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## FEC FORM 3X

Only

# 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. ZIPCODE 🛋 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) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Χ Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 28 2006 12 3 1 2006 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 Hank Robinson Electronically Filed by 0 1 25 2007 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. 02/2003)

### Image# 27930073732

## **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Kindred Healthcare, Inc. PAC D D " D 28 12 1.1 2006 3 1 2006 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand <sup>°</sup>2006 176556.29 January 1 (b) Cash on Hand at 107028.99 Begining of Reporting Period ..... 12557.30 159115.90 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 119586.29 335672.19 6(a) and 6(c) for Column B) ..... 0.00 216085.90 7. Total Disbursements (from Line 31) ...... Cash on Hand at Close of Reporting Period 119586.29 119586.29 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D) ..... 0.00 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) .....

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

### For further information contact:

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

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

## DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name Kindred Healthcare, Inc. PAC

Report Covering the Period:

м м 1 1

From:

<sup>D</sup> 2<sup>B</sup>

2006

Γο:

м м 1 2 <sup>D</sup> 3 1

<sup>Y</sup> 2006

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From:  (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	10330.80	77977.00
	(ii) Unitemized	2226.50	75138.90
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	12557.30	153115.90
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	12557.30	153115.90
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
0.	to Federal candidates and Other Political Committees	0.00	6000.00
17.	Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
8.	Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	12557.30	159115.90
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	12557.30	159115.90

## **DETAILED SUMMARY PAGE**

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

	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	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	0.00	135.90
	Expenditures(c) Total Operating Expenditures	5.55	100.00
	(add 21(a)(i), (a)(ii) and (b))	0.00	135.90
22.	Transfers to Affiliated/Other Party Committees	0.00	0.00
23.	Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	0.00	209250.00
24.	Independent Expenditure (use Schedule E)	0.00	0.00
25.	Coordinated Expenditures Made by Party		
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26.	Loan Repayments Made	0.00	0.00
27.	Loans Made	0.00	0.00
28.	Refunds of Contributions To: (a) Individuals/Persons Other	0.00	0.00
	Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))	0.00	0.00
29.	Other Disbursements	0.00	6700.00
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 Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	0.00	216085.90
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) from Line 30(a)(ii)	2.22	040005.00
	from Line 31)	0.00	216085.90

## **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	12557.30	153115.90
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12557.30	153115.90
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	135.90
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	135.90

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 6 / 91 (check only one)
-			Detailed Summary Page	
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
۹.	Full Name (Last, First, Middle Initial) Aryendra Laljie			Date of Receipt
	Mailing Address 10241 SW 13th Street			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109410349771
	Pembroke Pines FI	FL	33025	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Reg Dir F		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		260.00	P/R Deduction (\$10.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Teresa S Anderson			Date of Receipt
	Mailing Address 7115 Coachwood Drive	M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR109418379771
	Georgetown	IN	47122	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 Fir	า n Sys Dev	
	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) Richard E Chapman			Date of Receipt
	Mailing Address 11200 Bodley Drive			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109418389771
	Louisville	KY	40223	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		140.00
	Name of Employer Kindred Healthcare Inc.		Chief Adm&InfoOff	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	P/R Deduction (\$70.00 Bi-
	Other (specify) ▼		1820.00	Weekly)
SI	UBTOTAL of Receipts This Page (optional)			190.00
т	OTAL This Period (last page this line number or	ıly)	<b>)</b>	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 7/91		
	ITEMIZED RECEIPTS		or each category of the	(check only one)		
11	II LIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12		
				13 14 15 16 17		
Ar	ny information copied from such Reports and State for commercial purposes, other than using the r	atements may	not be sold or used by any perso	n for the purpose of soliciting contributions		
Or		iame and add	aress 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)					
A.	A. Edward L Kuntz			Date of Receipt		
	Mailing Address 8807 Stable Crest Bould	evard		M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR109418399771		
	Houston TX  FEC ID number of contributing federal political committee.		77024	Amount of Each Receipt this Period		
			77027	Amount of Lacri receipt this renou		
				200.00		
	Name of Employer Kindred Healthcare Inc.	Occupation	n	7		
	Kindred Healthcare Inc.	Executive	e Chairman			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General	, ,	2600.00	P/R Deduction (\$100.00 Bi-		
	Other (specify)		2000.00	Weekly)		
_						
В.	Full Name (Last, First, Middle Initial) Kurt Brockhausen			Date of Receipt		
	Mailing Address 209 Glenwood Ct			M M / D D / Y Y Y Y		
	City State		Zip Code	Transaction ID: PR109418429771		
	Great Falls	MT	59405	Amount of Each Receipt this Period		
	FEC ID number of contributing	С		20.00		
	federal political committee.	C .		20.00		
	Name of Employer	Occupation	n	-		
	Name of Employer Kindred Healthcare Inc.	Pharm M				
	Receipt For:		e Year-to-Date ▼	1		
	Primary General			P/R Deduction (\$10.00 Bi-		
	Other (specify)		260.00	Weekly)		
C.	Full Name (Last, First, Middle Initial) David R Windhorst			Date of Receipt		
•	Mailing Address 2000 Spring Farms Roa	ad		M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR109418509771		
	Floyds Knobs	IN	47119	Amount of Each Receipt this Period		
	FEC ID number of contributing	С		80.00		
federal political committee.		<u> </u>		00.00		
	Name of Employer	Occupation	n	┪		
	Name of Employer Kindred Healthcare Inc.		icial Sys Dev			
	Receipt For:		e Year-to-Date ▼	1		
	Primary General	111		P/R Deduction (\$40.00 Bi-		
Other (specify) ▼			1040.00	Weekly)		
				200.00		
S	UBTOTAL of Receipts This Page (optional)		·····	300.00		
T	TOTAL This Period (last page this line number only)					

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 91 (check only one)    X
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
۹.	Full Name (Last, First, Middle Initial) Lawrence I Wolf  Mailing Address 4826 N Winthrop Ave #3	ne.		Date of Receipt
	· ·			
	Chicago	State II	Zip Code 60640	Transaction ID: PR109418519771
	FEC ID number of contributing federal political committee.	C	60040	Amount of Each Receipt this Period  40.00
	Name of Employer Kindred Healthcare Inc.		n Appl-Data Arch e Year-to-Date ▼	
	Primary General Other (specify) ▼	riggi ogali	520.00	P/R Deduction (\$20.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Mary Jane Frappier-Neff Mailing Address 2883 Bellwind Circle			Date of Receipt
	City	State	Zip Code	Transaction ID: PR109418529771
	Rockledge	FL	32955	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Re		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi- Weekly)
<u> </u>	Full Name (Last, First, Middle Initial) Judy Weaver			Date of Receipt
	Mailing Address 1635 Blackmore Drive			M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR109418539771
	Indianapolis FEC ID number of contributing federal political committee.	C	46231	Amount of Each Receipt this Period  30.00
	Name of Employer Kindred Healthcare Inc.		Clin Ops-HD	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 390.00	P/R Deduction (\$15.00 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			90.00
т.	OTAL This Period (last page this line number or	nlv)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 91 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
۹.	Full Name (Last, First, Middle Initial) Katheryn J Markham Mailing Address 10602 Taylor Farm Ct			Date of Receipt
		01-1-	7'- 0-1-	
	City Prospect	State KY	Zip Code 40059	Transaction ID: PR109418569771  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000	70.00
	Name of Employer Kindred Healthcare Inc.		anning&FieldSvcs	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 910.00	P/R Deduction (\$35.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Dan Mcreynolds  Mailing Address 7620 Beech Spring Cour	+		Date of Receipt
	7020 Beech Spring Cour			
	City	State	Zip Code	Transaction ID: PR109418579771
	Louisville FEC ID number of contributing	C	40241	Amount of Each Receipt this Period  20.00
	federal political committee.			
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Da	n ataWarehouseSvcs	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	260.00	P/R Deduction (\$10.00 Bi- Weekly)
).	Full Name (Last, First, Middle Initial) Janis L Mahoney			Date of Receipt
	Mailing Address 3403 S. Highway 53			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109418589771
	LaGrange	KY	40031	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Te	n chnical Svcs	
	Receipt For:  ☐ Primary ☐ General  Other (specify) ▼		e Year-to-Date ▼ 380.00	P/R Deduction (\$20.00 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			130.00
T	OTAL This Period (last page this line number on	ılv)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 91 (check only one)    X
An or	y information copied from such Reports and Stator commercial purposes, other than using the national states.	tements may ame and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
۹.	Full Name (Last, First, Middle Initial) Catherine A Gooch Mailing Address 14516 Clear Meadow Co	ourt		Date of Receipt
	City	State	Zip Code	
	City Louisville	KY	40245	Transaction ID: PR109418599771  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Fin S	ys Dev	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 520.00	P/R Deduction (\$20.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Brian K Rapp Mailing Address 154 Rock Trail Court			Date of Receipt
	Walling Address 134 NOCK Trail Court			
	City	State	Zip Code	Transaction ID: PR109418639771
	Ballwin  FEC ID number of contributing federal political committee.	C	63011	Amount of Each Receipt this Period  20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Quali		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi- Weekly)
<b>-</b> C.	Full Name (Last, First, Middle Initial) Patrick J Gillenwater			Date of Receipt
	Mailing Address 402 Erin Drive			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109418649771
	<u>Jeffersonville</u>	IN	47130	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		35.00
	Name of Employer Kindred Healthcare Inc.	Occupation  Adm Dir	n IS Admin	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 455.00	P/R Deduction (\$17.50 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			95.00
т.	OTAL This Period (last page this line number or	nlv)		

SCHEDULE A (FEC Form	3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 11/91	
ITEMIZED RECEIPTS		or each category of the	(check only one)  X 11a  11b  11c  12	
		Detailed Summary Page		
Any information copied from such Reports	s and Statements may	not be sold or used by any perso	n for the purpose of soliciting contributions solicit contributions from such committee.	
or for commercial purposes, other than us  NAME OF COMMITTEE (In Full)	ang the name and add	iress or any pontical committee to	SOICH CONTINUED IN SOUTH SUCH COMMITMEE.	
Kindred Healthcare, Inc. PAC				
/				
Full Name (Last, First, Middle Initial)  A. Mona Euler			Date of Receipt	
Mailing Address 12568 Sandston	e Run		M M / D D / Y Y Y Y	
City	State IN	Zip Code	Transaction ID: PR109418679771	
Carmel	IIN	46033	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 Exe			
Receipt For:		Year-to-Date ▼		
Primary General		260.00	P/R Deduction (\$10.00 Bi-	
Other (specify) ▼	0 0	200.00	Weekly)	
Full Name (Last, First, Middle Initial)  3. William B Seibert	•		Date of Receipt	
Mailing Address 4706 Wolfcreek Pkwy			M " M / D " D / Y " Y " Y " Y	
City	City State Zip Code			
<u>Louisville</u>	KY	40241	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		60.00	
Name of Employer Kindred Healthcare Inc.	Occupation			
Receipt For:		n Sys Dev Year-to-Date ▼	_	
Primary General	Aggregate		P/R Deduction (\$30.00 Bi-	
Other (specify) ▼		780.00	Weekly)	
Full Name (Last, First, Middle Initial)  Deborah F Rickert			Date of Receipt	
Mailing Address 7003 Shallow La	ke Road		M M / D D / Y Y Y Y	
City	State	Zip Code	Transaction ID: PR109418779771	
Prospect	KY	40059	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		40.00	
Name of Employer	Occupation	1		
Name of Employer Kindred Healthcare Inc.		n Sys Dev		
Receipt For:	Aggregate	Year-to-Date ▼		
Primary General Other (specify) ▼		520.00	P/R Deduction (\$20.00 Bi- Weekly)	
Calor (opcony) \			,	
SUBTOTAL of Receipts This Page (opti	onal)		130.00	
		<u> </u>		
TOTAL This Period (last page this line n	umber only)	<b>.</b>		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 91 (check only one)    X   11a
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
۹.	Full Name (Last, First, Middle Initial) Charles Wardrip Mailing Address 2805 Chestnut Ridge Pla			Date of Receipt
	City Louisville	State KY	Zip Code 40245	Transaction ID: PR109418799771
	FEC ID number of contributing federal political committee.	C	40243	Amount of Each Receipt this Period  70.00
	Name of Employer Kindred Healthcare Inc.		n os & Telecomm e Year-to-Date ▼	
	Primary General Other (specify) ▼	7 iggi ogaic	905.00	P/R Deduction (\$35.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Stephen M Dobler Mailing Address 1106 Holly Springs Drive			Date of Receipt
	Mailing Address 1106 Holly Springs Drive	M M / D D / Y Y Y Y		
	City	State	Zip Code	<b>Transaction ID:</b> PR109418809771
	Louisville	KY	40242	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		90.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP IS Fire	n nance & Admin	
	Receipt For:	Aggregate	e 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 3311 Cobblers Ct			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109418829771
	New Albany	IN	47150	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Cli	n in Systems Dev	
	Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 520.00	P/R Deduction (\$20.00 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			200.00
T	OTAL This Period (last page this line number on	ılv)		

SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 13/91
	EMIZED RECEIPTS		or each category of the	(check only one)
			Detailed Summary Page	X   11a   11b   11c   12   15   16   17
An	y information copied from such Reports and Stat	ements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	Kindred Healthcare, Inc. PAC			
	Full Name (Last, First, Middle Initial)			
٩.	Steven J Paynter  Mailing Address 3105 Crestmoor Court			Date of Receipt
				Wishin, Bab, Tarana
	City	State	Zip Code	Transaction ID: PR109418849771
	Prospect	KY	40059	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		40.00
	Name of Employer Kindred Healthcare Inc.	Occupation	n Tech Arch	
	Receipt For:		Year-to-Date ▼	-
	Primary General		520.00	P/R Deduction (\$20.00 Bi-
	Other (specify) ▼		320.00	Weekly)
3.	Full Name (Last, First, Middle Initial) Kimberly Ann Beach			Date of Receipt
	Mailing Address 6615 Leland Drive			M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR109418869771
	Crestwood	KY	40014	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.00
	Name of Employer Kindred Healthcare Inc.	Occupation		7
			ation Sys-HSD	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	D/D Deduction (\$10.00 B)
	Other (specify) ▼		260.00	P/R Deduction (\$10.00 Bi- Weekly)
— Э.	Full Name (Last, First, Middle Initial) William R Rhodes			Date of Receipt
	Mailing Address 11303 Vista Greens Driv	е		M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR109418899771
	Louisville	KY	40241	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Tech Cns		
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		260.00	P/R Deduction (\$10.00 Bi- Weekly)
SI	JBTOTAL of Receipts This Page (optional)			80.00
	DETERMINE OF THE PROPERTY OF T		······	
T	OTAL This Period (last page this line number on	ly)	<b>)</b>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 91 (check only one)  X 11a 11b 11c 12
Λn	y information copied from such Reports and Sta	tomonte may	<u> </u>	13 14 15 16 17
or i	or commercial purposes, other than using the n	ame and ado	from the sold of used by any person fress of any political committee to	solicit contributions from such committee.
$\rangle$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
۹.	Full Name (Last, First, Middle Initial) Martin Ardron			Date of Receipt
	Mailing Address 77 Rising Hill Road			M M / D D / Y Y Y Y
	City Phillips Ranch	State CA	Zip Code 91766	Transaction ID: PR109418919771
	FEC ID number of contributing federal political committee.	C	31/00	Amount of Each Receipt this Period  50.00
	Name of Employer Kindred Healthcare Inc.	Occupation Reg Dir H	n Hosp Rehab-PRS	
	Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 650.00	P/R Deduction (\$25.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Michael Metzger			Date of Receipt
	Mailing Address 121 Tamarack Ct.	M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR109418939771
	Lindenhurst	<u>IL</u>	60046	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 Fin		
	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) Linn Billingsley			Date of Receipt
	Mailing Address P.O. Box 122			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109418989771
	Blue Diamond	NV	89004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		60.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 520.00	P/R Deduction (\$20.00 Bi- Weekly)
SI	JBTOTAL of Receipts This Page (optional)			155.00
т	OTAL This Period (last page this line number or	ıly)		

# SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC For	m 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE (check only one)	15 / 91
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c	] 12
		Detailed Summary Fage	13 14 15	16 17
Any information copied from such Re or for commercial purposes, other that	ports and Statements may in using the name and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contrib solicit contributions from such comn	utions nittee.
NAME OF COMMITTEE (In Full)				
Kindred Healthcare, Inc. PAC				
Full Name (Last, First, Middle Initial)  Jan Turk	al)		Date of Receipt	
Mailing Address 1314 Amelia	St.		M M / D D / Y Y	
City	State LA	Zip Code	Transaction ID: PR1094190	
New Orleans	LA	70115	Amount of Each Receipt this F	'eriod
FEC ID number of contributing federal political committee.	C			60.00
Name of Employer Kindred Healthcare Inc.	Occupation Chief Exe			
Receipt For:	Aggregate	e Year-to-Date ▼		
Primary General Other (specify) ▼	0 0	520.00	P/R Deduction (\$20.00 Bi- Weekly)	
Full Name (Last, First, Middle Initial) Larry Foster	al)		Date of Receipt	
Mailing Address 5700 N. Wini Apartment #			M M / D D / Y Y	YY
City	State	Zip Code	Transaction ID: PR1094190	)39771
Chicago	<u>IL</u>	60660	Amount of Each Receipt this P	'eriod
FEC ID number of contributing federal political committee.	C			30.00
Name of Employer Kindred Healthcare Inc.	Occupation Chief Exe			
Receipt For:	Aggregate	e Year-to-Date ▼		
Primary General Other (specify) ▼	0 0	260.00	P/R Deduction (\$10.00 Bi- Weekly)	
Full Name (Last, First, Middle Initial) Jack Shapiro	al)		Date of Receipt	
Mailing Address 22591 Coving	gton Drive			YY
City	State	Zip Code	Transaction ID: PR1094190	)49771
Deer Park	<u> L</u>	60010	Amount of Each Receipt this F	'eriod
FEC ID number of contributing federal political committee.	C			90.00
Name of Employer Kindred Healthcare Inc.	Occupation Executive			
Receipt For:	Aggregate	e Year-to-Date ▼		
Primary General Other (specify) ▼		780.00	P/R Deduction (\$30.00 Bi- Weekly)	
SUBTOTAL of Receipts This Page	(optional)	······	1	180.00
	X 1,			-
TOTAL This Period (last page this li	ne number only)	<b>&gt;</b>		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 91 (check only one)    X
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
Α.	Full Name (Last, First, Middle Initial) Adrienne Lyons Mailing Address 1220 North Oak Park Av	enue		Date of Receipt
			7'- 0-1-	
	City Oak Park	State IL	Zip Code 60302	Transaction ID: PR109419059771  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1 1 1 1 1 1	20.00
	Name of Employer Kindred Healthcare Inc.  Receipt For:		n Clin Ops-HD e Year-to-Date ▼	
	Primary General Other (specify) ▼		260.00	P/R Deduction (\$10.00 Bi- Weekly)
₹	Full Name (Last, First, Middle Initial) Linda Tiemens			Date of Receipt
<b>-</b> .	Mailing Address 100 Forest Place #P-39			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109419079771
	Oak Park	IL	60301	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 Ops-I	n MW Reg-HD	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		780.00	P/R Deduction (\$30.00 Bi- Weekly)
— Э.	Full Name (Last, First, Middle Initial) Linda Mcquade			Date of Receipt
	Mailing Address 4712 Sw 24 Ave			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109419109771
	<u>Ft Lauderdale</u>	FL	33312	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Mgr Heal	n Ith Info Mgmt	
	Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi- Weekly)
S	UBTOTAL of Receipts This Page (optional)			110.00
т	OTAL This Period (last page this line number on	ılv)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 17/91 (check only one)
	EMIZED RECEIP 13		Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
 Д.	Full Name (Last, First, Middle Initial) John Caron			Date of Receipt
	Mailing Address 2333 Brickell Ave #1402			M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR109419129771
	Miami	FL	33129	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Finan	n ace-South Reg-HD	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		260.00	P/R Deduction (\$10.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Theodore Welding			Date of Receipt
	Mailing Address 2448 Middle River Dr.			M   M / D   D / Y   Y   Y   Y
	City	State	Zip Code	Transaction ID: PR109419139771
	Ft. Lauderdale	FL	33305	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		650.00	P/R Deduction (\$25.00 Bi- Weekly)
<b>-</b> C.	Full Name (Last, First, Middle Initial) Linda McGunnigle			Date of Receipt
	Mailing Address 17 Hartshorn Street			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109419169771
	West Bridgewater	MA	02379	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Kindred Healthcare Inc.	,	Reg Loss Prevent	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	D/D D - duration (010 00 B)
	Other (specify) ▼		260.00	P/R Deduction (\$10.00 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			90.00
_	OTAL This Desiral (last contribit Process)	-1. A	·	
$\mathbf{I}$	OTAL This Period (last page this line number or	1IY)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 91 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
An	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
۹.	Full Name (Last, First, Middle Initial) Andrew W Tsapatsaris Mailing Address 5121 Avalon Drive			Date of Receipt
		0	7: 0 !	
	City Peabody	State MA	Zip Code 01960	Transaction ID: PR109419179771  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1.00	20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Tra	n ansition Team	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Frank Battafarano			Date of Receipt
	Mailing Address 2700 Little Hills Lane			M M / D D / Y Y Y
	City	State	Zip Code	Transaction ID: PR109419199771
	Anchorage	KY	40223	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Kindred Healthcare Inc.	Occupation Exec VP	ո & President-HD	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1300.00	P/R Deduction (\$50.00 Bi- Weekly)
·	Full Name (Last, First, Middle Initial) Sean R Muldoon			Date of Receipt
	Mailing Address 5800 Brittany Valley Ro	ad		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109419229771
	Louisville	KY	40222	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP & 0	n Chief Med Off-HD	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1300.00	P/R Deduction (\$50.00 Bi- Weekly)
SI	UBTOTAL of Receipts This Page (optional)			220.00
т	OTAL This Period (last page this line number or	nly)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 19 / 91 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X   11a     11b     11c     12
			Detailed Guillinary Fage	13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	Kindred Healthcare, Inc. PAC			
۹.	Full Name (Last, First, Middle Initial) James L Lindberg			Date of Receipt
	Mailing Address 11119 Brook Stone Coul	t		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109419259771
	Louisville	KY	40223	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Adm Mgr	n Facilities-HD	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		520.00	P/R Deduction (\$20.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Deborah R Doddridge			Date of Receipt
	Mailing Address 312 Hill St. PO Box 273			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109419309771
	Milltown	IN	47145	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 Procu	n Ire Sys & Capital	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		390.00	P/R Deduction (\$15.00 Bi- Weekly)
 C.	Full Name (Last, First, Middle Initial) Joel W Day			Date of Receipt
	Mailing Address 2017 Spring Farms Drive	Э		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109419319771
	Floyd Knobs	IN	47119	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP & Cor	n ntroller-HD	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		390.00	P/R Deduction (\$15.00 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			100.00
_	OTAL TIPE DESCRIPTION OF THE STATE OF THE ST	LA		
- 10	OTAL This Period (last page this line number or	ııy)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 91 (check only one)  X 11a 11b 11c 12	
۸	wintermention and there are by Demants and Obs			13 14 15 16 17	
or	y information copied from such Reports and Sta for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.	
$\rangle$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC				
۹.	Full Name (Last, First, Middle Initial) Susan Moss			Date of Receipt	
	Mailing Address 161 Westwind Road			M M / D D / Y Y Y Y	
	City	State	Zip Code	Transaction ID: PR109419339771	
	Louisville	KY	40207	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		40.00	
	Name of Employer Kindred Healthcare Inc.	Occupation VP Crp C	n Communications		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		520.00	P/R Deduction (\$20.00 Bi- Weekly)	
 3.	Full Name (Last, First, Middle Initial) Theresa M Graham			Date of Receipt	
	Mailing Address 1203 Falls Creek Landin	dress 1203 Falls Creek Landing			
	City	State	Zip Code	Transaction ID: PR109419359771	
	New Ablany	IN	47150	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 Comp			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		360.00	P/R Deduction (\$15.00 Bi- Weekly)	
<u> </u>	Full Name (Last, First, Middle Initial) Michael C Lozier			Date of Receipt	
	Mailing Address 5106 Creekwood Drive			M M / D D / Y Y Y Y	
	City	State	Zip Code	Transaction ID: PR109419379771	
	Greenville	IN	47124	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		20.00	
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Purch	n n Contract Admin		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	D/D Dadication (610.00 Di	
	Other (specify)	0 0	260.00	P/R Deduction (\$10.00 Bi- Weekly)	
S	UBTOTAL of Receipts This Page (optional)			90.00	
_	OTAL This Daried (last need this line assets as	alv)	·		
- 1 (	OTAL This Period (last page this line number or	п <b>у</b> )			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 91 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
Α.	Full Name (Last, First, Middle Initial) Charles Michael Grannan Mailing Address 7109 Cannonade Court			Date of Receipt
		Ctata	7:a Cada	
	City Prospect	State KY	Zip Code 40059	Transaction ID: PR109419399771  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000	56.00
Kindrod Hoolthoaro Ino		Occupation VP Purch	nasing	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 728.00	P/R Deduction (\$28.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Robert G Weir			Date of Receipt
	Mailing Address 4100 Napanee Rd			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109419409771
	Louisville	KY	40207	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Opera	n ations-KPS	
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼	1 1	520.00	P/R Deduction (\$20.00 Bi- Weekly)
`	Full Name (Last, First, Middle Initial) Dennis J Hansen			Date of Receipt
<b>J</b> .	Mailing Address 1791 Connor Station Ro	ad		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109419419771
	Simpsonville	KY	40067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		70.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Reim		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 910.00	P/R Deduction (\$35.00 Bi- Weekly)
S	UBTOTAL of Receipts This Page (optional)			166.00
т	OTAL This Period (last page this line number on	lv)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 91 (check only one)    X
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
۹.	Full Name (Last, First, Middle Initial) Mary Suzanne Riedman Mailing Address 6401 Orchid Hill Pl			Date of Receipt
	City	State	Zip Code	Transaction ID: PR109419429771
	Louisville	KY	40207	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		40.00
Kindred Healthéare Inc		1	General Counsel	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 520.00	P/R Deduction (\$20.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Susan P Riedl			Date of Receipt
	Mailing Address 8914 Lippincott Road			M " M
	City	State	Zip Code	Transaction ID: PR109419449771
	Louisville	KY	40222	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir HS	n SD Reimb	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	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 Road			M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR109419489771
	Shelbyville	KY	40065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		35.00
	Name of Employer Kindred Healthcare Inc.	Occupation Mgr Rein	nb	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 455.00	P/R Deduction (\$17.50 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			95.00
т.	OTAL This Period (last page this line number or	nlv)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 23/91
	EMIZED RECEIPTS		or each category of the	(check only one)
• •	Emiles ilevell 10		Detailed Summary Page	X   11a   11b   11c   12   15   16   17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
_	NAME OF COMMITTEE (In Full)		71	
$\rangle$	Kindred Healthcare, Inc. PAC			
۹.	Full Name (Last, First, Middle Initial) Michael J Bean			Date of Receipt
	Mailing Address 8011 Kendrick Crossing	Lane		M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR109419519771
	Louisville	KY	40291	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
Kindrod Hoolthéara Inc		Occupation VP Tax F		
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	520.00	P/R Deduction (\$20.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Peggy Black			Date of Receipt
	Mailing Address 1607 Helmridge Court			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109419539771
	Louisville	KY 40222		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Exec Ass	n it to Chair & BOD	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	260.00	P/R Deduction (\$10.00 Bi- Weekly)
 C.	Full Name (Last, First, Middle Initial) Anne S Woods			Date of Receipt
	Mailing Address 7420 Falls Ridge Ct.			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109419549771
	Louisville	KY	40241	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Intern		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	P/R Deduction (\$30.00 Bi-
	Other (specify) ▼		776.00	Weekly)
S	UBTOTAL of Receipts This Page (optional)			120.00
т	OTAL This Period (last page this line number on	ılv)	<b></b>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 91 (check only one)    X
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
۹.	Full Name (Last, First, Middle Initial) Stephanie J Warren  Mailing Address 2169 Balmer-Fenwick Ro	oad		Date of Receipt
	City	State	Zip Code	Transaction ID: PR109419579771
	Floyds Knobs	IN	47119	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Kindred Healthcare Inc.  Receipt For:		n cility Mgmt • Year-to-Date ▼	
	Primary General Other (specify) ▼	93.73	390.00	P/R Deduction (\$15.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Teri A Hartlage Mailing Address - FCOO Bradles Meedews V	Mari		Date of Receipt
	Mailing Address 5600 Bradbe Meadows V	vay		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109419589771
	Fisherville	KY	40023	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Asst Trea		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	1 1	520.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) John Lucchese			Date of Receipt
٠.	Mailing Address 14401 Broad Oak Place			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109419599771
	Louisville	KY	40245	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		66.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Crp F	n in & Controller	
	Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 858.00	P/R Deduction (\$33.00 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			136.00
т.	OTAL This Period (last page this line number on	lv)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 25 / 91
ITEMIZED RECEIPTS	•	or each category of the	(check only one)  X 11a  11b  11c  12
·		Detailed Summary Page	13 14 15 16 17
Any information copied from such or for commercial purposes, other	Reports and Statements may than using the name and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Fu	(الد		
Kindred Healthcare, Inc. P	PAC		_
Full Name (Last, First, Middle I Rose M Michels	nitial)		Date of Receipt
Mailing Address 6503 Chenoweth Run Road			M ' M / D ' D / Y ' Y ' Y ' Y
City	State	Zip Code	Transaction ID: PR109419609771
Louisville	KY	40299	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 Tax			
Receipt For:		e Year-to-Date ▼	
Primary Genera Other (specify) ▼		390.00	P/R Deduction (\$15.00 Bi- Weekly)
Full Name (Last, First, Middle I 3. Richard A Lechleiter	nitial)		Date of Receipt
Mailing Address 601 Club Lane			M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR109419629771
Louisville	KY	40207	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		
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼		1950.00	P/R Deduction (\$75.00 Bi- Weekly)
Full Name (Last, First, Middle I	nitial)		Data of Bassist
D. Joseph Landenwich Mailing Address 2213 Wrod	cklage Ave.		Date of Receipt
City	State	Zip Code	Transaction ID: PR109419639771
Louisville	KY	40205	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		120.00
Name of Employer Kindred Healthcare Inc.		egalAffairs&CrpSec	
Receipt For:  Primary  Genera	00 0	e Year-to-Date ▼	D/D D - 1 - 1' (000 00 D)
Other (specify)		1560.00	P/R Deduction (\$60.00 Bi- Weekly)
SUBTOTAL of Receipts This Page	ge (optional)		300.00
TOTAL This Deviced (least near the	in line number and A		
TOTAL This Period (last page thi	ıs ıme number omy)	······································	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 91 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
۹.	Full Name (Last, First, Middle Initial) Arthur L Rothgerber  Mailing Address 8325 Regency Woods W	/av		Date of Receipt
			7in Codo	
	City Louisville	State KY	Zip Code 40220	Transaction ID: PR109419649771  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		38.00
	Name of Employer Kindred Healthcare Inc.		n eimbursement e Year-to-Date ▼	
	Primary General Other (specify)	Aggregate	494.00	P/R Deduction (\$19.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Ruth Ann Lusk Mailing Address 1800 Acorn Lane			Date of Receipt
	City	State KY	Zip Code	Transaction ID: PR109419659771
	Lagrange FEC ID number of contributing federal political committee.	C	40031	Amount of Each Receipt this Period  30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP-Ea	n ast Reg-HD	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 390.00	P/R Deduction (\$15.00 Bi- Weekly)
).	Full Name (Last, First, Middle Initial) Charles E Leanhart			Date of Receipt
	Mailing Address 1200 Twin Willows Lane			M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR109419669771
	Louisville	KY	40214	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Kindred Healthcare Inc.		cts Payable	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 520.00	P/R Deduction (\$20.00 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			108.00
т.	OTAL This Period (last page this line number on	lv)		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 27 / 91
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
	EMIZED RECEIP 15		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	Kindred Healthcare, Inc. PAC			
۹.	Full Name (Last, First, Middle Initial) Linda M O'Bryan			Date of Receipt
	Mailing Address 1001 Willow Creek Cour	M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR109419679771
	Louisville	KY	40245	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 Pa	n utientCare&QualHD	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	390.00	P/R Deduction (\$15.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Timothy W Jolly			Date of Receipt
	Mailing Address 6703 Kingslook Ct	M " M / D " D / Y " Y " Y " Y		
	City	State	Zip Code	Transaction ID: PR109419689771
	Louisville	KY	40207	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Kindred Healthcare Inc.	Occupation		
			anning & Dev	_
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		520.00	P/R Deduction (\$20.00 Bi- Weekly)
 C.	Full Name (Last, First, Middle Initial) Karen R Blain			Date of Receipt
	Mailing Address 9708 Northridge Dr			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109419709771
	Louisville	KY	40272	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Kindred Healthcare Inc.	•	ent Accting-HSD	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		260.00	P/R Deduction (\$10.00 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			90.00
	. 5 (1 -7			
T	OTAL This Period (last page this line number or	ıly)	<b>)</b>	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 28/91
	EMIZED RECEIPTS	or each category of the		(check only one)
••	EMIZED RECEIL 10		Detailed Summary Page	X   11a   11b   11c   12   15   16   17
Δr	ny information copied from such Reports and St	atements may	y not he sold or used by any ners	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	Kindred Healthcare, Inc. PAC			
A.	Full Name (Last, First, Middle Initial)  Mark A Laemmle			Date of Receipt
	Mailing Address 2224 Highland Springs			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109419719771
	Louisville	KY	40245	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		62.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Crp F		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		806.00	P/R Deduction (\$31.00 Bi- Weekly)
— В.	Full Name (Last, First, Middle Initial) Douglas Curnutte			Date of Receipt
	Mailing Address 1014 Springside Way	M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR109419729771
	Louisville	KY	40223	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 Fac &	n Real Estate Dev	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	390.00	P/R Deduction (\$15.00 Bi- Weekly)
<u> </u>	Full Name (Last, First, Middle Initial) Brian L Caudill			Date of Receipt
	Mailing Address 4817 Stanley Farm Co	urt		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109419739771
	<u>LaGrange</u>	KY	40031	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		52.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir HD		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	676.00	P/R Deduction (\$26.00 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			144.00
   T	OTAL This Period (last page this line number of			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 29 / 91 (check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X   11a   11b   11c   12   15   16   17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
۸.	Full Name (Last, First, Middle Initial) Mary R Russell			Date of Receipt
	Mailing Address 7300 Wood Rock Rd			M M / D D / Y Y Y Y
	City Louisville	State KY	Zip Code 40291	Transaction ID: PR109419769771
	FEC ID number of contributing federal political committee.	C	40231	Amount of Each Receipt this Period  44.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Accou	n unting-HSD	
	Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate	Year-to-Date ▼ 572.00	P/R Deduction (\$22.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) William M Altman	Date of Receipt		
	Mailing Address 9103 Lexington Lane	M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR109419809771
	Louisville	KY	40241	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer Kindred Healthcare Inc.	Occupation SVPCom	n plGovtProg&IntAudit	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		1040.00	P/R Deduction (\$40.00 Bi- Weekly)
).	Full Name (Last, First, Middle Initial) Scott M Juetten			Date of Receipt
	Mailing Address 8315 Running Spring Dr			M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR109419819771
	Louisville	KY	40241	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP & Cor	n ntroller-HSD	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi- Weekly)
SI	UBTOTAL of Receipts This Page (optional)			144.00
т	OTAL This Period (last page this line number or	ıly)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 91 (check only one)
_			, ,	13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
۹.	Full Name (Last, First, Middle Initial) Vicki Chaffins			Date of Receipt
	Mailing Address 364 Loretta Drive			M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR109419829771
	Shepherdsville	KY	40165	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Mgr Acct	n ing-Fixed Assets	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		260.00	P/R Deduction (\$10.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Bobby V Bas			Date of Receipt
	Mailing Address 2084 Wind River Road	M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR109419839771
	El Cajon	CA	92019	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Radiolog		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		390.00	P/R Deduction (\$15.00 Bi- Weekly)
— Э.	Full Name (Last, First, Middle Initial) Nancy Wilson			Date of Receipt
	Mailing Address 38 La Sierra Drive			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109419929771
	Phillips Ranch	CA	91766	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Fin		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi- Weekly)
		-	0 0 0 0 0 0 0 0	,
S	UBTOTAL of Receipts This Page (optional)		·····	70.00
Т	OTAL This Period (last page this line number or	nly)	<b>)</b>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 31 / 91
	EMIZED RECEIPTS		or each category of the	(check only one)
••	LIMIZED REGEN 10		Detailed Summary Page	X   11a     11b     11c     12     15     16     17
Ar	ny information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	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)			Date of Descint
Α.	Steven J Fuller  Mailing Address 6025 Bridge Garden Ro	٠		Date of Receipt
	Walling Flad 555 0025 Bridge Garden No.	ı		
	City	State	Zip Code	Transaction ID: PR109419979771
	Knoxville	TN	37912	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir (		7
	Receipt For:		e Year-to-Date ▼	-
	Primary General			P/R Deduction (\$10.00 Bi-
	Other (specify) ▼	0 0	260.00	Weekly)
<u> </u>	Full Name (Last, First, Middle Initial) Joseph Wainscott			Date of Receipt
	Mailing Address 8918 Serpent Circle	M " M / D " D / Y " Y " Y " Y		
	City	State	Zip Code	Transaction ID: PR109419989771
	Indianapolis	IN	46236	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Finar	n nce-Central RegHSD	
	Receipt For:		e Year-to-Date ▼	
	Primary General		390.00	P/R Deduction (\$15.00 Bi-
	Other (specify) ▼	0 0	330.00	Weekly)
<u> </u>	Full Name (Last, First, Middle Initial) Martha S Rhoads			Date of Receipt
•	Mailing Address 137 N. Cherry Street			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109420009771
	Greenville	KY	42345	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir (		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		260.00	P/R Deduction (\$10.00 Bi- Weekly)
Г				70.00
s	UBTOTAL of Receipts This Page (optional)			70.00
Т	OTAL This Period (last page this line number of	only)		

# SCHEDULE A (FEC Form 3X)

	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 32 / 91 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
۹.	Full Name (Last, First, Middle Initial) J. Harold Walker			Date of Receipt
	Mailing Address 429 Freedom Trail			M M / D D / Y Y Y Y
	City Sparta	State TN	Zip Code 38583	Transaction ID: PR109420019771  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 C	n Operations II	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 390.00	P/R Deduction (\$15.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) T. Stephen Turner			Date of Receipt
	Mailing Address 680 South Fourth Ave	M " M / D " D / Y " Y " Y " Y " Y		
	City	State KY	Zip Code	Transaction ID: PR109420039771
	Louisville  FFG ID number of contribution		40202	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer Kindred Healthcare Inc.		egicPlan&BusDevHD	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		1040.00	P/R Deduction (\$40.00 Bi- Weekly)
— Э.	Full Name (Last, First, Middle Initial) Michael Comer			Date of Receipt
	Mailing Address 12 Lewis			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109420049771
	Irvine	CA	92620	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		70.00
	Name of Employer Kindred Healthcare Inc.			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 910.00	P/R Deduction (\$35.00 Bi- Weekly)
S	UBTOTAL of Receipts This Page (optional)			180.00
T	OTAL This Period (last page this line number or	nly)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 33 / 91 (check only one)			
			Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17			
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions			
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC						
۹.	Full Name (Last, First, Middle Initial) Billy Wilcox			Date of Receipt			
	Mailing Address 3218 Morning Dove			M " M / D " D / Y " Y " Y " Y "			
	City Midlothian	State TX	Zip Code 76065	Transaction ID: PR109420059771			
	FEC ID number of contributing federal political committee.	C	76000	Amount of Each Receipt this Period  30.00			
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Fin					
	Receipt For:  Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00	P/R Deduction (\$15.00 Bi-Weekly)			
3.	Full Name (Last, First, Middle Initial) Traci Shelton			Date of Receipt			
	Mailing Address 4138 Quiet Meadow Ct	M " M / D " D / Y " Y " Y " Y "					
	City Fairoaks	State CA	Zip Code	Transaction ID: PR109420069771			
	FEC ID number of contributing federal political committee.	C	95628	Amount of Each Receipt this Period  200.00			
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP-W	n est Reg-HD				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2580.00	P/R Deduction (\$100.00 Bi- Weekly)			
).	Full Name (Last, First, Middle Initial) Steven Monaghan			Date of Receipt			
	Mailing Address 508 W. Melrose #7-A			M M / D D / Y Y Y Y			
	City Chicago	State IL	Zip Code 60657	Transaction ID: PR109420079771  Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		170.00			
	Name of Employer Kindred Healthcare Inc.		West Grp-HD				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2210.00	P/R Deduction (\$85.00 Bi- Weekly)			
SI	SUBTOTAL of Receipts This Page (optional)						
т	OTAL This Period (last page this line number or	nly)	<b>)</b>				

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 34 / 91 (check only one)
• •			Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
۸.	Full Name (Last, First, Middle Initial) Laura Wills			Date of Receipt
	Mailing Address 5019 Brown Bear Dr. NE	M M / D D / Y Y Y Y		
	City  Dia Panaha	State NM	Zip Code	Transaction ID: PR109420099771
	Rio Rancho FEC ID number of contributing	C	87144	Amount of Each Receipt this Period  30.00
	federal political committee.	Occupation		
	Name of Employer Kindred Healthcare Inc.	Executive		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		260.00	P/R Deduction (\$10.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Cynthia Smith			Date of Receipt
	Mailing Address 9N668 Bowes Bend Dr	M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR109420109771
	<u>Elgin</u>	IL	60123	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Exe		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	260.00	P/R Deduction (\$10.00 Bi- Weekly)
<b>D.</b>	Full Name (Last, First, Middle Initial) Mark A McCullough			Date of Receipt
	Mailing Address 1101 Old Cannons Lane			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109420119771
	Louisville	KY	40207	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		80.00
	Name of Employer Kindred Healthcare Inc.	Occupation President		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1040.00	P/R Deduction (\$40.00 Bi- Weekly)
SI	JBTOTAL of Receipts This Page (optional)			130.00
т	OTAL This Period (last page this line number on	ly)	<b>&gt;</b>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 35 / 91 (check only one)
IT	EMIZED RECEIPTS		or each category of the	X   11a     11b     11c     12
			Detailed Summary Page	13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	Kindred Healthcare, Inc. PAC			
۹.	Full Name (Last, First, Middle Initial) Susan B Myers			Date of Receipt
	Mailing Address 959 Whetstone Way			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109420159771
	Louisville	KY	40223	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 Clin C	n Ops-CentralRegHSD	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		390.00	P/R Deduction (\$15.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) James Ransone			Date of Receipt
	Mailing Address 11644 Sw 53Th. Place	M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR109420169771
	Cooper City	<u>FL</u>	33330	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Clir	n nical Off III	
	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			M   M   / D   D   / Y   Y   Y   Y
	City	State	Zip Code	Transaction ID: PR109420219771
	Tampa	FL	33614	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Fin		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		520.00	P/R Deduction (\$20.00 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			100.00
Ţ.	OTAL This Period (last page this line number or	nlv)		
	UIAL THIS FERIOU (TASE PAYE THIS HITE HUTTIDE! OF	пу <i>)</i>	·······	

c/	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 36 / 91			
	·		Use separate schedule(s)	(check only one)			
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12			
			Detailed Summary Fage	13   14   15   16   17			
An	y information copied from such Reports and Stat	ements may	not be sold or used by any perso	n for the purpose of soliciting contributions			
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.			
$\overline{}$	NAME OF COMMITTEE (In Full)						
$\rangle$	Kindred Healthcare, Inc. PAC						
_							
	Full Name (Last, First, Middle Initial)			Data of Descript			
٦.	Pamela Marie Riter	Date of Receipt					
	Mailing Address 5224 Hampton Beach Pl	M M / D D / Y Y Y Y					
	City	State	Zip Code	Transaction ID: PR109420249771			
	Tampa	FL	33609	Amount of Each Receipt this Period			
	FEC ID number of contributing						
	federal political committee.	C		50.00			
	N (5 )	0 "		_			
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Exe					
	Receipt For:	- · · · · · · · · · · · · · · · · · · ·	e Year-to-Date ▼	_			
	Primary General	Aggregate	real-lo-bale V	D/D D = d + i = / (\$05.00 D)			
	Other (specify)		650.00	P/R Deduction (\$25.00 Bi- Weekly)			
			0 0 0 0 0 0 0	7			
	Full Name (Last, First, Middle Initial)						
3.	Mary Craig			Date of Receipt			
	Mailing Address 18602 Camellia Estates	M M / D D / Y Y Y Y					
	011	DD LOCATION					
	City	State	Zip Code	Transaction ID: PR109420269771			
	Cypress	TX	77429	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C '		45.00			
	rederal political committee.						
	Name of Employer	Occupation	n				
	Kindred Healthćare Inc.	Chief Exe					
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General		390.00	P/R Deduction (\$15.00 Bi-			
	Other (specify) ▼			Weekly)			
	Full Name (Last, First, Middle Initial)						
Э.	Julie Feasel			Date of Receipt			
	Mailing Address 6211 Iroquios Ct.			M M / D D / Y Y Y Y			
	City	State	Zip Code	Transaction ID: PR109420309771			
	Odessa	FL	33556	Amount of Each Receipt this Period			
	FEC ID number of contributing	С		30.00			
	federal political committee.						
	Name of Employer Kindred Healthcare Inc.	Occupation	n	7			
	Kindred Healthćare Inc.	Reg Dir H	Hosp Rehab-PRS				
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General		200.00	P/R Deduction (\$15.00 Bi-			
	Other (specify)		390.00	Weekly)			
				125.00			
S	SUBTOTAL of Receipts This Page (optional)						
_	OTAL This Desired (feet and 1971)						
T	OTAL This Period (last page this line number on	ıy)					

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 91 (check only one)
				13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
۸.	Full Name (Last, First, Middle Initial) Robert Stein			Date of Receipt
	Mailing Address 14 Hermit Thrush Place			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109420319771
	The Woodlands	TX	77382	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Exe		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		260.00	P/R Deduction (\$10.00 Bi- Weekly)
 3.	Full Name (Last, First, Middle Initial) Charles D Doten			Date of Receipt
	Mailing Address 7644 Harbour Blvd.			M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR109420369771
	Miramar	FL	33023	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Exe		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		520.00	P/R Deduction (\$20.00 Bi- Weekly)
<u> </u>	Full Name (Last, First, Middle Initial) Carol Cregan			Date of Receipt
	Mailing Address 2649 Ne 26Th Avenue			M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR109420379771
	Ft Lauderdale	<u>FL</u>	33306	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Bus D		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	P/R Deduction (\$10.00 Bi-
	Other (specify) ▼		260.00	Weekly)
SI	UBTOTAL of Receipts This Page (optional)			80.00
т	OTAL This Period (last page this line number or	nly)	<b>)</b>	

	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 38 / 91 (check only one)
IT _	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Stator commercial purposes, other than using the na	tements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
۹.	Full Name (Last, First, Middle Initial) John Gross			Date of Receipt
	Mailing Address 6133 Rolfe Avenue			M M / D D / Y Y Y Y
	City Norfolk	State VA	Zip Code 23508	Transaction ID: PR109420399771  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Pharm M		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 390.00	P/R Deduction (\$15.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) James Malady			Date of Receipt
	Mailing Address 954 Lindfield Dr.			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109420419771
	Library FEC ID number of contributing	PA	15129	Amount of Each Receipt this Period
	federal political committee.	C		20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Plant		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		260.00	P/R Deduction (\$10.00 Bi- Weekly)
<u> </u>	Full Name (Last, First, Middle Initial) Timothy L Simpson			Date of Receipt
	Mailing Address 498 Branscomb Road			M   M   / D   D   / Y   Y   Y   Y
	City	State	Zip Code	Transaction ID: PR109420439771
	Grn Cve Spgs	<u>FL</u>	32043	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive	e Dir	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 520.00	P/R Deduction (\$20.00 Bi- Weekly)
S	JBTOTAL of Receipts This Page (optional)			90.00
T	OTAL This Period (last page this line number or	nly)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 91 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
An	y information copied from such Reports and Stator commercial purposes, other than using the n	atements may name and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
۹.	Full Name (Last, First, Middle Initial) John M Pinnix			Date of Receipt
	Mailing Address 881 Sawyer Run Lake			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109420459771
	Ponte Vedra Beach FEC ID number of contributing	FL C	32082	Amount of Each Receipt this Period  20.00
	federal political committee.			
	Name of Employer Kindred Healthcare Inc.	Occupation Pharm M		
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		260.00	P/R Deduction (\$10.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) James D Thigpen			Date of Receipt
	Mailing Address 355 Woolsey Brooks			M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR109420469771
	<u>Fayetteville</u>	GA	30214	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 Plant		
	Receipt For:	Aggregate	· e Year-to-Date ▼	
	Primary General Other (specify) ▼		390.00	P/R Deduction (\$15.00 Bi- Weekly)
 ).	Full Name (Last, First, Middle Initial) Sharon A Barnard			Date of Receipt
	Mailing Address 1937 Sr 16 West			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109420489771
	Green Cove Spgs	FL	32043	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Clir	n nical Off III	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi- Weekly)
SI	JBTOTAL of Receipts This Page (optional)			70.00
т	OTAL This Period (last page this line number or	nlv)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 40 / 91 (check only one)
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	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 be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
Full Name (Last, First, Middle Initial)  A. E. Jane Jackson			Date of Receipt
Mailing Address 43171 Buttermere Terra	ace		M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR109420519771
<u>Ashburn</u>	VA	20147	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer Kindred Healthcare Inc.	Occupation Dir Bus II	n mplement-HD	
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)  3. James J Novak			Date of Receipt
Mailing Address 9680 Ridgewalk Court			M " M / D " D / Y " Y " Y " Y
City	State	Zip Code	Transaction ID: PR109420539771
<u>Davie</u>	<u>FL</u>	33328	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		84.00
Name of Employer Kindred Healthcare Inc.	Occupation Exec VP-	n -East Grp-HD	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		1092.00	P/R Deduction (\$42.00 Bi- Weekly)
Full Name (Last, First, Middle Initial)  C. Ronald R Luken			Date of Receipt
Mailing Address 6760 E. 9Th Street			M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR109420549771
Indianapolis	IN	46219	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer Kindred Healthcare Inc.	Occupation Pharm M		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)			124.00
TOTAL This Period (last page this line number of	ınlv)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 41 / 91 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An	ry information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
<u> </u>	NAME OF COMMITTEE (In Full)			
/	Kindred Healthcare, Inc. PAC			
۹.	Full Name (Last, First, Middle Initial) Sally I Hoffmann			Date of Receipt
	Mailing Address 13739 Ogakor Drive			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109420579771
	Riverview	FL	33569	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 Exe		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		390.00	P/R Deduction (\$15.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Christopher A Clements			Date of Receipt
	Mailing Address 3111 North Ocean Drive #1007	,		M M / D D / Y Y Y Y
	City	State	Zip Code	<b>Transaction ID:</b> PR109420629771
	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 Administ		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		260.00	P/R Deduction (\$10.00 Bi- Weekly)
<del></del> Э.	Full Name (Last, First, Middle Initial) John Griffes			Date of Receipt
	Mailing Address 27240 Autumn Glen			M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR109420689771
	Boerne	TX	78006	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Exe		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	520.00	P/R Deduction (\$20.00 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			100.00
т.	OTAL This Period (last page this line number or	alv)		
	UIAL THIS FERIOU (TASE PAYE THIS HITE HUTTIDE! OF	11 y /	······································	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 42/91
	EMIZED RECEIPTS		or each category of the	(check only one)
• • •	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	ny information copied from such Reports and Stateme for commercial purposes, other than using the name	ents may and add	not be sold or used by any perso ress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		,,	
$  \rangle$	Kindred Healthcare, Inc. PAC			
	Talliarda Floatifloard, filo. 1710			
_	Full Name (Last, First, Middle Initial)			
A.	James J McQuaid			Date of Receipt
	Mailing Address 2 Hunter Point Dr.			M M / D D / Y Y Y Y
	City S	State	Zip Code	Transaction ID: PR109420739771
	•	лас ЛЕ	04074	
		VIL	04074	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			20.00
	- Sasta politica committee			
	Kindrod Hoolthéara Inc	cupation		
	Ulr		Relations KPS	
		ggregate	Year-to-Date ▼	
	Primary General Other (specify)		260.00	P/R Deduction (\$10.00 Bi- Weekly)
	Other (specify)	0 0	0 0 0 0 0 0	Wookiy)
	Full Name (Last, First, Middle Initial)			+
В.	,			Date of Receipt
	Mailing Address 48 Half Moon Terrace			M M / D D / Y Y Y Y
	•	State	Zip Code	Transaction ID: PR109420809771
	<u>Colchester</u> V	<u>/T</u>	05446	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee	:		25.00
	federal political committee.			
	Name of Employer Kindred Healthcare Inc.	cupation		7
		r Nursir	•	
		ggregate	Year-to-Date ▼	
	Primary General		265.00	P/R Deduction (\$5.00 Week-
	Other (specify) ▼	0 0	200.00	<sup>  ly)</sup>
	Full Name (Last, First, Middle Initial)			+
C.	Daniel A Oneil			Date of Receipt
	Mailing Address 15 Westside Drive - Suite 10	08		M " M / D " D / Y " Y " Y " Y
	<del></del>			
	•	State	Zip Code	Transaction ID: PR109420869771
		CT	06255	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	;		5.00
	rederal political committee.			
	Name of Employer Kindred Healthcare Inc.	cupation		
	EX	ecutive		_
	Receipt For: Ag	ggregate	Year-to-Date ▼	
				P/R Deduction (\$5.00 Week-
	Primary General		240.00	
			240.00	ly)
	Primary General		240.00	
	Primary General Other (specify) ▼			
s	Primary General			ly)

SCHEDULE A (FEC Form 3X	<b>(</b> )	Use separate schedule(s)	FOR LINE NUMBER: PAGE 43/91
ITEMIZED RECEIPTS	•	or each category of the	(check only one)
TI LIVIIZED TIEOLII 13		Detailed Summary Page	X 11a 11b 11c 12
Any information copied from such Reports an	d Statemente may	rot be sold or used by any person	13 14 15 16 17
or for commercial purposes, other than using	the 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)  A. Elizabeth D Dubois			Date of Receipt
Mailing Address 21 Harriman Road			M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR109420949771
<u>Hudson</u>	MA	01749	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer Kindred Healthcare Inc.	Occupation Reg Dir F	n Field Accting-HSD	
Receipt For:		e Year-to-Date ▼	
Primary General		260.00	P/R Deduction (\$10.00 Bi-
Other (specify) ▼	0 0	200.00	Weekly)
Full Name (Last, First, Middle Initial)  3. Terrance Kuzman			Date of Receipt
Mailing Address 34 Miller Drive			M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR109420989771
Somers	CT	06071	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer Kindred Healthcare Inc.	Occupation Area Exe	n ecutive Dir	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		260.00	P/R Deduction (\$5.00 Week- ly)
Full Name (Last, First, Middle Initial)  C. Scott West			Date of Receipt
Mailing Address 13 Edward Street			M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR109420999771
Milton	VT	05468	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer Kindred Healthcare Inc.	Occupation Executive		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		265.00	P/R Deduction (\$5.00 Week- ly)
SUBTOTAL of Receipts This Page (optional	)		70.00
1-1- 1-1-0-1 (observed)	,		
TOTAL This Period (last page this line numl	per only)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 44 / 91
ITEMIZED RECEIPTS		or each category of the	(check only one)
I LIVIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
Any information posited from such December 183	atamanta	unot ho cold as we sall to see a	13 14 15 16 17
Any information copied from such Reports and Stator for commercial purposes, other than using the r	atements may name and add	y not be sold or used by any perso 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)  1. Donna Kelsey			Date of Receipt
Mailing Address 2075 E. Tivoli Hills Driv	<u> </u>		M M / D D / Y Y Y Y
	•		
City	State	Zip Code	Transaction ID: PR109421019771
Draper	UT	84020	Amount of Each Receipt this Period
FEC ID number of contributing	С		50.00
federal political committee.			00.00
Name of Employer Kindred Healthcare Inc.	Occupation	n	7
Kindred Healthcare Inc.	Sr VP-Pa	acific Reg-HSD	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General		650.00	P/R Deduction (\$25.00 Bi-
Other (specify)		030.00	Weekly)
Full Name (Last, First, Middle Initial)			+
3. Katherine Davis			Date of Receipt
Mailing Address 8419 Oxford Woods Co	urt		M M / D D / Y Y Y Y
011	01-1-	7'- 0-4-	
City	State KY	Zip Code	Transaction ID: PR109421029771
Louisville	N I	40222	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer Kindred Healthcare Inc.	Occupation		
		Jtil Svcs-HSD	4
Receipt For:  Primary General	Aggregate	e Year-to-Date ▼	D/D D - 1 - 1 - 1 - 2 (0.15 0.0 D)
Other (specify)	' '	390.00	P/R Deduction (\$15.00 Bi- Weekly)
	0 0	0 0 0 0 0 0 0	1
Full Name (Last, First, Middle Initial)			
Marsha Miles			Date of Receipt
Mailing Address 2221 Admiral Circle			M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR109421039771
Virginia Beach	VA	23451	Amount of Each Receipt this Period
FEC ID number of contributing			
federal political committee.	C		20.00
Name of Employer	Occupation	n	4
Name of Employer Kindred Healthcare Inc.		ed Dietitian	
Receipt For:		e Year-to-Date ▼	
Primary General		200.00	P/R Deduction (\$10.00 Bi-
Other (specify)		260.00	Weekly)
OUDTOTAL (D Till D ( . ii . ii			100.00
SUBTOTAL of Receipts This Page (optional)		······	
TOTAL This Period (last page this line number of	nlv)	•	

SI	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 45/91
	EMIZED RECEIPTS		or each category of the	(check only one)
• •	LIVIIZED RECEIF 13		Detailed Summary Page	X 11a 11b 11c 12
^	and information position from a set Board and C.		and he had a law or and the control	13 14 15 16 17
Ar or	ny information copied from such Reports and Statement for commercial purposes, other than using the name ar	nts may and add	r not be sold or used by any persol lress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)			
$\rangle$	Kindred Healthcare, Inc. PAC			
_				
۹.	Full Name (Last, First, Middle Initial) Anita Tillery			Date of Receipt
	Mailing Address 2531 Rock Creek Drive			M M / D D / Y Y Y Y
	011		7's Oads	
	City Sta Chesapeake VA		Zip Code	Transaction ID: PR109421109771
		4	23325	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			40.00
	Kindred Healthéare Inc	upation		
	Exec	cutive		
		gregate	Year-to-Date ▼	
	Primary General Other (specify)		520.00	P/R Deduction (\$20.00 Bi- Weekly)
	Curior (openity)	1 1		Western,
3.	Full Name (Last, First, Middle Initial) Christina Schramm			Date of Receipt
	Mailing Address 166 Columbia Ave			M M / D D / Y Y Y Y
	Oth.		7in Oada	
	City Sta Chillicothe OF		Zip Code 45601	Transaction ID: PR109421199771
			43601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	١.		20.00
	Kindred Healthéare Inc	upation	n e Dir II	
			Year-to-Date ▼	_
	Primary General	Jiogaio		P/R Deduction (\$10.00 Bi-
	Other (specify) ▼		260.00	Weekly)
Э.	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
	City Sta		Zip Code	Transaction ID: PR109421249771
	Wrentham MA	Α	02093	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			25.00
	Name of Employer	upation		
	Kindred Healthéare Inc	cutive		
	<del></del>		Year-to-Date ▼	1
	Primary General	, ,,,,,,		P/R Deduction (\$5.00 Week-
	Other (specify) ▼		260.00	ly)
s	UBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	85.00
_	OTAL This Board (I			
т	OTAL This Period (last page this line number only)		•	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 46 / 91 (check only one)
			Detailed Summary Page	13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the national states.	tements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
<u>′</u> 4.	Full Name (Last, First, Middle Initial) Donna M Nackers			Date of Receipt
	Mailing Address 1760 Waters Ferry Drive	)		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109421259771
	Lawrenceville	GA	30043	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 Mgr	n Operation Reimb	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		390.00	P/R Deduction (\$15.00 Bi- Weekly)
 3.	Full Name (Last, First, Middle Initial) Joseph F Weglarz			Date of Receipt
	Mailing Address 35 Farrington Ave			M   M   / D   D   / Y   Y   Y   Y
	City	State	Zip Code	Transaction ID: PR109421269771
	Gloucester	MA	01930	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.00
	Name of Employer Kindred Healthcare Inc.		ice-NE Reg-HSD	
	Receipt For:  Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		295.00	P/R Deduction (\$10.00 Bi- Weekly)
<b>)</b> .	Full Name (Last, First, Middle Initial) Victor Emodi			Date of Receipt
	Mailing Address 3044 Clarke Drive			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109421289771
	Virginia Beach	VA	23456	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Kindred Healthcare Inc.		Operations I	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼ 390.00	P/R Deduction (\$15.00 Bi-
	Other (specify) ▼		390.00	Weekly)
SI	UBTOTAL of Receipts This Page (optional)		·····	80.00
T	OTAL This Period (last page this line number or	nly)	<b>)</b>	

	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 47 / 91 (check only one)
IT I	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Stator commercial purposes, other than using the n	atements may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
۹.	Full Name (Last, First, Middle Initial) Celeste M Bentley			Date of Receipt
	Mailing Address 4 Stuart Drive			M M / D D / Y Y Y Y
	City	State NH	Zip Code	Transaction ID: PR109421339771
	Barrington FEC ID number of contributing federal political committee.	C	03825	Amount of Each Receipt this Period  30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Reim		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼	P/R Deduction (\$15.00 Bi-Weekly)
3.	Full Name (Last, First, Middle Initial) Debra Forman			Date of Receipt
	Mailing Address 11009 Walnut Creek			M " M / D " D / Y " Y " Y " Y
	City Knoxville	State	Zip Code	Transaction ID: PR109421349771
	FEC ID number of contributing federal political committee.	C	37932	Amount of Each Receipt this Period  20.00
	Name of Employer Kindred Healthcare Inc.		Field Accting	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi- Weekly)
<b></b>	Full Name (Last, First, Middle Initial) Lane M Bowen			Date of Receipt
	Mailing Address 680 South Fourth Ave			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109421369771
	Louisville FEC ID number of contributing federal political committee.	C	40202	Amount of Each Receipt this Period  100.00
	Name of Employer Kindred Healthcare Inc.	Occupation Exec VP	n & President-HSD	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1300.00	P/R Deduction (\$50.00 Bi- Weekly)
SI	JBTOTAL of Receipts This Page (optional)			150.00
т	OTAL This Period (last page this line number or	nly)		

SCHEDULE A (F	EC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 48 / 91 (check only one)
ITEMIZED RECE	PTS	or each category of the Detailed Summary Page	X 11a 11b 11c 12
		Detailed Summary Fage	13 14 15 16 17
Any information copied from or for commercial purposes	n such Reports and Statement s, other than using the name an	s may not be sold or used by any persond address of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
NAME OF COMMITTE	E (In Full)		
Kindred Healthcare,	Inc. PAC		
Full Name (Last, First, I Laurie A Roberto	Middle Initial)		Date of Receipt
	Main Street		M M / D D / Y Y Y Y
City	Sta		Transaction ID: PR109421399771
<u>Lynnfield</u>	MA:	A 01940	Amount of Each Receipt this Period
FEC ID number of conti federal political committ			25.00
Name of Employer Kindred Healthcare Inc.	Occu Area	pation a Executive Dir	
Receipt For:	Aggr	regate Year-to-Date ▼	
Primary Other (specify) ▼	General	255.00	P/R Deduction (\$5.00 Week-ly)
Full Name (Last, First, I	Middle Initial)		Date of Receipt
Mailing Address 10 (	Glenwood Road		M M / D D / Y Y Y Y
City	Sta	•	Transaction ID: PR109421419771
<u>Windham</u>	NH	03087	Amount of Each Receipt this Period
FEC ID number of conti federal political committ			40.00
Name of Employer Northeast Region		ipation P-NE Reg-HSD	
Receipt For:		regate Year-to-Date ▼	
Primary Other (specify)	General	560.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, I	Middle Initial)		Date of Receipt
Mailing Address 269	1 Diamond Rd		M M / D D / Y Y Y Y
City	Sta	'	Transaction ID: PR109421449771
Camp Verde	AZ	86322	Amount of Each Receipt this Period
FEC ID number of conti federal political committ			30.00
Name of Employer Kindred Healthcare Inc.		pation cutive Dir II	
Receipt For:		regate Year-to-Date ▼	
Primary Other (specify) ▼	General	260.00	P/R Deduction (\$10.00 Bi- Weekly)
SUBTOTAL of Receipts	This Page (optional)		95.00
TOTAL This Period (last)	page this line number only)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 91 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
۹.	Full Name (Last, First, Middle Initial) John Getts Mailing Address 15 Evergreen Circle			Date of Receipt
		Ctata	7ia Cada	
	City Henniker	State NH	Zip Code 03242	Transaction ID: PR109421469771  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1 1 1 1 1 1	25.00
	Name of Employer Kindred Healthcare Inc.	Occupation Area Exe	n cutive Dir	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 260.00	P/R Deduction (\$5.00 Week-ly)
3.	Full Name (Last, First, Middle Initial) James Holcomb			Date of Receipt
	Mailing Address 317 30Th Avenue N.E.			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109421519771
	Great Falls	MT	59404	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		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	260.00	P/R Deduction (\$10.00 Weekly)
<b>.</b>	Full Name (Last, First, Middle Initial) Kelly G Snowball			Date of Receipt
	Mailing Address 4468 Forest Green Drive	)		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109421579771
	Ogden	UT	84403	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi- Weekly)
SI	JBTOTAL of Receipts This Page (optional)			75.00
т	OTAL This Period (last page this line number on	ıly)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 91 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
۹.	Full Name (Last, First, Middle Initial) Debi Thompson Mailing Address 27115 46Th Ave. S.			Date of Receipt
		Ctata	7:a Code	
	City Kent	State WA	Zip Code 98032	Transaction ID: PR109421609771  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1 1 1 1 1 1	30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Wee-kly)
3.	Full Name (Last, First, Middle Initial) Susan A Kesterson Mailing Address 2334 Heritage Dr			Date of Receipt
	Corona	State	Zip Code	Transaction ID: PR109421629771
	Corona  FEC ID number of contributing federal political committee.	CA	92882	Amount of Each Receipt this Period  30.00
	Name of Employer Kindred Healthcare Inc.		ncial Ana	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 390.00	P/R Deduction (\$15.00 Bi- Weekly)
<b>-</b> C.	Full Name (Last, First, Middle Initial) Sylvia Burton			Date of Receipt
	Mailing Address 433 S. Plantation			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109421769771
	Cookeville	TN	38506	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) ▼		e Year-to-Date ▼ 390.00	P/R Deduction (\$15.00 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			90.00
т.	OTAL This Period (last page this line number on	ılv)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 51/91
ITEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17
Any information copied from such Reports and Stat	tements may	not be sold or used by any perso	
or for commercial purposes, other than using the na	ame and add	lress 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)			
A. Paula Proeschel Murray			Date of Receipt
Mailing Address 573 Skodborg Drive			M " M / D " D / Y " Y " Y " Y
City	State	Zip Code	- III DD100401700771
Eaton	OH	2ip Code 45320	Transaction ID: PR109421799771  Amount of Each Receipt this Period
FEC ID number of contributing		40020	
federal political committee.	C		20.00
Name of Employer Kindred Healthcare Inc.	Occupation	1	†
Kındred Healthcare Inc.		Field Accting	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify)		260.00	P/R Deduction (\$10.00 Bi- Weekly)
Carior (openity)	-	0 0 0 0 0 0 0	
Full Name (Last, First, Middle Initial)  3. Mark S Pfeifer			Date of Receipt
Mailing Address 11014 Brave Ct.			M " M / D " D / Y " Y " Y
City Stat		Zip Code	Transaction ID: PR109421849771
Idianapolis	IN	46236	Amount of Each Receipt this Period
FEC ID number of contributing			
federal political committee.	C		20.00
Name of Employer Kindred Healthcare Inc.	Occupation	1	†
Kindred Healthcare Inc.	Reg Fina		_
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)  James Grady			Date of Receipt
Mailing Address 1311 Old Taylor Trail			M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR109421999771
Goshen	KY	40026	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
·	Occupation		
Name of Employer Kindred Healthcare Inc.  Occupation Dist Dir		perations I	
Receipt For:	1	Year-to-Date ▼	1
Primary General		390.00	P/R Deduction (\$15.00 Bi-
Other (specify)		390.00	Weekly)
			70.00
SUBTOTAL of Receipts This Page (optional)		·····	70.00
TOTAL This Period (last page this line number on	nly)	<b>&gt;</b>	L

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 52 / 91 (check only one)
		Detailed Summary Page	13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the n	atements 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 solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
Full Name (Last, First, Middle Initial)  A. Donna Susan Dickerson			Date of Receipt
Mailing Address 5283 Pryor Road			M M / D D / Y Y Y Y
City	State TN	Zip Code	Transaction ID: PR109422079771
Maryville		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 Area Exe		
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)  3. Larry W Shrader			Date of Receipt
Mailing Address 425 Deer View Way			M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR109422109771
Bolivar	TN	38008	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer Kindred Healthcare Inc.	Occupation Area Exec		
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)  C. Keith A Mandrell			Date of Receipt
Mailing Address 8813 Mallow Drive			M " M / D " D / Y " Y " Y " Y
City	State	Zip Code	Transaction ID: PR109422129771
Knoxville	TN	37922	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 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)			90.00
TOTAL This Period (last page this line number or	nly)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 53 / 91 (check only one)
			Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
۸.	Full Name (Last, First, Middle Initial) Anna Ruth Birdwell			Date of Receipt
	Mailing Address 5450 Grundy Quarles H	wy		M M / D D / Y Y Y Y
	City  Plannington Carin	State TN	Zip Code	Transaction ID: PR109422139771
	Bloomington Sprin FEC ID number of contributing federal political committee.	C	38545	Amount of Each Receipt this Period  20.00
	Name of Employer Kindred Healthcare Inc.	Occupation	1	
		Dir Nursi		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	D/D Dadwation (\$10.00 B)
	Other (specify)	0 0	260.00	P/R Deduction (\$10.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Norine Cross			Date of Receipt
	Mailing Address 204 Highland Trail	M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR109422179771
	Chapel Hill	NC	27516	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer Kindred Healthcare Inc.		Rehab-PRS	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	N 22 2 1 1 1 1 1 1 1 2 2 2 2 2 1 1 1
	Other (specify) ▼		520.00	P/R Deduction (\$20.00 Wee-kly)
<b>)</b> .	Full Name (Last, First, Middle Initial) James Tucker			Date of Receipt
	Mailing Address P O Box 223			M M / D D / Y Y Y Y
	Conthorn	State	Zip Code	Transaction ID: PR109422209771
	Carthage	TN	37030	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	e Dir II	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi- Weekly)
SI	UBTOTAL of Receipts This Page (optional)			110.00
т	OTAL This Period (last page this line number or	nly)	<b>)</b>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 54/91 (check only one)
			Detailed Summary Page	X   11a   11b   11c   12   15   16   17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
۸.	Full Name (Last, First, Middle Initial) Gloria J Miller			Date of Receipt
	Mailing Address 223 Harvest Row Court			M M / D D / Y Y Y Y
	City Carv	State NC	Zip Code	Transaction ID: PR109422219771
	FEC ID number of contributing federal political committee.	C	27513	Amount of Each Receipt this Period  40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir C	n Operations I	
	Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼		Year-to-Date ▼ 520.00	P/R Deduction (\$20.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Patricia Pruden Lennox			Date of Receipt
	Mailing Address 11 Cider Mill Road	M M / D D / Y Y Y Y		
	City Medway	State MA	Zip Code 02053	Transaction ID: PR109422289771
	FEC ID number of contributing federal political committee.	C	02055	Amount of Each Receipt this Period 40.00
	Name of Employer Kindred Healthcare Inc.		Sales & MktingHSD	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 520.00	P/R Deduction (\$20.00 Bi- Weekly)
Э.	Full Name (Last, First, Middle Initial) Scott W Parker			Date of Receipt
	Mailing Address 1533 Panorama Drive			M M / D D / Y Y Y Y
	City Vestavia Hill	State AL	Zip Code 35216	Transaction ID: PR109422309771  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	00210	40.00
	Name of Employer Kindred Healthcare Inc.		ce-South Reg-HSD	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 520.00	P/R Deduction (\$20.00 Bi- Weekly)
SI	JBTOTAL of Receipts This Page (optional)			120.00
т	OTAL This Period (last page this line number or	าly)	<b>)</b>	

SCHEDUL	E A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMB (check only one)	ER: PAGE 55/91
ITEMIZED	RECEIPTS		or each category of the Detailed Summary Page	X 11a 11	b
			Detailed Summary Fage	13 14	$\vdash$
Any information or for commerce	n copied from such Reports and Strial purposes, other than using the	atements may	not be sold or used by any perso dress of any political committee to	n for the purpose of solicit contributions	soliciting contributions from such committee.
NAME OF (	COMMITTEE (In Full)				
Kindred H	ealthcare, Inc. PAC				
A. Ronald D Lo				Date of Receip	ot
Mailing Add	ress 148 Cheyenne Road				D / Y Y Y Y
City	_	State	Zip Code		p: PR109422459771
Shelbyville		KY	40065	Amount of Eac	ch Receipt this Period
	nber of contributing cal committee.	C			30.00
Name of En Kindred Hea	nployer althcare Inc.	Occupation Adm Dir	n Contract Admin		
Receipt For	: _	Aggregate	e Year-to-Date ▼		
Prima Other	ry		390.00	P/R Deduction Weekly)	n (\$15.00 Bi-
Full Name (	Last, First, Middle Initial) Stoess			Date of Receip	ot
Mailing Add	ress 514 Locust Creek Blvd.			M M / D	D / Y Y Y Y
City	, i				): PR109422469771
<u>Louisville</u>		KY	40245	Amount of Eac	ch Receipt this Period
FEC ID number of contributing federal political committee.		C			46.80
Name of En Kindred Hea	nployer althcare Inc.	Occupation	n lecommunications		
Receipt For	: 1		Year-to-Date <b>V</b>	=	
Prima		00 0		P/R Deduction	n (\$23.40 Bi-
Other	(specify) ▼	0 0	608.40	Weekly)	•
Full Name (I	Last, First, Middle Initial) Il			Date of Receip	ot
Mailing Add	ress 14213 Aiken Road			M M / D	D / Y Y Y Y
City		State	Zip Code	Transaction ID	): PR109422509771
Louisville		KY	40245	Amount of Eac	ch Receipt this Period
	nber of contributing cal committee.	C			30.00
Name of En Kindred Hea	nployer althcare Inc.	Occupation Sr Dir Div	n v Reimb-HD		
Receipt For		Aggregate	Year-to-Date ▼		
Prima Other	ry ☐ General (specify) ▼		390.00	P/R Deduction Weekly)	n (\$15.00 Bi-
SUBTOTAL o	f Receipts This Page (optional)				106.80
	,		•		
TOTAL This F	Period (last page this line number o	only)	<b>&gt;</b>		

S	CHEDULE A (FEC Form 3X)		l la a camarata dela di ila/a)	FOR LINE NUMBER: PAGE 56/91		
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)		
11	EIMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12		
_				13 14 15 16 17		
or	y information copied from such Reports and St for commercial purposes, other than using the	name and add	r not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.		
$\setminus$	NAME OF COMMITTEE (In Full)					
	Kindred Healthcare, Inc. PAC					
A.	Full Name (Last, First, Middle Initial) Richard A. Hood			Date of Receipt		
	Mailing Address 3440 Brian Rd South			M " M / D " D / Y " Y " Y " Y		
	City	State	Zip Code	Transaction ID: PR109422559771		
	Palm Harbor FL		34685	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		40.00		
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Ph	n arm-SE Reg-KPS			
	Receipt For:		Year-to-Date ▼			
	Primary General		520.00	P/R Deduction (\$20.00 Bi-		
	Other (specify)	0 0	320.00	Weekly)		
В.	Full Name (Last, First, Middle Initial) Randy E Johnson			Date of Receipt		
	Mailing Address 5208 Grandlake			M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR109422569771		
	Bellaire	TX	77401	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		30.00		
	Name of Employer Kindred Healthcare Inc.	Occupation	ı	7		
		Chief Exe				
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼		260.00	P/R Deduction (\$10.00 Bi- Weekly)		
<u> </u>	Full Name (Last, First, Middle Initial) Paul R. Eiseman			Date of Receipt		
	Mailing Address 3714 Fringe Tree Place	)		M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR109422589771		
	Louisville	KY	40241	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 Busin	n ess Dev-HD			
			Year-to-Date ▼			
	Primary General Other (specify) ▼	0 0	390.00	P/R Deduction (\$15.00 Bi- Weekly)		
[	UBTOTAL of Receipts This Page (optional)			100.00		
۲	ODI OTAL OF NECERPLS THIS Page (OPHOHAI)					
т	TOTAL This Period (last page this line number only)					

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 / 91 (check only one)  X 11a 11b 11c 12
An	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
$\rangle$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
۹.	Full Name (Last, First, Middle Initial) Danny R Edwards			Date of Receipt
	Mailing Address 1112 Hunt Club Lane			M " M / D " D / Y " Y " Y " Y "
	City	State	Zip Code	Transaction ID: PR109422619771
	Valrico	FL	33594	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 Exe		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	520.00	P/R Deduction (\$20.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Berard E. Tomassetti			Date of Receipt
	Mailing Address 7510 Cantrell Drive			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109422629771
	Crestwood	KY	40014	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Finan		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	650.00	P/R Deduction (\$25.00 Bi- Weekly)
).	Full Name (Last, First, Middle Initial) John Waldrop			Date of Receipt
	Mailing Address 128 West Hwy 25/70			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109422689771
	Dandridge	TN	37725	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		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 400.00	P/R Deduction (\$15.00 Bi- Weekly)
SI	UBTOTAL of Receipts This Page (optional)			155.00
т	OTAL This Period (last page this line number o	nly)	<b>)</b>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 91 (check only one)  X 11a 11b 11c 12
An	y information copied from such Reports and Sta	atements may	/ not be sold or used by any perso	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC	ame and add	ress or any political committee to	solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Catharine C Young Mailing Address 6303 Deep Creek Drive			Date of Receipt
	City	State	Zip Code	Transaction ID: PR109422809771
	Prospect	KY	40059	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 & I	n Litigat Counsel	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 390.00	P/R Deduction (\$15.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Mary W Miller			Date of Receipt
	Mailing Address 3611 Glenfield Court	M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR109422849771
	Louisville  FEC ID number of contributing federal political committee.	C	40241	Amount of Each Receipt this Period  20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Reg Qua		
	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) Sharon Theresa McGuyer			Date of Receipt
	Mailing Address 22441 15Th Ave. So.			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109422909771
	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	e Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Wee-kly)
SI	JBTOTAL of Receipts This Page (optional)			80.00
т	OTAL This Period (last page this line number o	nly)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 59/91
ITEMIZED RECEIPTS			or each category of the	(check only one)
TI EIMIEED TIEGEII TO			Detailed Summary Page	X   11a   11b   11c   12   15   16   17
Δr	y information copied from such Reports and St	atements may	y not be sold or used by any ners	
or	for commercial purposes, other than using the	name and ado	dress of any political committee to	o solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	Kindred Healthcare, Inc. PAC			
A.	Full Name (Last, First, Middle Initial) Charles K. Currens			Date of Receipt
	Mailing Address 7801 McCarthy Lane			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109422919771
	Louisville	KY	40222	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir IS Pro		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	520.00	P/R Deduction (\$20.00 Bi- Weekly)
— В.	Full Name (Last, First, Middle Initial) Gaylia Bond			Date of Receipt
	Mailing Address 7015 Wooded Meadow	M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR109422979771
	Louisville	KY	40241	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP Hu	n Iman Resources-HD	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		780.00	P/R Deduction (\$30.00 Bi- Weekly)
<u> </u>	Full Name (Last, First, Middle Initial) Keith Krein			Date of Receipt
	Mailing Address 7212 Deer Ridge Rd			M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR109422989771
	Prospect	KY	40059	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP & 0	n Chief Med Off-HSD	
	Receipt For:	Aggregate	Year-to-Date <b>V</b>	
	Primary General Other (specify) ▼		520.00	P/R Deduction (\$20.00 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			140.00
H	OTAL This Period (last page this line number of			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 60 / 91 (check only one)
11	LIWIIZED RECEIPTS		Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
۹.	Full Name (Last, First, Middle Initial) Patricia M McGillan			Date of Receipt
	Mailing Address 510 Altagate Rd			M M / D D / Y Y Y Y
	City Louisville	State KY	Zip Code 40206	Transaction ID: PR109422999771
	FEC ID number of contributing federal political committee.	C	40200	Amount of Each Receipt this Period  60.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Pat S	n af & Risk Mgmt-HD	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 780.00	P/R Deduction (\$30.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Barbara L Baylis			Date of Receipt
	Mailing Address 6702 Kingslook Court	M M / D D / Y Y Y Y Y		
	City	State KY	Zip Code	Transaction ID: PR109423009771
	Louisville FEC ID number of contributing federal political committee.	C	40207	Amount of Each Receipt this Period  40.00
	Name of Employer Kindred Healthcare Inc.		n & Res Svcs-HSD	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 520.00	P/R Deduction (\$20.00 Bi- Weekly)
<del></del>	Full Name (Last, First, Middle Initial) Richard H Starke			Date of Receipt
	Mailing Address 2404 Dundee Rd			M M / D D / Y Y Y Y
	City Louisville	State KY	Zip Code 40205	Transaction ID: PR109423159771
	FEC ID number of contributing federal political committee.	C	40203	Amount of Each Receipt this Period 40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP Re	n ehab Svcs-PRS	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 520.00	P/R Deduction (\$20.00 Bi- Weekly)
SI	JBTOTAL of Receipts This Page (optional)			140.00
TO	OTAL This Period (last page this line number or	nly)	<b>)</b>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 61 / 91 (check only one)
	LIMIZED RECEIF 13		Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
۸.	Full Name (Last, First, Middle Initial) Thomas M Skirven			Date of Receipt
	Mailing Address Hc 67 Box 1301			M M / D D / Y Y Y Y
	City Enfield	State ME	Zip Code 04493	Transaction ID: PR109423179771  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	04433	25.00
	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)
3.	Full Name (Last, First, Middle Initial) Pete Kalmey			Date of Receipt
	Mailing Address 3221 South WInchester	M " M / D " D / Y " Y " Y " Y "		
	City	State	Zip Code	Transaction ID: PR109423209771
	Louisville	KY	40223	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Fin-E	ո ast Reg-HD	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		260.00	P/R Deduction (\$10.00 Bi- Weekly)
Э.	Full Name (Last, First, Middle Initial) Mary J Yesue			Date of Receipt
	Mailing Address P. O. Box 921			M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR109423219771
	York Harbor	ME	03911	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 C		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 390.00	P/R Deduction (\$15.00 Bi- Weekly)
SI	UBTOTAL of Receipts This Page (optional)			75.00
т	OTAL This Period (last page this line number or	ıly)	<b>)</b>	

	ULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE N		PAGE 62/91
	ED NECEIF 13		Detailed Summary Page	X 11a 13	11b 14	11c 12 15 16 17
Any informa	ation copied from such Reports and Stanercial purposes, other than using the r	atements may	not be sold or used by any perso dress of any political committee to	n for the purpo solicit contribu	se of soliciti	ng contributions uch committee.
1	DF COMMITTEE (In Full) d Healthcare, Inc. PAC					
-	ne (Last, First, Middle Initial) Worcester			Date of F	Receipt	
Mailing A	Address 24 Saratoga Avenue			M M		/ Y Y Y Y
City Bango	r	State ME	Zip Code 04401			109423229771 ceipt this Period
FEC ID	number of contributing political committee.	C	01101	Amount	DI LACITITEC	20.00
Name of Kindred	f Employer Healthcare Inc.	Occupation Dist Dir C				
	For: imary General ther (specify) ▼		Year-to-Date ▼ 260.00	P/R Dedu Weekly)	uction (\$10	0.00 Bi-
Full Nar <b>3.</b> Audrey	ne (Last, First, Middle Initial) Johndro			Date of F	Receipt	
Mailing .	Mailing Address 41 Maple Drive				/ D D	/ Y Y Y Y
Croop	and	State	Zip Code			109423239771
Green	number of contributing	NH	03840	Amount	of Each Rec	eipt this Period
federal p	political committee.	C				20.00
Name of Kindred	f Employer Healthcare Inc.	Occupation Reg Dir F	n Field Accting-HSD			
Receipt		Aggregate	Year-to-Date ▼			
	imary General ther (specify) ▼		250.00	P/R Dedu Weekly)	uction (\$10	0.00 Bi-
Full Nar	ne (Last, First, Middle Initial) akes			Date of F	Receipt	
Mailing .	Address 240 Paradise Lane			ММ	/ D D	/ Y Y Y Y
City		State	Zip Code			109423269771
<u>Jackst</u>		TN	37757	Amount o	of Each Rec	ceipt this Period
	number of contributing political committee.	С				40.00
-	f Employer Healthcare Inc.	Occupation Dist Dir C	Clin Ops			
	For: imary General ther (specify) ▼	Aggregate	Year-to-Date ▼ 520.00	P/R Dedu Weekly)	uction (\$20	0.00 Bi-
SUBTOTA	<b>NL</b> of Receipts This Page (optional)					80.00
	his Period (last page this line number o		<u> </u>			
	(		······			

	CHEDULE A (FEC Form 3X)		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 63 / 91 (check only one)
[ 	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
۹.	Full Name (Last, First, Middle Initial) Janet L Clancy			Date of Receipt
	Mailing Address 201 Yorkshire Blv.			M M / D D / Y Y Y Y
	City Cumberland	State IN	Zip Code 46229	Transaction ID: PR109423309771  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	TOLLO	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 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Bonnie Deyo			Date of Receipt
	Mailing Address 259 Sweetwater	M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR109423339771
	Lander	WY	82520	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 Exe	n cutive Dir	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	P/R Deduction (\$10.00 Wee-kly)
).	Full Name (Last, First, Middle Initial) Richard R. Hollar			Date of Receipt
	Mailing Address 12006 Hillrose Circle			M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR109423379771
	Louisville	KY	40243	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir HR-K	PS	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi- Weekly)
S	UBTOTAL of Receipts This Page (optional)			80.00
T	OTAL This Period (last page this line number or	ıly)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 64 / 91 (check only one)    X   11a
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
۹.	Full Name (Last, First, Middle Initial) Carol Holguin Mailing Address 504 Steeplechase Trail			Date of Receipt
	City Kennedale	State TX	Zip Code 76060	Transaction ID: PR109423419771
	FEC ID number of contributing federal political committee.	C	76060	Amount of Each Receipt this Period  60.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Exe	ec Off II	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 780.00	P/R Deduction (\$30.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial)  Jacqueline Lanter  Mailing Address 2355 W Noble Heights D	)rive		Date of Receipt
	City Tucson	State AZ	Zip Code 85742	Transaction ID: PR109423439771
	FEC ID number of contributing federal political committee.	C	03742	Amount of Each Receipt this Period  45.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive	e Dir II	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 390.00	P/R Deduction (\$15.00 Bi- Weekly)
<b>-</b> C.	Full Name (Last, First, Middle Initial) Jeffrey F Luckett			Date of Receipt
	Mailing Address 1406 Hawkshead Ln			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109423449771
	Louisville	KY	40220	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Intern	n nal Audit-IS	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 520.00	P/R Deduction (\$20.00 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			145.00
т.	OTAL This Period (last page this line number or	nlv)		

SC	HEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 65 / 91
	MIZED RECEIPTS		or each category of the	(check only one)
			Detailed Summary Page	X   11a   11b   11c   12   15   16   17
Any	information copied from such Reports and Sta	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or fo	or commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.
١.	NAME OF COMMITTEE (In Full)			
ı (	Kindred Healthcare, Inc. PAC			
_	Full Name (Last, First, Middle Initial) Janet Biedron			Date of Receipt
Ī	Mailing Address 226 3rd Street			M ' M / D ' D / Y ' Y ' Y ' Y
(	City	State	Zip Code	Transaction ID: PR109423469771
	Dunellen	NJ	08812	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		20.00
- 1	Name of Employer Kindred Healthcare Inc.	Occupation		
Ī	Receipt For:		e Year-to-Date ▼	-
	Primary General	7.99109410		P/R Deduction (\$10.00 Bi-
	Other (specify) ▼	0 0	260.00	Weekly)
	Full Name (Last, First, Middle Initial) Kathy Skaggs			Date of Receipt
1	Mailing Address 3900 Pine Lake Ct	M 'M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR109423499771
_	Owensboro	KY	42303	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		20.00
1	Name of Employer Kindred Healthcare Inc.	Occupation		
_		Executive		4
ı	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	D/D Dodustion (\$10.00 B)
	Other (specify) ▼	0 0	260.00	P/R Deduction (\$10.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Carolyn F De Blasi			Date of Receipt
ľ	Mailing Address 10950 N. LaCanada #82	204		M M / D D / Y Y Y Y
(	City	State	Zip Code	Transaction ID: PR109423519771
_	Oro Valley	AZ	85737	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	С		60.00
<u>1</u>	Name of Employer Kindred Healthcare Inc.	Occupation Executive		
Ē	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		520.00	P/R Deduction (\$20.00 Bi- Weekly)
SU	BTOTAL of Receipts This Page (optional)			100.00
	1			
то	TAL This Period (last page this line number or	nly)	<b>)</b>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 66 / 91 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			, ,	13 14 15 16 17
Ar or	ly information copied from such Reports and Star for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
$\rangle$	Kindred Healthcare, Inc. PAC			
۹.	Full Name (Last, First, Middle Initial) Peter D Corless			Date of Receipt
	Mailing Address 3308 Overlook Ridge Ro	l		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109423529771
	Prospect	KY	40059	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP HF	n R & Admin-HSD	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		520.00	P/R Deduction (\$20.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Tamila Johnson-White			Date of Receipt
	Mailing Address 2615 Zhale Smith Rd.	M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR109423549771
	LaGrange	KY	40031	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Kindred Healthcare Inc.	Occupation	n ation Svcs-HSD	
	Receipt For:		e Year-to-Date ▼	-
	Primary General			P/R Deduction (\$20.00 Bi-
	Other (specify)	0 0	520.00	Weekly)
Э.	Full Name (Last, First, Middle Initial) Lester Bohnert			Date of Receipt
	Mailing Address 2259 N. Pennsylvania S	treet		M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR109423579771
	Indianapolis	IN	46205	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir C	n Operations I	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	260.00	P/R Deduction (\$10.00 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			100.00
	,		•	
T	OTAL This Period (last page this line number or	ıly)	<b>&gt;</b>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 67 / 91 (check only one)  X 11a 11b 11c 12
Δn	y information copied from such Reports and Sta	itements may		n for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
$\rangle$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
۹.	Full Name (Last, First, Middle Initial) Barbara Beagle			Date of Receipt
	Mailing Address 157 Bramble Oak Drive			M " M / D " D / Y " Y " Y " Y "
	City	State	Zip Code	Transaction ID: PR109423599771
	Woodstock	GA	30188	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Reg Mgr	n Field Accting	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	260.00	P/R Deduction (\$10.00 Bi- Weekly)
 3.	Full Name (Last, First, Middle Initial) Georgia Poole			Date of Receipt
	Mailing Address 49 Walnut Hill Road	M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR109423629771
	Shapleigh	ME	04076	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Nursi		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	265.00	P/R Deduction (\$5.00 Week-ly)
<del></del> Э.	Full Name (Last, First, Middle Initial) Janet M. Allen			Date of Receipt
	Mailing Address 10 Grays Ferry Road			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109423679771
	Titus	AL	36080	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Kindred Healthcare Inc.		al Pharmacy-KPS	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		260.00	P/R Deduction (\$10.00 Bi- Weekly)
SI	UBTOTAL of Receipts This Page (optional)			65.00
т	OTAL This Period (last page this line number or	nly)	<b>)</b>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 68 / 91 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
۸.,	winformation conicd from such Departs and Cto	tomanto ma	, not be cold or used by any nave	13 14 15 16 17
or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
$\rangle$	Kindred Healthcare, Inc. PAC			
۹.	Full Name (Last, First, Middle Initial) Douglas Roth			Date of Receipt
	Mailing Address 9891 Heytesbery			M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR109423739771
	Sandy	UT	84092	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Finan	n ce-Pacific RegHSD	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		1040.00	P/R Deduction (\$40.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Joseph Briley			Date of Receipt
	Mailing Address 1601 W Fox Park Dr # 1	M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR109423769771
	West Jordan	UT	84088	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Reg Dir M	n Maint-HSD	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	260.00	P/R Deduction (\$10.00 Bi- Weekly)
<u> </u>	Full Name (Last, First, Middle Initial) Barbara Johnson			Date of Receipt
	Mailing Address 8923 Bluff Lane			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109423839771
	<u>Fair Oaks</u>	CA	95628	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir U	n Jtilization Svcs	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		260.00	P/R Deduction (\$10.00 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			120.00
_	OTAL This Davis of Alask many data the second			
- 11	OTAL This Period (last page this line number or	пу)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 69 / 91 (check only one)
II EMIZED RECEIP 19		Detailed Summary Page	X   11a   11b   11c   12   15   16   17
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 persodress 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)  A. Janet F Francis-Head			Date of Receipt
Mailing Address 350 Bivens Lane			M M / D D / Y Y Y Y
City <u>Beaver Da</u> m	State KY	Zip Code 42320	Transaction ID: PR109423959771  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 Fina		
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)  Henry F. Telfeian			Date of Receipt
Mailing Address 1247 Alvarado Road	M M / D D / Y Y Y Y		
City	State	Zip Code	Transaction ID: PR109423989771
Berkeley 550 ID 10 10 10 10 10 10 10 10 10 10 10 10 10	CA	94705	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer Kindred Healthcare Inc.	Occupation Labor Re	n Il Counsel	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	360.00	P/R Deduction (\$10.00 Bi- Weekly)
Full Name (Last, First, Middle Initial)  C. Randall Krentz			Date of Receipt
Mailing Address 704 Hillside Dr			M " M / D " D / Y " Y " Y " Y
City	State	Zip Code	Transaction ID: PR109424019771
Sheboygon	WI	53081	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer Kindred Healthcare Inc.		Operations I	
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)			70.00
TOTAL This Period (last page this line number of		<u> </u>	

SC	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 70 / 91
			Use separate schedule(s) or each category of the	(check only one)
	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An or	y information copied from such Reports and Stator for commercial purposes, other than using the national states.	tements may ame and ado	rnot be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
$\rangle$	Kindred Healthcare, Inc. PAC			
٩.	Full Name (Last, First, Middle Initial) Jeffrey L. Perry			Date of Receipt
	Mailing Address 1473 St. James Court			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109424029771
	Louisville	KY	40208	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Pharn	nacy IS-KPS	
	Receipt For:		Year-to-Date ▼	7
	Primary General Other (specify) ▼		520.00	P/R Deduction (\$20.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Frank E. Perkins			Date of Receipt
<b>.</b>	Mailing Address 2101 Cherrywood Drive	M M / D D / Y Y Y Y		
	City	Transaction ID: PR109424039771		
	<u>LaGrange</u>	KY	40031	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Finan		
	Receipt For:	Aggregate	Year-to-Date ▼	7
	Primary General Other (specify) ▼		520.00	P/R Deduction (\$20.00 Bi- Weekly)
	Full Name (Lock Flort Medial - 1999)			
Э.	Full Name (Last, First, Middle Initial) Randall Fuller			Date of Receipt
	Mailing Address 3021 Forest Lake			M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR109424079771
	Las Vegas	NV	89117	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		
	Receipt For:	l	Year-to-Date ▼	
	Primary General Other (specify) ▼		260.00	P/R Deduction (\$10.00 Wee-kly)
SI	JBTOTAL of Receipts This Page (optional)			110.00
			<u> </u>	
T	<b>DTAL</b> This Period (last page this line number or	ıly)	<b>&gt;</b>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 71 / 91 (check only one)
			Detailed Summary Page	13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	itements may name and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
<u>′</u> ۵.	Full Name (Last, First, Middle Initial) Douglas T Collins			Date of Receipt
	Mailing Address 12106 Briargate Lane			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109424129771
	Goshen	KY	40026	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Fin S		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	520.00	P/R Deduction (\$20.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Franklin W Stieringer Jr			Date of Receipt
	Mailing Address 8731 Amboy Avenue	M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR109424139771
	Sun Valley	CA	91352	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Reg Mgr		
	Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼	
	Other (specify) ▼		260.00	P/R Deduction (\$10.00 Bi- Weekly)
).	Full Name (Last, First, Middle Initial) Kurt Schultz			Date of Receipt
	Mailing Address 2374 Fielding			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109424149771
	Glenview	IL	60026	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Kindred Healthcare Inc.		ice-MW Reg-HD	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		390.00	P/R Deduction (\$15.00 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			90.00
	OTAL This Period (last page this line number o	nlv)		
	CIAL THIS I CHOO (IAST PAYETHIS HITCHUITIDE O	ш <i>у)</i>	······································	

S	CHEDULE A (FEC Form 3X)		11	FOR LINE NUMBER: PAGE 72/91
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	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.
$\setminus$	NAME OF COMMITTEE (In Full)			
	Kindred Healthcare, Inc. PAC			
Α.	Full Name (Last, First, Middle Initial) Linda L Newberry-Ferguson			Date of Receipt
	Mailing Address 11310 Haleco Lane			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109424199771
	Hales Corners	WI	53130	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			150.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Exe		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		1200.00	P/R Deduction (\$50.00 Bi-
	Other (specify) ▼	0 0	1300.00	Weekly)
В.	Full Name (Last, First, Middle Initial) Cassandra J. Lind			Date of Receipt
	Mailing Address 3234 S. 9th St. Apt. E			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109424219771
	Lafayette	IN	47909	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation	า	7
		Dir Nursi		
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		260.00	P/R Deduction (\$10.00 Bi- Weekly)
<u> </u>	Full Name (Last, First, Middle Initial) Amanda G Estes			Date of Receipt
	Mailing Address 4211 Wine Cellar Cour	t		M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR109424239771
	Louisville	KY	40272	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Intern		
			e Year-to-Date ▼	
	Primary General Other (specify) ▼		520.00	P/R Deduction (\$20.00 Bi- Weekly)
٩	UBTOTAL of Receipts This Page (optional)	220.00		
$\vdash$	ODITAL OF HOSSIPES THIS Fage (optional)			
Т.	OTAL This Period (last page this line number of	only)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 73 / 91 (check only one)
			Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	itements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
۹.	Full Name (Last, First, Middle Initial) Susan Cote			Date of Receipt
	Mailing Address 24 Adams Court			M M / D D / Y Y Y Y
	City Brewer	State ME	Zip Code 04412	Transaction ID: PR109424249771
	FEC ID number of contributing federal political committee.	C	04412	Amount of Each Receipt this Period  20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Reg Mgr	n Field Accting	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Melissa A. McGee			Date of Receipt
	Mailing Address 1514 32nd Avenue	M M / D D / Y Y Y Y		
	City San Francisco	State CA	Zip Code 94122	Transaction ID: PR109424259771
	FEC ID number of contributing federal political committee.	C	94122	Amount of Each Receipt this Period  30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive	e Dir III	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi- Weekly)
<b>)</b> .	Full Name (Last, First, Middle Initial) Gregory C. Miller			Date of Receipt
	Mailing Address 8000 Allielough Court			M M / D D / Y Y Y Y
	City	State KY	Zip Code	Transaction ID: PR109424289771
	Prospect  FEC ID number of contributing federal political committee.	C	40059	Amount of Each Receipt this Period  80.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP De	n ev & Fin Plan	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1040.00	P/R Deduction (\$40.00 Bi- Weekly)
SI	UBTOTAL of Receipts This Page (optional)			130.00
т	OTAL This Period (last page this line number or	nly)	<b>)</b>	

	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 74 / 91 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
۹.	Full Name (Last, First, Middle Initial) Elvin D. Alsaybar			Date of Receipt
	Mailing Address 742 White Rock Trail			M " M / D " D / Y " Y " Y " Y
	City	State GA	Zip Code	Transaction ID: PR109424299771
	Suwanee FEC ID number of contributing federal political committee.	C	30074	Amount of Each Receipt this Period  20.00
	Name of Employer Kindred Healthcare Inc.	Occupation		
	Receipt For:		Field Accting-HSD • Year-to-Date ▼	-
	Primary General Other (specify) ▼		260.00	P/R Deduction (\$10.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Diana Hanyak			Date of Receipt
	Mailing Address 17057 Rosebud Dr.	M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR109424349771
	Yorba Linda	CA	92886	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Administr		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		390.00	P/R Deduction (\$15.00 Bi- Weekly)
— Э.	Full Name (Last, First, Middle Initial) Philip L. Jones			Date of Receipt
	Mailing Address 702 Helmsdale Place N.			M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR109424359771
	Brentwood	TN	37027	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Fin		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 520.00	P/R Deduction (\$20.00 Bi- Weekly)
SI	JBTOTAL of Receipts This Page (optional)			90.00
т	OTAL This Period (last page this line number or	nly)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 75 / 91 (check only one)    X
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
۹.	Full Name (Last, First, Middle Initial) Susan Mowery Mailing Address 6294 Anne Arundal Lane			Date of Receipt
	City Grove City	State OH	Zip Code 43123	Transaction ID: PR109424439771  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10120	20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Nursi	ng II	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Myrna Calatan Mailing Address 6931 San Julia Circle			Date of Receipt
	City Buena Park	State CA	Zip Code 90620	Transaction ID: PR109424459771
	FEC ID number of contributing federal political committee.	C	30020	Amount of Each Receipt this Period  30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Nursi	ng II	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Wee-kly)
<b>-</b> C.	Full Name (Last, First, Middle Initial) Ronald G Evens			Date of Receipt
	Mailing Address 304 Weston Oaks			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109424539771
	St Louis	MO	63122	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	e Year-to-Date ▼ 390.00	P/R Deduction (\$15.00 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			80.00
т.	OTAL This Period (last page this line number or	nlv)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 76 / 91 (check only one)  X 11a 11b 11c 12
			13 14 15 16 17
Any information copied from such Reports and Star or for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
Full Name (Last, First, Middle Initial)  A. James Lee			Date of Receipt
Mailing Address 880 Meridian Bay Lane	Apt#318		M M / D D / Y Y Y Y
City Factor City	State CA	Zip Code	Transaction ID: PR109424549771
Foster City		94404	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer Kindred Healthcare Inc.	Occupation		
Receipt For:	Executive	e Year-to-Date ▼	-
Primary General Other (specify) ▼	39 73	260.00	P/R Deduction (\$10.00 Wee-kly)
Full Name (Last, First, Middle Initial)  3. Jerome J. Yarnish			Date of Receipt
Mailing Address 1986 Wrenfield Lane	M M / D D / Y Y Y Y		
City	State	Zip Code	Transaction ID: PR109424569771
Oviedo	FL	32765	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer Kindred Healthcare Inc.		ness Dev-PRS	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		390.00	P/R Deduction (\$15.00 Bi- Weekly)
Full Name (Last, First, Middle Initial)  Sandra J Whitley			Date of Receipt
Mailing Address 5203 Brookswood Road			M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR109424589771
Crestwood	KY	40014	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer Kindred Healthcare Inc.	Occupation Mgr Rein		
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)			80.00
TOTAL This Period (last page this line number or	nlv)	b	

_				FOR LINE NUMBER: PAGE 77 / 91
5(	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the	
•			Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	y not be sold or used by any perso	n for the purpose of soliciting contributions
Or	1 1 .	iame and add	aress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$\rangle$	Kindred Healthcare, Inc. PAC			
_				
	Full Name (Last, First, Middle Initial)			
۹.	Raymond J Sierpina			Date of Receipt
	Mailing Address 14 Westwind Road			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109424669771
	Louisville	KY	40207	Amount of Each Receipt this Period
	FEC ID number of contributing			70.00
	federal political committee.	C		70.00
	Name of Employer Kindred Healthcare Inc.	Occupation		
	- Tamaraa Traattiaa a ma.		rnment Programs	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		700.00	P/R Deduction (\$40.00 Bi-
	Other (specify)		790.00	Weekly)
	Full Name (Last, First, Middle Initial)			
3.	Steven Tanner			Date of Receipt
	Mailing Address 6622 Rosebud Lane			M M / D D / Y Y Y
	City	State	Zip Code	Transaction ID: PR109424689771
	Indianapolis	IN	46237	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		60.00
	Todorai pontida committos.			
	Name of Employer	Occupation	n	
	Kindred Healthćare Inc.	Executive	e Dir III	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1 1	· · · · · · · · · · · · · · · · · · ·	P/R Deduction (\$20.00 Bi-
	Other (specify)		520.00	Weekly)
	Full Name (Last, First, Middle Initial)			
Э.	Paula Brown			Date of Receipt
	Mailing Address 907 St. Eric			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109424709771
	Mansfield	TX	76063	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		20.00
	<u> </u>			
	Name of Employer Kindred Healthcare Inc.	Occupation	n	
	Minureu Healtheare IIIC.	Chief Cli	nical Off II	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General			P/R Deduction (\$10.00 Bi-
	Other (specify) ▼	1	260.00	Weekly)
				·
9	UBTOTAL of Receipts This Page (optional)			150.00
_	ODITION OF THOSE PROPERTY AND COPHIGHAI)		······	
_	OTAL This Boried (lost need this line number of	alu)		
- 1	OTAL This Period (last page this line number or	ш <b>у</b> )	·······	

~				FOR LINE NUMBER: PAGE 78 / 91
5(	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Λ	winformation and from such Departs and Cha			
or i	y information copied from such Reports and State for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any perso 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)			
٩.	Mark A Bush			Date of Receipt
	Mailing Address 6208 Tiara Court			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109424719771
	Louisville	KY	40219	Amount of Each Receipt this Period
	FEC ID number of contributing			20.00
	federal political committee.	C		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation		
			Operation Reimb	_
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		390.00	P/R Deduction (\$15.00 Bi- Weekly)
	Other (specify) ▼	1 1		Weekly)
	E. III Nove and Local Minds to the Design			
2	Full Name (Last, First, Middle Initial) Thomas Wood			Date of Receipt
•	Mailing Address 2949 Glascock Street			M M / D D / Y Y Y Y
	Maining Address 2949 Glascock Street	W W / B B / I I I I		
	City	State	Zip Code	Transaction ID: PR109424729771
	Oakland	CA	94601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		130.00
	·			
	Name of Employer Kindred Healthcare Inc.	Occupation		
			Operations II	_
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		1690.00	P/R Deduction (\$65.00 Bi-
	Other (specify) ▼	0 0		Weekly)
	Full Name (Leet First Middle Initial)			
Э.	Full Name (Last, First, Middle Initial) James Kilburn			Date of Receipt
-	Mailing Address 1580 E. Canyon Dr.			M M / D D / Y Y Y Y
	a g as as 1000 E. Garryon Br.			
	City	State	Zip Code	Transaction ID: PR109424769771
	South Weber	UT	84403	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		20.00
		l a		
	Name of Employer Kindred Healthcare Inc.	Occupation		
			Utilization Svcs	_
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)	' '	260.00	P/R Deduction (\$10.00 Bi- Weekly)
	Cutici (Specify)	0 0	0 0 0 0 0 0 0	1. comy,
	<u>_</u>			
SI	JBTOTAL of Receipts This Page (optional)			180.00
	. 5 (1 7			
T	OTAL This Period (last page this line number or	nly)	<b>)</b>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 79 / 91 (check only one)  X 11a 11b 11c 12
An or i	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any persodress 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		,,,	
۹.	Full Name (Last, First, Middle Initial) Gwynn Rucker  Mailing Address 15106 59th Place NE			Date of Receipt
	City	State	Zip Code	Transaction ID: PR109424789771
	Kenmore	WA	98028	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Kindred Healthcare Inc.		Operations I	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 650.00	P/R Deduction (\$25.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Jane Davis			Date of Receipt
	Mailing Address 8720 229th PL SW			
	City Edmonds	State WA	Zip Code 98026	Transaction ID: PR109424839771  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30020	15.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 360.00	P/R Deduction (\$15.00 Wee-kly)
	Full Name (Last, First, Middle Initial) Jacquelyn Elise Hofmann			Date of Receipt
	Mailing Address 9741 E. Monte Vista Mo	ntanas		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109424919771
	Tucson  FEC ID number of contributing federal political committee.	AZ C	85749	Amount of Each Receipt this Period  30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Nursi		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi- Weekly)
SI	JBTOTAL of Receipts This Page (optional)			95.00
TO	OTAL This Period (last page this line number or	าly)	<b>)</b>	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 80 / 91
TEMIZED RECEIPTS		or each category of the	(check only one)
· · · · · · · · · · · · · · · · · · ·		Detailed Summary Page	X   11a   11b   11c   12   15   16   17
Any information copied from such Reports and S	Statements may	y not be sold or used by any perso	n for the purpose of soliciting contributions
or for commercial purposes, other than using the	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)  A. Kristie A Frock			Date of Receipt
Mailing Address RR 6 Box 20 Redcoat	Road		M M / D D / Y Y Y Y
City Nevada	State MO	Zip Code 64772	Transaction ID: PR109424959771
FEC ID number of contributing		04/72	Amount of Each Receipt this Period
federal political committee.	C		30.00
Name of Employer Kindred Healthcare Inc.	Occupatio	n Compl Cnslt-HSD	
Receipt For:	,	e Year-to-Date ▼	
Primary General		390.00	P/R Deduction (\$15.00 Bi-
Other (specify)	0 0	330.00	Weekly)
Full Name (Last, First, Middle Initial)  3. Larry J Green			Date of Receipt
Mailing Address 1420 Creekstone Dr. N	NE		M " M / D " D / Y " Y " Y " Y
City		Zip Code	Transaction ID: PR109424989771
Corydon	IN	47112	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		36.00
Name of Employer Kindred Healthcare Inc.	Occupatio		
Receipt For:	, -	Planning & Dev e Year-to-Date ▼	_
Primary General	Aggregate		P/R Deduction (\$18.00 Bi-
Other (specify) ▼		468.00	Weekly)
Full Name (Last, First, Middle Initial)  Sharon Spittle	1		Date of Receipt
Mailing Address 26 Estes Street			M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR109425009771
Ipswich	MA	01938	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Kindred Healthcare Inc.	Occupatio Executive		
Receipt For:		e Year-to-Date $lacktrel{ au}$	
Primary General	00 0		P/R Deduction (\$20.00 Wee-
Other (specify) ▼	0 0	1040.00	kly)
SUBTOTAL of Receipts This Page (optional)			166.00
TOTAL This Period (last page this line number	only)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 81 / 91 (check only one)    X   11a
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
۹.	Full Name (Last, First, Middle Initial) Mary Kathleen Owens  Mailing Address 12774 Whisper Wind Pla	ace		Date of Receipt
	City	State	Zip Code	Transaction ID: PR109425049771
	<u>Draper</u>	UT	84020	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.00
	Name of Employer Kindred Healthcare Inc.		Ops-Pac Reg-HSD	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Benjamin A Breier			Date of Receipt
	Mailing Address 5400 Farm Ridge Lane	M M / D D / Y Y Y		
	City	State	Zip Code	Transaction ID: PR109425099771
	Prospect	KY	40059	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Kindred Healthcare Inc.	Occupation President		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	1 1	520.00	P/R Deduction (\$20.00 Bi- Weekly)
<u> </u>	Full Name (Last, First, Middle Initial) Peter J Adamo			Date of Receipt
	Mailing Address 9143 W Rancho Park Ci	rcle		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR110550459771
	Rancho Cucamonga	CA	91730	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Exe		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			80.00
т.	OTAL This Period (last page this line number on	lv)		

## SCHEDULE A (FEC Form 3X)

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 82/91
ΙT	EMIZED RECEIPTS		or each category of the	(check only one)  X 11a
			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
An	y information copied from such Reports and Stat	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions
\	NAME OF COMMITTEE (In Full)	arrie arra ade	areas or arry pointed committee to	Solicit Contributions from Such Committee.
$\rangle$	Kindred Healthcare, Inc. PAC			
۸.	Full Name (Last, First, Middle Initial) Michael L. Moody			Date of Receipt
	Mailing Address 412 Sunningwell Dr			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR113524379771
	Webster Groves	MO	63119	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Exe		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		260.00	P/R Deduction (\$10.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Kathleen C Paradowski			Date of Receipt
	Mailing Address PO Box 140	M M / D D / Y Y Y Y		
	City	Transaction ID: PR113524389771		
	Hillsboro	MO	63050	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Clir		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		260.00	P/R Deduction (\$10.00 Bi- Weekly)
 C.	Full Name (Last, First, Middle Initial) Debra Degroot-Toth			Date of Receipt
	Mailing Address 705 Deer Trace			M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR113524459771
	Bloomington	IN	47401	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Rehab M	gr-OT	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	P/R Deduction (\$10.00 Wee-kly)
s	UBTOTAL of Receipts This Page (optional)			70.00
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T	OTAL This Period (last page this line number on	ıly)	<b>)</b>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 83/91	
	EMIZED RECEIPTS		or each category of the	(check only one)	
• •			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 [	7 17
Δn	ny information copied from such Reports and State	amante mai	y not be sold or used by any porce		11/
or	ny information copied from such Reports and State for commercial purposes, other than using the na	solicit contributions from such committee.			
$\overline{\ }$	NAME OF COMMITTEE (In Full)				
$\rangle$	Kindred Healthcare, Inc. PAC				
۸.	Full Name (Last, First, Middle Initial) Steve Ross			Date of Receipt	
	Mailing Address 35069 Roberts Lane			M M / D D / Y Y Y Y	
	City	State	Zip Code	Transaction ID: PR113525269771	
	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			
	Receipt For:		e Year-to-Date ▼		
	Primary General Other (specify) ▼		520.00	P/R Deduction (\$20.00 Wee-kly)	
 3.	Full Name (Last, First, Middle Initial) Ronald G. Cadwell			Date of Receipt	
	Mailing Address 3829 Belmont Ave.			M " M / D " D / Y " Y " Y " Y	
	City	State	Zip Code	Transaction ID: PR113528079771	
	San Diego	CA	92116	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		30.00	
	Name of Employer Kindred Healthcare Inc.	Occupation			
	Receipt For:		e Year-to-Date ▼	-	
	Primary General	.33, 33410		P/R Deduction (\$10.00 Wee-	
	Other (specify) ▼		260.00	kly)	
<del></del>	Full Name (Last, First, Middle Initial) Clark D McNatt			Date of Receipt	
	Mailing Address 63 Indian Hills Trail			M " M / D " D / Y " Y " Y " Y	
	City	State	Zip Code	Transaction ID: PR113528569771	_
	Louisville	KY	40207	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:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		375.00	P/R Deduction (\$15.00 Bi- Weekly)	
s	UBTOTAL of Receipts This Page (optional)		<b>)</b>	120.00	
_	OTAL This Davis distance with the second	l. A			
- 10	OTAL This Period (last page this line number onl	ıy)	<b>&gt;</b>		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 84 / 91 (check only one)    X   11a
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
۹.	Full Name (Last, First, Middle Initial) Alicia Barnes Mailing Address 1231 Brannigan Village [	Du.		Date of Receipt
		رر. 		
	City Winston-Salem	State NC	Zip Code 27127	Transaction ID: PR113528679771
	FEC ID number of contributing federal political committee.	C	21121	Amount of Each Receipt this Period  20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive		
	Primary General Other (specify) ▼	Aggregate	250.00	P/R Deduction (\$10.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Judith Curtiss	200		Date of Receipt
	Mailing Address 5495 NE 25th. Avenue #	300		M M / D D / Y Y Y
	City	State	Zip Code	Transaction ID: PR113528689771
	Ft. Lauderdale	FL	33308	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 Ops-	n South Reg-HD	
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		1500.00	P/R Deduction (\$60.00 Bi- Weekly)
<u> </u>	Full Name (Last, First, Middle Initial) Josephine Litzenberger			Date of Receipt
	Mailing Address 11401 Dr. M.L.K. Jr. Str Apt 1201	eet N.		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR113528699771
	St Petersburg	FL	33716	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		36.00
	Name of Employer Kindred Healthcare Inc.	Occupation Red Dir M	ո Managed Care - HD	
	Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 450.00	P/R Deduction (\$18.00 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			176.00
т.	OTAL This Period (last page this line number on	lv)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 85/91		
•			or each category of the	(check only one)		
ITEMIZED RECEIPTS			Detailed Summary Page	X 11a 11b 11c 12		
Association associated for an exact December 100 cm			mat ha salal ay war al law area.	13 14 15 16 17		
An or	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)					
$\rangle$	Kindred Healthcare, Inc. PAC					
_						
Δ.	Full Name (Last, First, Middle Initial) Genevieve Philogene			Date of Receipt		
	Mailing Address 1788 NW 85th Drive			M M / D D / Y Y Y Y		
		State	Zip Code	Transaction ID: PR113528739771		
	Coral Springs F	<u>FL</u>	33071	Amount of Each Receipt this Period		
	FEC ID number of contributing	2		20.00		
	federal political committee.					
	Name of Employer Kindred Healthcare Inc.	ccupation	1	7		
			Therapy			
		ggregate	Year-to-Date ▼			
	Primary General Other (specify)		250.00	P/R Deduction (\$10.00 Bi- Weekly)		
	Other (specify)	0 0		vveckiy)		
	Full Name (Last, First, Middle Initial)					
Brian Rougeux				Date of Receipt		
	Mailing Address 39 Saint Raphael			M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR113528749771		
	•	CA	92677	Amount of Each Receipt this Period		
	EEC ID number of contributing		02077			
	federal political committee.	C		20.00		
	Name of Franksia			_		
	Kindrod Hoolthéara Inc	ccupation	perations I			
	· ·		Year-to-Date ▼	_		
	Primary General	99.094.0		P/R Deduction (\$10.00 Bi-		
	Other (specify) ▼		250.00	Weekly)		
Full Name (Last, First, Middle Initial)				Date of Receipt		
J.	Martha Heubach  Mailing Address 8000 Redbud Creek Dr.			Date of Receipt		
Walling Address 8000 Redbud Creek Dr.						
	City S	State	Zip Code	Transaction ID: PR113528899771		
	<u>Edmond</u> (	OK	73034	Amount of Each Receipt this Period		
	FEC ID number of contributing			40.00		
	federal political committee.	<i>-</i>		10.00		
	Name of Employer Kindred Healthcare Inc.	ccupation		1		
	Kindred Healthcare Inc.	dministr	ator I			
		ggregate	Year-to-Date ▼			
	Primary General	-	480.00	P/R Deduction (\$20.00 Bi-		
Other (specify) ▼		0 0	100.00	Weekly)		
s	UBTOTAL of Receipts This Page (optional)			80.00		
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т	TOTAL This Pariod (last page this line number only)					

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 86 / 91 (check only one)  X 11a 11b 11c 12		
An	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.		
$\rangle$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		,,,			
۷.	Full Name (Last, First, Middle Initial) David Boyd Mailing Address 1910 N Rampart			Date of Receipt		
	City	State	Zip Code	Transaction ID: PR115039999771		
	New Orleans	LA	70116	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:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	P/R Deduction (\$10.00 Bi- Weekly)		
3.	Full Name (Last, First, Middle Initial) Gregory T Hayden			Date of Receipt		
	Mailing Address 2375 Owens Lane Ne		7: 0 1	M M / D D / Y Y Y Y		
	City Corydon	State IN	Zip Code 47112	Transaction ID: PR115040019771		
	FEC ID number of contributing federal political committee.	C	47112	Amount of Each Receipt this Period  30.00		
	Name of Employer Kindred Healthcare Inc.	Occupation Dir State	Tax			
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	P/R Deduction (\$15.00 Bi- Weekly)		
<b>D.</b>	Full Name (Last, First, Middle Initial) Julie A Viers			Date of Receipt		
	Mailing Address 9508 Corinthian Dr			M M / D D / Y Y Y Y		
	City Louisville	State KY	Zip Code 40299	Transaction ID: PR115040059771		
	FEC ID number of contributing federal political committee.	C	40299	Amount of Each Receipt this Period  20.00		
	Name of Employer Kindred Healthcare Inc.		Fin Rpting			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00	P/R Deduction (\$10.00 Bi- Weekly)		
S	UBTOTAL of Receipts This Page (optional)			80.00		
T	TOTAL This Period (last page this line number only)					

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 87/91
ITEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17
Any information copied from such Reports and State	n for the purpose of soliciting contributions		
or for commercial purposes, other than using the na	me and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  Kindred Healthcare, Inc. PAC			
Trindred Fleditiodre, inc. 1710			
Full Name (Last, First, Middle Initial) <b>1.</b> Joan Strohm			Date of Receipt
Mailing Address 19520 French Lace Drive	<del></del>		M M / D D / Y Y Y Y
Cit.	04-4-	7:- Oada	
City Lutz	State FL	Zip Code 33558	Transaction ID: PR115040149771  Amount of Each Receipt this Period
FEC ID number of contributing		30000	
federal political committee.	C		30.00
Name of Employer Kindred Healthcare Inc.	Occupation	1	1
		nical Off III	
Receipt For: Primary General	Aggregate	Year-to-Date ▼	D/D Dadvistian (\$15.00 B)
Other (specify)		360.00	P/R Deduction (\$15.00 Bi- Weekly)
Full Name (Last, First, Middle Initial)  3. Rachael L Parker			Date of Receipt
Mailing Address 70 Birch Ridge Rd			M " M / D " D / Y " Y " Y " Y
City	State	Zip Code	Transaction ID: PR115041119771
Westford	VT	05494	Amount of Each Receipt this Period
FEC ID number of contributing			50.00
federal political committee.	C		30.00
Name of Employer Kindred Healthcare Inc.	Occupation		7
	Executive		4
Receipt For: Primary General	Aggregate	Year-to-Date ▼	P/R Deduction (\$10.00 Wee-
Other (specify) ▼		430.00	kly)
Full Name (Last First Middle Initial)			
Full Name (Last, First, Middle Initial)  Michael Speidel			Date of Receipt
Mailing Address 476 Pluto Court			M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR115041189771
Littleton	CO	80124	Amount of Each Receipt this Period
FEC ID number of contributing	С		45.00
federal political committee.			
Name of Employer Kindred Healthcare Inc.	Occupation Executive		
Receipt For:		Year-to-Date ▼	
Primary General		345.00	P/R Deduction (\$15.00 Bi-
Other (specify) ▼		343.00	Weekly)
			12722
SUBTOTAL of Receipts This Page (optional)		<b></b>	125.00
TOTAL This Period (last page this line number onl	ly)	<b>&gt;</b>	

	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 88 / 91 (check only one)		
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17		
An	y information copied from such Reports and Sta for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions		
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC					
۹.	Full Name (Last, First, Middle Initial) Don Dionisi			Date of Receipt		
	Mailing Address 4120 Flintridge Dr			M M / D D / Y Y Y Y		
	City Dallas	State TX	Zip Code 75244	Transaction ID: PR115855759771  Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		20.00		
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Surge				
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 220.00	P/R Deduction (\$10.00 Bi- Weekly)		
3.	Full Name (Last, First, Middle Initial) Barbara Hutchison			Date of Receipt		
Mailing Address 3750 Fujiyama Way				M M / D D / Y Y Y Y		
	City Redding	State CA	Zip Code 96001	Transaction ID: PR115855789771		
	FEC ID number of contributing federal political committee.	C	90001	Amount of Each Receipt this Period  30.00		
	Name of Employer Kindred Healthcare Inc.	Occupation Executive	e Dir II			
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 220.00	P/R Deduction (\$10.00 Weekly)		
— Э.	Full Name (Last, First, Middle Initial) Pamela M Bresee			Date of Receipt		
Mailing Address 4155 SW 192nd Avenue				M " M / D " D / Y " Y " Y " Y		
	City Aloha	State OR	Zip Code 97007	Transaction ID: PR122785249771  Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		30.00		
	Name of Employer Kindred Healthcare Inc.		ncial Ana			
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 315.00	P/R Deduction (\$15.00 Bi- Weekly)		
SI	JBTOTAL of Receipts This Page (optional)			80.00		
т	TOTAL This Period (last page this line number only)					

# SCHEDULE A (FEC Form 3X)

JULIEDUEL A II EU I UIII JA I				FOR LINE NUMBER: PAGE 89/91
ITEMIZED RECEIPTS or			or each category of the	(check only one)
THE MILES HE OF THE OF			Detailed Summary Page	X   11a   11b   11c   12   15   16   17
Δη	y information copied from such Reports and St	atements may	y not he sold or used by any ners	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	Kindred Healthcare, Inc. PAC			
Α.	Full Name (Last, First, Middle Initial) Nolan L Hoffer			Date of Receipt
	Mailing Address 757 W Hartack			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR122785349771
	Meridian	ID	83642	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		210.00	P/R Deduction (\$10.00 Bi-
	Other (specify) ▼	0 0	0 0 0 0 0 0 0	Weekly)
В.	Full Name (Last, First, Middle Initial) Susan Puzon-Kurtz			Date of Receipt
٥.	Mailing Address 12 San Jose Ave.			M M / D D / Y Y Y
	City	State	Zip Code	Transaction ID: PR122785439771
	<u>Jefferson</u>	LA	70121	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		75.00
	Name of Employer Kindred Healthcare Inc.	Occupation Physical	n Therapist	
		Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		525.00	P/R Deduction (\$25.00 Bi- Weekly)
<u> </u>	Full Name (Last, First, Middle Initial) Grant Gloor			Date of Receipt
	Mailing Address 587 Old Waverly Way			M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR122785489771
	Eagle Point	OR	97524	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer Kindred Healthcare Inc.		n e Dir II	
		Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		420.00	P/R Deduction (\$20.00 Wee-kly)
	UPTOTAL of Descints This Dame (anti-call)	155.00		
S	UBTOTAL of Receipts This Page (optional)			
T	OTAL This Period (last page this line number of	only)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 90 / 91 (check only one)  X 11a 11b 11c 12		
An	y information copied from such Reports and Sta	atements may	not be sold or used by any perso dress 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		a coo o a y politica committee to			
۹.	Full Name (Last, First, Middle Initial) Russell D Ragland Mailing Address 724 Daneshall Drive			Date of Receipt		
	City	State	Zip Code	Transaction ID: PR126799819771		
	Louisville  FEC ID number of contributing federal political committee.	C	40206	Amount of Each Receipt this Period  100.00		
	Name of Employer Kindred Healthcare Inc.  Receipt For:  Primary General  Other (specify) ▼	Occupation Sr VP Fir Aggregate		P/R Deduction (\$50.00 Bi-Weekly)		
3.	Full Name (Last, First, Middle Initial) Catherine Nurmela Mailing Address 1409 W. Elmdale			Date of Receipt		
	City	State	Zip Code	Transaction ID: PR126799849771		
	Chicago FEC ID number of contributing federal political committee.	C	60660	Amount of Each Receipt this Period 45.00		
	Name of Employer Kindred Healthcare Inc.  Receipt For: Primary General Other (specify)		n nical Off II e Year-to-Date ▼ 270.00	P/R Deduction (\$15.00 Bi-Weekly)		
_	Full Name (Last, First, Middle Initial) Donna Sroczynski			Date of Receipt		
Mailing Address 399 Fountain Drive				M " M / D " D / Y " Y " Y " Y		
	City Elgin	State IL	Zip Code 60124	Transaction ID: PR128118539771 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		40.00		
	Name of Employer Kindred Healthcare Inc.  Receipt For:		n Operations I e Year-to-Date ▼			
	Primary General  Other (specify) ▼	Aggregate	340.00	P/R Deduction (\$20.00 Bi- Weekly)		
SI	JBTOTAL of Receipts This Page (optional)			185.00		
T	TOTAL This Period (last page this line number only)					

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

FOR LINE NUMBER: PAGE 91/91 Use separate schedule(s) (check only one) or each category of the 11a 11b 11c Detailed Summary Page 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) A. Diane L. Otteman Date of Receipt Mailing Address 40 East Cedar Apt. #21A City Zip Code State Transaction ID: PR130020649771 Chicago IL 60611 Amount of Each Receipt this Period FEC ID number of contributing C 45.00 federal political committee. Name of Employer Kindred Healthcare Inc. Occupation Chief Exec Off II Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$15.00 Bi-Weekly) 240.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	45.00
TOTAL This Period (last page this line number only)	<b>•</b>	10330.80