Date		P/R Deduction (\$20.00 Bi- Weekly)		
City Bridgeville FEC ID number of contributing federal political committee. Name of Employer Kindred Healthcare City Bridgeville FEC ID number of contributing federal political committee. Name of Employer Kindred Healthcare Chief Clinical Off II Receipt For: Primary General Other (specify) ▼ State Zip Code Transaction ID: PR18358337: Full Name (Last, First, Middle Initial) Barry Somervell Mailing Address 339 Gillette Drive City State Zip Code Transaction ID: PR18358337: Franklin TN 37069 FEC ID number of contributing federal political committee. Name of Employer Kindred Healthcare Inc. Receipt For: Primary General Occupation SVP Sales & Bus Dev HSD Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ P/R Deduction (\$50.00 Bi-Weekly) P/R Deduction (\$50.00 Bi-Weekly)	,			Date of Receipt		
Bridgeville PA 15017 FEC ID number of contributing federal political committee. Name of Employer Kindred Healthcare Primary General Other (specify) ▼ City State Zip Code Transaction ID: PR18358337: Franklin TN 37069 FEC ID number of contributing federal political committee. City State Zip Code Transaction ID: PR18358337: Franklin TN 37069 FEC ID number of contributing federal political committee. Name of Employer Kindred Healthcare City State Zip Code Transaction ID: PR18358337: Franklin TN 37069 FEC ID number of contributing federal political committee. Name of Employer Kindred Healthcare Inc. Receipt For: Primary General Other (specify) ▼ Amount of Each Receipt this Per Amo	Mailing Address 7041 Clubview Dr	12 31 2010				
FEC ID number of contributing federal political committee. Name of Employer Kindred Healthcare Chief Clinical Off II Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Barry Somervell Mailing Address 339 Gillette Drive City State Zip Code TN 37069 FEC ID number of contributing federal political committee. Name of Employer Kindred Healthcare Inc. Name of Employer Kindred Healthcare Inc. Receipt For: Primary General Occupation SVP Sales & Bus Dev HSD Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ P/R Deduction (\$20.00 Bi-VY Y Y Z D Date of Receipt Transaction ID: PR18358337: Amount of Each Receipt this Per SVP Sales & Bus Dev HSD P/R Deduction (\$50.00 Bi-Veekly)	•	•	9	Transaction ID: PR1784231521169 Amount of Each Receipt this Period		
Receipt For: Primary General Aggregate Year-to-Date ▼ Other (specify) ▼ 380.00 P/R Deduction (\$20.00 Bi-Weekly) Full Name (Last, First, Middle Initial) Barry Somervell Mailing Address 339 Gillette Drive 1 2	FEC ID number of contributing	С		60.00		
Primary General Other (specify) ▼ Saland O	Name of Employer Kindred Healthcare	1				
Mailing Address 339 Gillette Drive City State Zip Code Transaction ID: PR18358337: Franklin TN 37069 FEC ID number of contributing federal political committee. Name of Employer Kindred Healthcare Inc. Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ P/R Deduction (\$50.00 Bi-Weekly)	Primary General	Aggregate Year-to-Date		P/R Deduction (\$20.00 Bi- Weekly)		
City State Zip Code Franklin TN 37069 FEC ID number of contributing federal political committee. Name of Employer Kindred Healthcare Inc. Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 12 31 20 Transaction ID: PR183583372 Amount of Each Receipt this Per 150 Aggregate Year-to-Date ▼ P/R Deduction (\$50.00 Bi-Weekly)				Date of Receipt		
Franklin TN 37069 Amount of Each Receipt this Per FEC ID number of contributing federal political committee. Name of Employer Kindred Healthcare Inc. Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ P/R Deduction (\$50.00 Bi-Weekly)	Mailing Address 339 Gillette Drive					
FEC ID number of contributing federal political committee. Name of Employer Kindred Healthcare Inc. Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ P/R Deduction (\$50.00 Bi-Weekly)	-		9	Transaction ID: PR1835833721169		
Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ P/R Deduction (\$50.00 Bi-Weekly)	FEC ID number of contributing			150.00		
Primary General Other (specify) ▼ 400.00 P/R Deduction (\$50.00 Bi-Weekly)	Name of Employer Kindred Healthcare Inc.	Name of Employer Kindred Healthcare Inc. Occupation SVP Sales & Bus Dev HSD				
SUBTOTAL of Receipts This Page (optional)	Primary General	Aggregate Year-to-Date		P/R Deduction (\$50.00 Bi- Weekly)		
	SUBTOTAL of Receipts This Page (optional)		.	270.00		
TOTAL This Period (last page this line number only)	TOTAL This Period (last nage this line number of	nlv)	•	19500.50		

В.

χ Senate

District:

State: MT

President

X Primary

Other (specify)

.95// 11000070702			
SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER:	PAGE 72/72
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only one) 21b 22 X 23 27 28a 28	
Any Information copied from such Reports and State or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
Full Name (Last, First, Middle Initial) McConnell Senate Committee '14 Mailing Address P.O. Box 1496		Transaction Date of Disbu	D: 37690065 ursement
City Louisville	State Zip Code KY 40201	Amount of Ea	ach Disbursement this Period
Purpose of Disbursement Contribution Candidate Name Sen. Mitch McConnell	C	011 Category/ Type	5000.00
	sement For: 2014 X Primary General Other (specify)	Contribution	1
Full Name (Last, First, Middle Initial) Friends of Max Baucus		Transaction Date of Disbu	ID: 37898637 ursement
Mailing Address PO Box 586 City Helena	State Zip Code MT 59624		ach Disbursement this Period
Purpose of Disbursement Contribution Candidate Name Sen. Max Baucus		011 Category/ Type	5000.00
Office Sought: House Disbur	sement For: 2014	Contribution	1

General

SUBTOTAL of Disbursements This Page (optional)	•	10000.00
TOTAL This Period (last page this line number only)	•	10000.00