Image# 13961055834 PAGE 1 / 8

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

		All Additionized				Office Use Only
NAME OF T COMMITTEE (in full)	YPE OR PRINT T		mple: If typir r the lines.	ig, type	12FE4M5	5
Kindred Healthcare, Inc.	. PAC					
ADDRESS (number and street)	680 S. Fourth St.					
Check if different						
than previously reported. (ACC)	Louisville				KY L	40202
2. FEC IDENTIFICATION NUM	/IBER ▼	CITY 🛦		5	STATE 🛦	ZIP CODE ▲
C C00242271		3. IS THIS REPORT		IEW N) OR	Al (A	MENDED .)
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	X Feb 20 (M2)		May 20 (M5)	Aug	20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Due on:	Mar 20 (M3)		lun 20 (M6)	H	Dec 20 (M12) (Non-Election year Only)
April 15 Quarterly Report (Q1)	(6) 40 5	Apr 20 (M4)		lul 20 (M7)		20 (M10) Jan 31 (YE)
July 15 Quarterly Report (Q2)	(c) 12-Day PRE-EI		Primary (12P Convention (-	General Special	
October 15 Quarterly Report (Q3)	·	ioi tiic.	Convention	120)	Орсска	(120)
January 31 Year-End Report (YE)		Election on	M = M /	D D /	Y Y Y Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)		Election for the:	General (30G	i)	Runoff (30R) Special (30S)
Termination Report (TER)	Перин	Election on	M = M /	D D /	Y	in the State of
5. Covering Period 01	/ D D / O1	2013	through	01_	31	2013
I certify that I have examined this	Report and to the	e best of my kno	wledge and b	pelief it is tru	e, correct an	d complete.
Type or Print Name of Treasurer	Hank Robinson					
Signature of Treasurer Hank R	obinson		[Electronically	Filed] D	ate 02	20 / 2013
NOTE: Submission of false, erroneo	us, or incomplete	information may su	bject the pers	son signing th	is Report to t	the penalties of 2 U.S.C. §437g.
Office Use Only						FEC FORM 3X Rev. 12/2004

OF FEC Form 3X (Rev. 02/2003)	SUMMARY PAGE FRECEIPTS AND DISBURSEMENTS	Page 2
Write or Type Committee Name		
Kindred Healthcare, Inc. PAC		
Report Covering the Period: From: 01	01 2013 To:	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2013		86797.17
(b) Cash on Hand at Beginning of Reporting Period	86797.17	
(c) Total Receipts (from Line 19)	12698.50	12698.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	99495.67	99495.67
7. Total Disbursements (from Line 31)	5000.00	5000.00
3. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	94495.67	94495.67
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
X This committee has qualified as a multicano	didate committee. (see FEC FORM 1M)	
Fc	or 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. 06/2004)

Write or Type Committee Name

Kindred F	lealthcare,	Inc.	PAC
-----------	-------------	------	------------

Report Covering the Period: From: 01	01 2013	To: 01 31 2013
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	4020.20	1020.20
(i) Itemized (use Schedule A)	1039.20	1039.20
(ii) Unitermized	9159.30	9159.30
(ii) Unitemized(iii) TOTAL (add	9109.00	0.100.00
Lines 11(a)(i) and (ii)	10198.50	10198.50
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	10198.50	10198.50
Totals to Line 33, page 5)	10103.00	
Party Committees	0.00	0.00
rany commission	, , ,	7 7
3. All Loans Received	0.00	0.00
Loan Repayments Received	0.00	0.00
6. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)	0.00	0.00
(Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made to Federal Candidates and Other		
Political Committees	2500.00	2500.00
7. Other Federal Receipts	2000.00	
(Dividends, Interest, etc.)	0.00	0.00
3. Transfers from Non-Federal and Levin Funds		7
(a) Non-Federal Account	 	
(from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(a) Total Transfers (add 40(a) and 40(b)	0.00	
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))	12698.50	12698.50
,,,,,,,,,,	1255.50	
. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	12698.50	12698.50

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Caronian Tour to Buto
	(i) Federal Share	0.00	0.00
	···	0.00	0.00
	(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00
	Expenditures	0.00	0.00
	(c) Total Operating Expenditures		
	(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00
	Transfers to Affiliated/Other Party Committees	0.00	0.00
	Contributions to Federal Candidates/Committees and Other Political Committees	5000.00	5000.00
	Independent Expenditures	7 7	
	(use Schedule E)	0.00	0.00
	(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
	Loan Repayments Made	0.00	0.00
	Loans MadeRefunds of Contributions To:	0.00	0.00
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶	0.00	0.00
	Other Disbursements	0.00	0.00
	Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(ii) "Levin" Share(b) Federal Election Activity Paid Entirely	0.00	0.00
	With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	5000.00	5000.00
	Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	5000.00	5000.00

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
3. Total Contributions (other than loans) (from Line 11(d), page 3)	10198.50	10198.50
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10198.50	10198.50
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: **PAGE** 6 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 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) William M Altman Date of Receipt Mailing Address 9103 Lexington Lane 2013 31 City Zip Code State Transaction ID: PR1094198026669 Louisville KY 40241-2423 Amount of Each Receipt this Period FEC ID number of contributing C 384.60 federal political committee. Name of Employer Occupation EVPStrategyPolicy&IntCare Kindred Healthcare Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$192.30 Bi-Weekly) 384.60 Other (specify) Full Name (Last, First, Middle Initial) B. Steven Monaghan Date of Receipt Mailing Address 508 W. Melrose #7-A 01 31 2013 City State Zip Code Transaction ID: PR1094200726669 IL Chicago 60657-6429 Amount of Each Receipt this Period FEC ID number of contributing 270.00 federal political committee. Name of Employer Occupation Kindred Healthcare Inc. Exec VP Cent Reg HD Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$135.00 Bi-Weekly) 270.00 Other (specify) Full Name (Last, First, Middle Initial) c. Benjamin A Breier Date of Receipt Mailing Address 5400 Farm Ridge Lane 01 31 2013 City Zip Code State Transaction ID: PR1094250926669 KY Prospect 40059-7617 Amount of Each Receipt this Period FEC ID number of contributing 384.60 С federal political committee. Name of Employer Occupation President&COO Kindred Healthcare Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$192.30 Bi-Weekly) 384.60 Other (specify) 1039.20 SUBTOTAL of Receipts This Page (optional)..... 1039.20 TOTAL This Period (last page this line number only).....

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 7 OF 8					
			Use separate schedule(s)	(check only one)					
П	EMIZED RECEIPTS		for each category of the Detailed Summary Page	11a 11b 11c 12					
_				13 14 15 X 16 17					
				erson for the purpose of soliciting contributions eto solicit contributions from such committee.					
	NAME OF COMMITTEE (In Full)								
	Kindred Healthcare, Inc. PAC								
Α.	Full Name (Last, First, Middle Initial) McConnell Victory Kentucky			Date of Receipt					
	Mailing Address 228 S. Washington St. Suite	01 29 2013							
	City	State	Zip Code	Transaction ID : 49635875					
	Alexandria	VA	22314	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		2500.00					
	Name of Employer	Occupation	1						
	Receipt For:	Aggregate	Year-to-Date ▼						
	Primary General	riggregate	 	Refund of Contribution					
	Other (specify) ▼	L	2500.00						
В.	Full Name (Last, First, Middle Initial)	Date of Receipt							
	Mailing Address	M = M / D = D / Y = Y = Y							
	City State		Zip Code	Amount of Each Passint this Paried					
	FEC ID number of contributing			Amount of Each Receipt this Period					
	federal political committee.	С							
	Name of Employer	Occupation	1						
	Receipt For:	Aggregate	Year-to-Date ▼						
	Primary General	Aggregate	Teal to Date V	1					
	Other (specify) ▼	r (specify) ▼							
С .	Full Name (Last, First, Middle Initial)	Date of Receipt							
	Mailing Address			M = M / D = D / Y = Y = Y					
	City	State	Zip Code	Amount of Fool Pagaint this Pagint					
	FFC ID number of contribution			Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С							
	Name of Employer	Occupation	1						
	Receipt For:	Aggregate	Year-to-Date ▼	-					
	Primary General								
	Other (specify) ▼								
				2500.00					
S	SUBTOTAL of Receipts This Page (optional)			2300.00					
۱.	OTAL This Period (last page this line numbe	er only)	_	2500.00					

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of Solicitic ontributions from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee. NAME OF COMMITTEE (in Full) Kindred Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) A. Republican Party of Kentucky - Federal Account Mailing Address P.O. Box 1068 City State Zip Code Frankfort KY 40602 Purpose of Disbursement Contribution Candidate Name Category/ Type Office Sought: House Disbursement For: Senate President Disbursement City State Zip Code Primary General Other (specify) ▼ State Zip Code Purpose of Disbursement Category/ Type Amount of Each Disbursement this Period Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) Date of Disbursement this Period Amount of Each Disbursement this Period Candidate Name Category/ Type Office Sought: House Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) Full Name (Last, First, Middle Initial) Full Name (Last, First, Middle Initial)	SCHEDULE B (FEC Form 3X)	Liea congreto cohodule/s\	TOTT EINE NOMBETT					F 8		
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. Republican Party of Kentucky - Federal Account Mailing Address P.O. Box 1068 City State Zip Code KY 40602 Furpose of Disbursement Contribution Candidate Name Contribution Con	ITEMIZED DISBURSEMENTS		(orleast orliny	,	X 23	24	25	26		
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. Republican Party of Kentucky - Federal Account Mailing Address P.O, Box 1068 City State Zip Code Frankfort KY 40602 Purpose of Disbursement Contribution Candidate Name Oifice Sought: House Disbursement For: Sanate Primary General Primary General State: City State Zip Code Purpose of Disbursement Candidate Name Oifice Sought: House Disbursement For: Sanate President Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) Amount of Each Disbursement this Period Category/ Type Oifice Sought: House Disbursement For: Sanate President Other (specify) ▼ Amount of Each Disbursement this Period Category/ Type Oifice Sought: House Disbursement For: State: District: Full Name (Last, First, Middle Initial) Date of Disbursement Amount of Each Disbursement this Period Category/ Type Oifice Sought: House Sanate Primary General Primary General Primary General Sanate Primary General Disbursement Tor: State: District: Amount of Each Disbursement this Period Category/ Type Oifice Sought: House Disbursement For: Sanate Primary General Sanate Primary				28a	28b					
NAME OF COMMITTEE (in Full) Kindred Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) Arepublican Party of Kentucky - Federal Account Mailing Address P.O. Box 1068 City State Zp Code Frankfort KY 40802 Purpose of Disbursement Contribution Candidate Name City State Zp Code Purpose of Disbursement City State Zp Code Purpose of Disbursement City State Zp Code Purpose of Disbursement Contribution										
Full Name (Last, First, Middle Initial) A. Republican Party of Kentucky - Federal Account Mailing Address P.O. Box 1068 City State Zip Code KY 40602 Purpose of Disbursement Contribution Candidate Name City State Disbursement For: Senate Primary General Other (specify) ▼ State: District Full Name (Last, First, Middle Initial) Amount of Each Disbursement this Period Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ State: District Full Name (Last, First, Middle Initial) Amount of Each Disbursement this Period Category/ Type Office Sought: House Senate Primary General Prim	NAME OF COMMITTEE (In Full)	, ponu								
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Senate President Other (specify) ▼ Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House President Other (specify) ▼ Full Name (Last, First, Middle Initial) State: District: Full Name (Last, First, Middle Initial) Candidate Name Category/ Type Office Sought: Amount of Each Disbursement this Period Date of Disbursement this Period Category/ Type Office Sought: Amount of Each Disbursement this Period Category/ Type Office Sought: House Disbursement Category/ Type Office Sought: House Disbursement For: Category/ Type	Office Sought: House Dishursen	nent For:	гуре		7	- 7	. 50.			
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City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) State: District: Substoctal Of Disbursements This Page (optional) 5000.00	Mailing Address	Mailing Address						Y		
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